CENTER FOR ATTACHMENT
& TRAUMA

Request for Individual/Family Therapy

***** Along with this request form, please send any copies of evaluations, recommendations, social history or other necessary/relevant court documents to provide more information about the needs of the family we will be serving *****

Parent Name (1): ___________________________________ Phone #_________________

DOB: ____________________ Gender: __________________ Race: ____________________

Address: ____

Primary language spoken: ____

Parent Name (2): ____________________________________ Phone # ________________

DOB: ____________________ Gender: __________________ Race: ___________________

Address: ____

Primary language spoken: ____

Units being requested (one hour is equal to one unit): _______

Frequency: ☐ Weekly ☐ Biweekly

Day/Time Preference: ____

Location of Visits: ☐ CBC Office ☐ Home ☐ Virtual

Referring Agency: _________________________________ Phone #: __________________

Case Manager Name: _____________________________ Email: _______________________

Requester's Signature: _______________________________ Date: ____________________

*****Please attach contact information for ALL case managers that are involved*****

Child #1

Name:	DOB:
Gender:	Race/Ethnicity:
City of Temporary Care:	Are child(ren) placed together?

Child #2

Name:	DOB:
Gender:	Race/Ethnicity:
City of Temporary Care:	Are child(ren) placed together?

Child #3

Name:	DOB:
Gender:	Race/Ethnicity:
City of Temporary Care:	Are child(ren) placed together?

****For additional child(ren), please use additional paper and attach****

Caregiver Information

Caregiver Name (1): ________________________________ Phone # ___________________

Caregiver Type: _____________________ Gender: ________ Race/Ethnicity: _________

Address: ____

Caregiver Name (2): _________________________________Phone #___________________

Caregiver Type: _____________________Gender: _________Race/Ethnicity: ____________

Address: ____

Why is therapy being requested?

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Are there any safety concerns for the family?

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Is there any other information to be aware of regarding family dynamics, relationship status, etc.?

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Internal Use (DO NOT FILL OUT)

Assigned: ____

Phone # ______________________ *Date Services Start:* ______________________

Supervisor Signature: ______________________________ *Date*: ______________