



Happy Family Intake/Referral Form

Office: (203) 208-9254 | Fax: (203)823-4470
Email: Intake@HappyFamilyCS.com



Intake/Referral Date:

Requested Service Types (* = can be paid for using insurance) – To speed communication and assignment please include a release of information and payment details with all referrals.

Happy Family Clinical Services Programs (85953)		
Credentialed Services	Therapeutic Services	
<input type="checkbox"/> Temporary Care/Respite	<input type="checkbox"/> Initial Assessment *	<input type="checkbox"/> Parent Mentoring *
<input type="checkbox"/> Supervised Visitation	<input type="checkbox"/> Psychosocial Assessment *	<input type="checkbox"/> Intensive Family Preservation *
<input type="checkbox"/> Supervised (Sibling) Visitation	<input type="checkbox"/> Individual Therapy *	<input type="checkbox"/> Intensive Family Reunification*
	<input type="checkbox"/> Family Therapy *	<input type="checkbox"/> Case Management *
Youth Group (Ages 4-8)	Teens Groups (18-23)	Teen Groups (Ages 10-18)
<input type="checkbox"/> Behavioral & Emotional Strengths Training (B.E.S.T)*	<input type="checkbox"/> Lessons In Female Empowerment (L.I.F.E.) *	<input type="checkbox"/> Doctrine Of Male Empowerment (D.O.M.E.) *
		<input type="checkbox"/> Girls' Circle * (Ages 13-18)
Happy Family Community Services		
Parenting Group		
<input type="checkbox"/> Fatherhood Lessons In Practice (F.L.I.P.) *	<input type="checkbox"/> Systematic Training for Effective Parenting (S.T.E.P.) *	<input type="checkbox"/> STEP Substance Abuse *

Identified Client Information: (Please include copy of all insurance cards when sending form)

Family Case Name:		Family Case Number:	
Identified Client Name:		Date of Birth:	
Client Type: <input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> Bio-Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Bio-Relative			
Gender:		Ethnicity:	
Insurance Type:		Insurance ID/Group:	
Secondary Insurance Type:		Secondary Insurance ID/Group:	
Marital Status: <input type="checkbox"/> Child <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Employment Status: <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed			
Employer/School:		Preferred Language:	
Street Address:			
State:		City:	
Zip code:	Preferred Contact Type: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text		
Home:	Mobile:	Email:	

Family Information: (Please include a copy of all insurance cards when sending form)

Bio-Mother's Name:		Bio-Father's Name:	
Mother's Ethnicity:		Father's Ethnicity:	
Mother's Insurance Type:		Father's Insurance Type:	
Mother's Insurance ID:		Father's Insurance ID:	
Preferred Language:		Preferred Language:	
Mother's Street Address:			
State:		City:	
Zip code:	Date of Birth:		
Home:	Mobile:	Email:	



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Father's Street Address:		City:
State:	Zip code:	Date of Birth:
Home:	Mobile:	Email:
Caregiver's Name:		Relation:
Caregiver's Street Address:		City:
State:	Zip code:	Date of Birth:
Home:	Mobile:	Email:
Preferred Language:		
Relationship to Child:		Marital Status:
Employment Status:		Employer:
Year, Make, Model and Color of Parents Vehicle:		
License Plate Number:		Ethnicity:

Service Request Details:

Time/Frequency of session(s):		Length of each session? :	
Identified Client:		# of Children in Household:	
Service Location: <input type="checkbox"/> In community <input type="checkbox"/> Happy Family Office <input type="checkbox"/> Client Home <input type="checkbox"/> Other:			
Length of service (check one): <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months			
What is the Case Plan for this Family?			
What are the Critical Family Needs?			
What are the Family Strengths?			
What are the Safety Concerns?			
What are the desired outcomes of this service?			

Child(ren) Information: (Please include a copy of all the Insurance cards when sending form)

Name/ PID#	Insurance ID	Gender	DOB	Lives with
1		M/F/O		<input type="checkbox"/> Parent(s) <input type="checkbox"/> Foster <input type="checkbox"/> Relative <input type="checkbox"/> Residential
2		M/F/O		<input type="checkbox"/> Parent(s) <input type="checkbox"/> Foster <input type="checkbox"/> Relative <input type="checkbox"/> Residential
3		M/F/O		<input type="checkbox"/> Parent(s) <input type="checkbox"/> Foster <input type="checkbox"/> Relative <input type="checkbox"/> Residential
4		M/F/O		<input type="checkbox"/> Parent(s) <input type="checkbox"/> Foster <input type="checkbox"/> Relative <input type="checkbox"/> Residential
5		M/F/O		<input type="checkbox"/> Parent(s) <input type="checkbox"/> Foster <input type="checkbox"/> Relative <input type="checkbox"/> Residential



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Referral Source Information (with payment approvals please attach Payment Authorization):

Has payment been Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Payment Approval Date:
Send Invoices to:	<input type="checkbox"/> Referring Worker <input type="checkbox"/> Insurance <input type="checkbox"/> Client <input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Other: _____	
Referring Source Company:		
Referring Worker Name:		Worker Number:
Referring Worker Email:		
Referring Supervisor:		Supervisor Number:
Referring Supervisor Email:		

Explanation of Service Need:

Reason for Referral:	
Most current Clinical diagnosis:	
Current/Past Medications:	
Treatment History (Explain):	
List of Providers (for release):	
Additional Information:	

Supervised Visitation Questionnaire (all questions are required in detail):

Is this a Reunification Case?	
Is there a court order? If yes, please fax with referral.	
Who can attend visits?	
Is anyone prohibited from attending visits, with or without a no-contact order? [Explain]	
Is there transportation needed for the children?	
If yes, what are the details of transportation for the child(ren) to and from the visitation? Include both pickup and drop off instructions.	
How long have the child(ren) been in their current arrangement?	
Were there abuse allegations? [Explain]	
If yes, explain type of abuse, including perpetrator.	
Are there any topics that should not be discussed during a visit?	



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Does either parent have any physical or mental health issues? [Explain]	
Does either parent have any substance abuse or violence issues that may be of concern? [Explain]	
Does either parent have any criminal issues that may be of concern? [Explain]	
Do(es) the child(ren) have any special physical or mental health issues that may be of concern?	
Are there any cultural, ethnic, or religious considerations that may help staff better prepare for visits?	
Are there any security concerns or additional comments that should be noted?	

Additional Information

Are there any concerns? [Explain]
