



Please submit this form via email to [eperry@FocusedFamilyAZ.com](mailto:eperry@FocusedFamilyAZ.com) or fax to 602-254-1153.

<b>Client Name:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Gender:</b>
<b>Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Primary Phone:</b>
<b>Ethnicity/Race:</b>	<input type="checkbox"/> Native American <input type="checkbox"/> African American	<input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other:
<b>Primary Language:</b>			
<b>Insurance Eligibility:</b> We accept AHCCCS Insurance or Self Payment at this time.	<input type="checkbox"/> Mercy Care <input type="checkbox"/> United Healthcare <input type="checkbox"/> Banner Health	<input type="checkbox"/> Health Choice of AZ <input type="checkbox"/> Magellan <input type="checkbox"/> Care 1st	<input type="checkbox"/> AZ Complete Care <input type="checkbox"/> American Indian <input type="checkbox"/> Self-Pay
<b>Parent/Guardian (if applicable):</b>			<b>Phone:</b>
<b>Parent Address (if different):</b>			
<b>Emergency Contact Name:</b>			<b>Phone:</b>

<b>Name &amp; Location of Referring Agency:</b>
<b>Name &amp; Title of Staff Making Referral:</b>
<b>Phone # of Staff Making Referral:</b>

<b>Reason For Referral:</b>	
Please Check All That Apply.	
<input type="checkbox"/> General Mental Health Issues (depression, anxiety, etc.) <input type="checkbox"/> Couples/Family Relational Issues <input type="checkbox"/> Substance Abuse Issues <input type="checkbox"/> Legal Issues possibly due to underlying mental health <input type="checkbox"/> Need for a Psychiatric Evaluation	<input type="checkbox"/> Psychosocial Rehabilitation Needs <input type="checkbox"/> Pre-Employment Assistance <input type="checkbox"/> Other:

<b>Services Being Requested:</b>	
Please Check All That Apply. Focused Family Services would need to determine a medical necessity for any services to be provided.	
<input type="checkbox"/> Individual Counseling <input type="checkbox"/> Family Counseling <input type="checkbox"/> Couples Counseling <input type="checkbox"/> Psychosocial Rehabilitation & Support <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Case Management <input type="checkbox"/> Psychiatric Services / Medication Management	<input type="checkbox"/> PCP & Medical Services / Medication Management <input type="checkbox"/> Group Counseling: <input type="checkbox"/> Domestic Violence / Anger Management Group <input type="checkbox"/> Outpatient Substance Abuse Group <input type="checkbox"/> Intensive Outpatient Substance Abuse Group <input type="checkbox"/> Parenting Group <input type="checkbox"/> Mindfulness Group
<b>Note:</b> For mandated Domestic Violence / Anger Management treatment, a copy of the court order and/or police report <b>must</b> be present before we can provide any services.	

Additional Information:			
Living Situation:	<input type="checkbox"/> Home, Alone	<input type="checkbox"/> Jail / Prison / Detention	
	<input type="checkbox"/> Home, with Family / Others	<input type="checkbox"/> Residential Treatment Facility	
Employment:	<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Supervisory Care / Assisted Living	
	<input type="checkbox"/> Homeless	<input type="checkbox"/> Halfway House	
Primary Source of Income:	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Case Management	
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other:	
Special Needs / Concerns (if applicable):	<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Disabled	
	<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Retired	
Primary Source of Income:	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	
	<input type="checkbox"/> Employment	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Workman's Comp.
Special Needs / Concerns (if applicable):	<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> TANF	<input type="checkbox"/> None
	<input type="checkbox"/> Retirement	<input type="checkbox"/> Family/Friends/Spouse	<input type="checkbox"/> Other:

**Please complete this form, along with any other information (assessments, ROI, court order / police report, or other relevant information) and submit via email to [eperry@FocusedFamilyAZ.com](mailto:eperry@FocusedFamilyAZ.com) or fax to 602-254-1153.**

Printed Name of Person Completing Referral	Signature	Date

** For Internal Use Only by Focused Family Services Staff Only **			
Date of Referral Received by FFS:		Date of Contact Made with Client:	
Was an Intake Scheduled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Intake (if applicable):	
If not scheduled, what was the reason:			
Other Information (if necessary):			