

Group Referral Form

Referral Date: _____ Referring Children's Division Worker: _____
County _____ Phone Number _____

Group: _____ ie: Refer to [GROUPS](#) for current groups now being offered.

Duration of Service: _____ ie: 90 days; 120 days; etc. *groups are open-ended
[\(Units are pre-determined for each group\)](#)

Date Services are to Begin: _____ *Please attach CD Authorization for PRAD Service:
(Therapy Children's Treatment Services *CTS Contract # CDA3990699 Vendor # 000669272A) Code: GTSO

Client being referred for Group Services

Name _____

Address _____

Phone Number _____

Goals: ie: How would you expect client to benefit from having this group experience?

List any concerns you may have regarding this client's ability to interact well with others in a group setting:

GRCC Policy Regarding No-Show or Canceled Visits:

*There is no charge for "no shows" or "cancellations".

*Visits are counted as "no shows" or "cancellations" if client is more than 20 minutes late or cancels with less than a 24 hour notice to Supervisor prior to scheduled visit time.

*Visits are terminated after two consecutive "no shows" or "cancellations" until there is a significant change in the parent's circumstances

Pasted from <<http://gailrobersonscounselingcenter.vpweb.com/GTSOReferralForm.html>>