



Date: _____

YFS Referral for Counseling Services

Your Name: _____ Relationship to youth/family _____

School/agency affiliation: _____ Phone: _____

Was parent/guardian told that this referral has been made to YFS? _____ If yes, when? _____

Youth's Name: _____ Age: _____ Date of Birth: _____

School: _____ Grade _____ Gender: M F T Race/Ethnicity: _____

Parent /Legal Guardian: _____

Home Address: _____

Phone number(s): _____

Email Address: _____

Service(s) requested? Individual Counseling Family Counseling Parenting Consultation

Reason for Referral/Presenting Problem: _____

Is there a current crisis or violence in the household? Yes * _____ No _____

Is the student at risk for harming him/herself? Yes * _____ No _____

Is the student at risk of harming another person? Yes * _____ No _____

*** If yes, please call the Crisis Center at 240-777-4000**

Is a Spanish-speaking counselor needed? Yes _____ No _____

After completing this form, please **FAX to YMCA Youth & Family Services/Fax# 301-593-1284**

If you have any questions, call YMCA Youth & Family Services (YFS) at 301-593-1160

For Office Use Only:

| <i>Date of Contact</i> | <i>Notes</i> | <i>Initials</i> |
|------------------------|--------------|-----------------|
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| | | |

Client # _____

Revised Aug 2015