



COMMUNITY HEALTH SERVICES REFERRAL FORM

"To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens."

Please email or scan this referral form to CHS@BGCGG.ORG

A) INFORMATION

Referring Person/Title:	Agency:	Date:	
Work Phone:	Fax:	Email:	
Is the child or family in a current crisis situation? <input type="checkbox"/> No <input type="checkbox"/> Yes – STOP and please assist child or family in current crisis first. Please do not send a referral until this has been done.			
Client Name:	DOB:	Identified Race:	Identified Gender:
Address:	City:	Zip Code:	
Family Size:	# of Children 0 – 8 in the home:	# of Children 9 – 17 in the home:	
Preferred Phone:	Best time to call:		

B) IF CLIENT A MINOR

Guardian Name:	Relationship:	Date of Birth
School:	Student ID (GGUSD Only):	Grade:

C) SERVICES REQUESTED

<input type="checkbox"/> Basic Needs Clothing, Food, Transportation, Homeless, Medical, Vision, Hygiene Items, etc.	<input type="checkbox"/> Mental Health Counseling, Juvenile Offender Education, Alcohol, Marijuana & Other Drugs, etc.	<input type="checkbox"/> Academic/Educational Truancy Prevention, Parenting Classes, School Enrollment, GED, Childcare, etc.
Reason for referral: _____ _____		

D) AUTHORIZATION

Language Preferred: English Spanish Vietnamese Other:
Guardian aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain
Parent/Guardian or Responsible Person's Authorization: I hereby consent to an exchange of confidential information between BOYS & GIRLS CLUBS OF GARDEN GROVE and appropriate agencies concerning my child/self in order to enhance the treatment and follow-up of the condition for which this referral is made.
Parent/Guardian or Responsible Person's Signature: _____ Date: _____
*Required for ARCHES Referral

OFFICE USE ONLY

Date Received:	Termed Date:
Referral Received By:	_____
Referred forwarded to: <input type="checkbox"/> ARCHES <input type="checkbox"/> FYOP <input type="checkbox"/> TRC	

Please email or scan this referral to CHS@BGCGG.ORG – For more information regarding our programs & services, please email or visit our website at www.bgcgg.org.