



# *Families Are Made*

## An In-Home Family Therapy Program

### Referral Form

*Referral Date* \_\_\_\_\_

#### **Demographic Information**

<i>Client Name</i>			
<i>Address</i>			
<i>Home Phone</i>		<i>Cell Phone</i>	
<i>Husky ID#</i>		<i>Date of Birth</i>	

#### **PLEASE NOTE**

DOB and Husky ID # **MUST** be listed for all family members on this referral.  
We cannot assign a therapist without verifying each family members insurance.

#### **Please list family members starting with the oldest**

<i>Name of Family Member</i>	<i>DOB</i>	<i>Husky ID #</i>	<i>Relationship to Client</i>

#### **Current/Past Services**

<i>Name of Client</i>	<i>Program</i>	<i>Agency</i>



**Reason for Referral**

**Referral Source Information**

<i>Name</i>	_____	<i>Agency</i>	_____
<i>Office Ph</i>	_____	<i>Cell Ph</i>	_____
<i>Email</i>	_____		

**Please send referral to**  
**Courtney DeLauri, FAM Program Manager**  
Email: [Courtney.stokescounseling@gmail.com](mailto:Courtney.stokescounseling@gmail.com)  
Fax: 203-632-5190  
Questions? Call 203-729-0341 or 203-980-1193

