ACH child and family services
protecting children. preserving families. since 1915.
3712 Wichita Street, Fort Worth, Texas 76119
www.ACHservices.org 817.335.HOPE (4673) or 888.296.8099

Counseling and Skills Group Referral Form

Referral Agency:		**Date:**
Referral Staff Name:	**Referral Staff Contact Number:**	
Primary Caregiver Name (Last)	**Primary Caregiver Name (First):**	
Language of Primary Caregiver: ☐ **English** ☐ **Spanish** ☐ **Other (please indicate):**		
Caregiver Relationship to Youth:		
Youth Last Name:	**Youth First Name:**	**Youth DOB or Age:**
Gender:	**County of residence:**	
Phone (home):	**Email:**	**Cell:**

Services Requested

☐ **Child and Family Counseling (eligible ages 6-17, no formal probation, 4-6 sessions)**

--OR—

☐ **Real Help for Real Life Skills Group (eligible ages 10-17, up to 5 sessions for each Skills Group)**

Choose One:

- **Anxiety is Real**: Understanding anxiety triggers and how to manage these overwhelming feelings.
- **Anger is Real:** Understanding anger's negative role in life and relationships.
- **Risk is Real:** Understanding the repercussions of life choices and risky behaviors, especially criminal behaviors.
- **Real Families:** Helping parents understand how to improve relationships with their children. (**Caregivers only**)
- **Youth may register for the first available group.**

Notes:

I (parent signature)_____, give permission for my child and family to receive services from ACH Child and Family Services through the RHRL program and to give and receive information from the agency listed above. Further, I authorize ACH Child and Family Services to contact our family.

***Main line: 817-335-HOPE (4673) Email: referrals@achservices.org FAX: 817-413-9466* PLEASE EMAIL (click Submit button below) OR FAX COMPLETED FORM TO ACH AIRS Department**

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