



The House Next Door Services Referral Form

The House Next Door 114 S Alabama Ave. Deland, FL 32720

Phone: 386-738-9169

Fax: 386-934-8823

► Program/Service Requested - Please Check, Complete Information and Fax:

- Adult Anger Management
- Individual/Family/Couple Counseling
- Date Referral Made: _____

Please check all that apply: Client has Medicaid Program/service is **court ordered** Active court charge

If there is an active charge, what is it? _____

PARENTING PROGRAMS (Making Changes & Step by Step) SUBMIT SEPARATE REFERRAL

– Call 386-860-1776.

Client Name: _____ Case #: _____

Date of Birth: _____ Age: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Mailing address: _____ City: _____ Zip: _____

Please complete if client is under 18:

Parent/Guardian Name(s): _____

School: _____ Grade _____

Please include a case summary.

Referring person (print): _____

DJJ DCF CPC ACT Other/Agency (please print name) _____

Phone # _____

Fax # _____

Email _____

Benefit Assignments:

Payor _____ Policy # _____ Plan (HMO) _____

Household Income _____ # of People in home _____

Days/Times available _____

Presenting Problem/Reason for Referral:
