



Send Referral to:  
Have Hope, Inc.  
Mark Reed, LGSW  
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## Referral Form

Referral Date: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION:

Client name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

Mental Health Diagnosis: \_\_\_\_\_

Youth's Interests/Strengths/Hobbies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### REFERRAL SOURCE:

Referring Name/Organization: \_\_\_\_\_

Referral Source Address: \_\_\_\_\_

Referral Contact Info: (P) \_\_\_\_\_ (Email) \_\_\_\_\_

Service(s) Requested: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### REASON FOR REFERRAL

Presenting Problems/Behaviors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*Please attach supporting documentation (i.e., Psychosocial Assessments, Psychiatric Evaluation, Mental Health Screenings, etc.)*