



The School Board of Brevard County, Florida
UNIVERSAL REFERRAL FORM FOR STUDENTS
MENTAL HEALTH / SUBSTANCE USE / CASE MANAGEMENT



Date: _____ School: _____ School Counselor/Referral Source: _____

Phone number: _____ Ext. _____ E-Mail Address: _____

Student's Name: _____ Age: _____ Grade: _____

Date of Birth: _____ Gender: _____ SSN: _____

Address: _____ City: _____ Zip Code: _____

Reason for Referral: _____

Services Requested: Mental Health Counseling Substance Abuse Treatment Case Management

Is student currently receiving counseling/outside services? _____

Has parent been contacted regarding issues/concerns of the student? _____

Insurance Company & ID Number _____

Is a bilingual counselor needed? If so, what additional language: _____

Does student have an ESE designation (EBD, SLD, ASD, OHI, IND)? If so, which one(s): _____

Parent/Guardian Name: _____ Relationship to Student: _____

Home #: _____ Cell #: _____ Receive texts? Yes No

Email address: _____

Is student in relative or foster placement? Yes No If yes, Care Manager Name: _____

Care Manager phone #: _____

Partner Agency Contact Information (Please check agency receiving referral)

Holding Hands
 (321) 622-6290
Intake@holdinghandsflorida.com

Impower
 (321) 639-1194
referrals@impowerfl.org

Kinder Konsulting
referrals@kinderkonsulting.com

Children's Home Society
 (321) 251-3305 fax
Brevardcounselingreferral@chsfl.org

Lifetime Counseling Center
 (321) 632-5796 fax
Kyra.marcellino@lccbrevard.org



Student Referral Feedback Form



Date: _____ School: _____ Student ID#: _____

Date Referral Received: _____

Dates Parent/Guardian Was Contacted: _____

- Current Status:**
- Intake set with school-based therapist.
Intake Date: _____ Therapist: _____
 - Intake set in office per request/due to private insurance restrictions.
Intake Date: _____ Therapist: _____
 - Unable to provide services due to insurance restrictions. Student referred to the following agency for services: _____.
 - Parent/guardian declined services
 - Unable to reach parent/guardian to date. _____
 - Other: _____

Additional Information:

Agency Representative Signature

Date