



FAMILIES FIRST OF PALM BEACH COUNTY

3333 Forest Hill Blvd., 2nd Floor

West Palm Beach, FL 33046

Telephone: 561.721-2887 / Fax 561-881-3827



REFERRAL FORM

(Please complete in full)

Date of referral: _____ Referred by: _____

Agency Name: _____ Phone: _____ Fax: _____

CLIENT INFORMATION

Name: _____ Date of Birth: _____ [] Male [] Female

Insurance? Y N Plan Name/ #: _____ S.S.#: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Race: White Black American Indian Asian Pacific Islander Multi-Racial

Ethnicity: Puerto Rican Mexican Cuban Haitian Other Hispanic Other

Language(s) spoken by client: _____

Living Arrangements: With family Licensed Home Shelter Foster Care Other

Legal Guardian: (If minor)

Guardian Name: _____ Phone: _____

Relationship to client: _____

Address: _____

City: _____ State: _____ Zip: _____

Client's School: _____ School Phone: _____

REASON FOR REFERRAL

Referrals can be faxed to: (561) 881-3827, or emailed to intake@familiesfirstpbc.org