



New Reflections of Hope  
6612 Troost Avenue  
Kansas City, MO 64131  
816-321-2554  
www.newreflectionsofhope.com

## REFERRAL FORM

- Probation & Parole
- General Counseling

### Client Information

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Referral Information

Counselor: \_\_\_\_\_  
Agency: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Service Referred For: \_\_\_\_\_

### For Office Personnel Use Only

Date Received: \_\_\_\_\_ Accepted By: \_\_\_\_\_  
Referral Date: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Payment Due: \_\_\_\_\_

Funding Agency (choose one):

VR VA Medicaid Private Probation/Parole

Medicaid

Medicaid Number: \_\_\_\_\_

Private

Member Number: \_\_\_\_\_

Insured (Self/other) \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
New Reflections of Hope Signature

Date of Intake \_\_\_\_\_