

**East Baton Rouge – Zion City/Glen Oaks  
Black Family Initiative (BFI) Family Referral Form  
7815 White Street  
Baton Rouge, Louisiana 70811  
Telephone: (225) 636-9404  
Fax: (225) 355-2664**

Referring Entity: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Name of Individual Making Referral: \_\_\_\_\_ Phone: \_\_\_\_\_

**YOUTH INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Gender:  Male  Female Race: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**YOUTH EDUCATION**

Presently Enrolled:  No  Yes (If Yes, Name of School: \_\_\_\_\_)

Present Grade: \_\_\_\_\_ If not in school last grade completed and year: Grade \_\_\_\_\_ Year \_\_\_\_\_

Special Education Services:  No  Yes If yes, explain: \_\_\_\_\_

**REASONS FOR REFERRAL**

- Substance Abuse  Behavior Problems  Truancy  Criminal Activity  
 Anger Management  Grief Counseling  Spiritual Counseling  Other \_\_\_\_\_

Can the parent/guardian provide transportation to and from counseling sessions?  No  Yes

\_\_\_\_\_  
Parent/ Guardian Signature Phone Email

**BFI USE ONLY**

Date Referral Received: \_\_\_\_\_ Date Intake Completed: \_\_\_\_\_ Date Services Initiated: \_\_\_\_\_

Lead Counselor \_\_\_\_\_ Lay Counselor \_\_\_\_\_