



The House Next Door Services Referral Form

The House Next Door 804 N. Woodland Blvd. DeLand, FL 32720

Phone: 386-734-7571

Fax: 386-734-0252

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

- Family Anger Management Education-FAME (East or West Volusia) Fax to 734-0252
- Teen Sexuality/Decision Making (East or West Volusia) Fax to 734-0252
- Family Connection (East Volusia) Fax to 734-0252
- Adult Anger Management (East & West side) Fax to 734-0252 Call 734-7571 for dates and more information
- Individual/Family/Couple Counseling (Fax: DeLand: 943-8823 - Deltona: 860-6006 - East Volusia: 943-8823)

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 734-2236.

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

This section completed by HND counseling/program/service & returned within 10 days to referring person:

Status of referral:

Family successfully contacted Scheduled to begin services on _____

Referred to _____

Family declined service/Unable to reach family

Other _____

Name _____ Title _____

Date _____ Phone _____