



**Crossroads Counseling Center, Inc.**  
*Strengthening Individuals and Families*

Harrisonburg  
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Woodstock  
 Phone: 540.459.9003  
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**REFERRAL/INTAKE APPLICATION**

**I. Service Type:**

- IIH  MHSS  TDT  Behavioral Therapy  OP  EI  Substance Abuse \_\_\_\_\_  
 ILS-Older Adolescents  ILS-Adults  Mentoring  ASSIST  Parent Mentoring  Life Skills  Anger Management  
 Other: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F Marital Status:  Single  Married  Divorced

Name of School or Employer: \_\_\_\_\_

Grade or Occupation: \_\_\_\_\_

Parent(s)  Foster Parent(s) Name(s): \_\_\_\_\_

Legal Guardian Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

MEDICAID #: \_\_\_\_\_

**II. Presenting Needs/Reason for Referral:**

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

Current/Previous Diagnosis: \_\_\_\_\_

Past and Current Treatment(s): \_\_\_\_\_

Current Living Arrangements: \_\_\_\_\_

Family Functioning: \_\_\_\_\_

Referral Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Requested hours of service per week: \_\_\_\_\_ Requested hours of service per month: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Intake entered by: \_\_\_\_\_ Requested Service Type: \_\_\_\_\_

Name of Funding Source (agency): \_\_\_\_\_

Case Disposition:  Admitted to service  On waiting list  Not admitted  Referred to other provider

Date Medicaid Checked: \_\_\_\_\_ Eligibility Dates: \_\_\_\_\_ Verification # \_\_\_\_\_

Medicaid/MCO: \_\_\_\_\_ Code: \_\_\_\_\_

Weeks/Units Available: \_\_\_\_\_ Other Insurance: \_\_\_\_\_ Copy of Card

Diagnosis Code and Description: \_\_\_\_\_

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

Sent to Finance Office Date: \_\_\_\_\_

Transfer of Service/Funding \_\_\_\_\_