

**Brooklyn Office
(Headquarters)**

150 Court St, 3rd Fl
Brooklyn, NY 11201
T: (718) 643-8000
F: (718) 797-0410

Queens Office

37-10 30th St, 2nd Fl
Queens, NY 11101
T: (718) 937-8000
F: (347) 808-8778

AAFSC @ the Family Justice Centers

FJC Bronx: (718) 508-1222
FJC Brooklyn: (718) 250-5035
FJC Manhattan: (212) 602-2800
FJC Queens: (718) 575-4500
FJC Staten Island: (718) 697-4300

AAFSC @ The Khalil Gibran International Academy

362 Schermerhorn St,
Brooklyn, NY 11217
T: (718) 237-2502

External Referral Form: Behavioral Counseling (Youth, 0-24)

Client Information	
Name:	
Date of Birth:	Age:
Address:	
Phone Number:	Email/Parent Email:
Primary Language:	Does the client speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited
Parent/Caregiver Name:	Does the parent/caregiver speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited

Referral Information	
Referral Date:	Referred by:
Referring Agency:	Email & Phone:
Reason for Referral: <input type="checkbox"/> Client Requested <input type="checkbox"/> Required by ACS <input type="checkbox"/> Depression <input type="checkbox"/> Drug use <input type="checkbox"/> Unable to connect with peers <input type="checkbox"/> Grief	<input type="checkbox"/> Underachieving academically <input type="checkbox"/> Behavioral concerns (changes in behavior, destructive behavior, temper problems) <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Other: _____
Safety Risk (based on your knowledge, does the client fit into the following categories?): <input type="checkbox"/> High Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Low Risk	
Specific reason for referral/notes on case (required):	

Once completed, please scan and email to Ghadeer (Gigi) Ady, Director of Community Health and Wellness, at ghadeer@aafscny.org. Please file this form in a confidential area or shred it. Thank you.