

Bayou Land Families Helping Families
Referral Form

I give my permission for the undersigned agency to refer me to Bayou Land Families Helping Families, a Family Directed Resource Center, to assist my family and I in finding resources and services that may be available. I understand that the person who will call me as a result of this referral is a staff member of Bayou Land Families Helping Families. I agree that my information listed below may be shared with Bayou Land Families Helping Families. I understand that all information will be handled confidentially.

Parent or Consumer's Name _____

Address _____

Phone Number _____

Child's Name (if applicable) _____

Date of Birth _____

Diagnosis _____

Needs Help With: _____

Please check applicable boxes below.

I would like more information on _____

I would like to be added to Bayou Land Families Helping Families' electronic mailing list to receive the quarterly newsletter and other agency mailings.

Email address: _____

Parent/Consumer/Responsible Relative Signature

Date

Signature of Person Making Referral / Agency

Date

SUBMIT REFERRAL FORM TO:

Bayou Land Families Helping Families
P.O. Box 1345
Thibodaux, LA 70302
Phone: (985) 447-4461
Fax: (985) 447-7988
Email: bwhatley@blfhf.org