



EMMANUEL FAMILY SERVICES

P.O. BOX 12191 LYNCHBURG, VA. 24506

Phone: 434-473-3343 or 434-473-3344

www.emmanuelfamilyservices.com

CASE REFERRAL/SERVICE AGREEMENT

Date of Referral: _____

Student Name: _____ Age: _____ D.O.B. _____

Print Name: _____ SSN: _____

Parent/Guardian: _____

Relationship to client: _____

Parent/Guardian Phone#: _____ (W) _____

Current Address _____

Referring Agent/Source: _____

School: _____ Grade: _____

Reason for referral: (check all that apply) Include present concerns

Truancy _____

At-Risk of removal from home _____

Job development _____

Independent Living skills_____

Legal Concerns_____

Referring agency goals or concerns:_____

Funding Source:

FAPT_____

FAST_____

PRIVATE FUNDING_____

VJCC_____

Other_____

Recommended service hours _____

EFS staff assigned: _____ Date: _____

Referral Source Signature: _____ Date: _____

The above named agency authorizes Emmanuel Family Services to provide listed services to the above named client and is responsible for payment of these services. Emmanuel Family Services has agreed to provide the listed services as stated on the contract. Unless the contract agreement has been revised on a consensual basis, the services will remain unchanged throughout the contractual period.