



Phone: (830) 386-4329

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BIPP Referral Source Information Sheet

To Make a Referral for a Mandated Participant, Please fill out the form and follow the directions below. Once we have received your referral, it is the participant's responsibility to contact our office at (830) 386-4329 to secure an Initial Evaluation Appointment.

Referral Date: _____

Referral For: _____ Participant's last four digit of his/her SSN: _____

Participants Contact Information: _____

Is Referral Mandated? YES NO

Does Participant have a Protective Order or Restraining Order Against him/her? YES NO

Payor Source (for Evaluation, Orientation, and 18 weeks of sessions):

Participant Self-pay County Funds Department Funds State Funds

Participant's Case Number: _____

Referral Source Contact Information

Referral Source: _____

Person Making Referral: _____ Title: _____

Organization: _____ Department: _____

Phone Number: _____ Fax: _____ Email: _____

Mailing Address: _____

Best Way to Contact Referral Source for confirmation of Participant's Enrollment in Program: _____

Best Way to Contact Referral Source for Weekly Updates on Participant: _____

Other Information: _____

Referral Source Signature

Date

Please complete and fax to KCG BIPP, Attn: Referrals (713) 457-0945 or email with an Electronic Signature to info@kinghavencounseling.com