





How did you hear about us/Referral Source: \_\_\_\_\_

Contact Person/Agency: \_\_\_\_\_ Contact Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Reason for Referral:

- |                                                |                                                     |                                            |
|------------------------------------------------|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Individual counseling | <input type="checkbox"/> Marital Counseling         | <input type="checkbox"/> Family Counseling |
| <input type="checkbox"/> Substance abuse       | <input type="checkbox"/> Gambling                   | <input type="checkbox"/> Anger management  |
| <input type="checkbox"/> Domestic Violence     | <input type="checkbox"/> Intoxicated Driver Program | <input type="checkbox"/> Trauma Counseling |
| <input type="checkbox"/> Other _____           |                                                     |                                            |

Days/ Hours available: \_\_\_\_\_

Have you ever been in counseling before?    Yes     No

If yes, please explain: \_\_\_\_\_

Are you in any medication?    Yes     No

If yes, please explain: \_\_\_\_\_

Do you have insurance?    Yes     No

If yes, please complete page one of the Insurance verification form.

**FINANCIAL ASSISTANCE INFORMATION:**

Do you need assistance to cover your fees?    Yes     No

If yes please provide documentation of your financial status. The required documentation is outlined in the Financial Assistance Documentation Checklist document.

**Note:** The agency receives several grants and contracts for substance abuse treatment and we may provide financial assistance to those clients involved in our substance abuse treatment program.

**Reduced Fee:** We also developed a reduce fee scale for clients who does not qualify under these grants and or does not have health insurance. If you have any questions about this form, speak with one of our staff members at our offices; Chambers Bridge Rd. Office 732-920-2700, Beaverson Blvd. Office 732-477-3507 or Toms River office: 732-244-1600 or email us at [info@sfsnj.org](mailto:info@sfsnj.org).

