



Children's Home Society

Referral Process

Families that go through any kind of change or transition in life can benefit from extra support at times. Changes can affect children a great deal, especially changes in living situations and daily routine.

You might see...

- **tantrums or outbursts such as yelling or arguing (or other behavioral acting out)**
- **the child isn't listening or following directions**
- **problems sitting still at school or home**
- **Problems staying focused or finishing tasks such as chores**
- **anxiety, (fidgeting, worry, trouble sleeping, trouble with separation from caregiver)**
- **depression, (lazy, decrease in daily tasks such as chores or HW, crying, whining, withdrawn)**

CHS creates a plan for services with the family based on their needs, but in most cases, we provide weekly meetings for approximately 1 hour.

Anyone can fill out a referral, parent, teacher, school counselor, anyone!

1. Complete the CHS referral form.
2. Email the form to CHSCLINICAL_NCO@chsfl.org
3. Once insurance is verified, CHS will assign a counselor.
4. The counselor will contact the family and offer an appointment within 5 business days.
5. Making the initial appointment can sometimes be challenging, if the counselor has trouble contacting the family they will reach out to the person that made the referral.
6. Sometimes starting that initial appointment is scary for families, the person that made the referral is encouraged to reach out to CHS to help coordinate the first appointment.
7. The counselor will make at least 3 attempts to schedule with the client or family as well as contact the referral source before ending their attempts to contact.
8. If a referred individual is not quite ready for the services upon the initial referral, they are always welcome to start services at another time when they are more ready, just simply complete another referral and we will reach out to the client again!

Clinical Program Contacts:

For referrals or information: (386) 274-0341 ext 226

Fax: (386) 274-0447 or Email: CHSCLINICAL_NCO@chsfl.org

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