The House Next Door Services
Referral Form

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

Phone: 386-738-9169 *Fax: 386-943-8823*

►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:

_____

_____

_____

_____

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