



1130 Boone Aire Road, Florence, KY 41042
6900 Houston Road, Unit 23, Florence, KY 41042
6396 Thornberry Court, Suite 710, Mason, OH 45040
2522 Nutter Park Drive, Beavercreek, OH 45434

Phone: 859-282-0400 Fax: 859-349-2557

Community Support Services Referral Form

Referral Name: _____ Preferred Name: _____

Social Security Number: _____ DOB: _____ Sex: _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

Guardian Name: _____

Guardian Phone: _____

Guardian Email: _____

Client School Name _____ Grade: _____

Primary Diagnosis(s): _____ IEP/504?: _____

Insurance Information

Primary Insurance: _____

Member ID: _____

Secondary Insurance Information: _____

Concerns/Reason for Referral

Interested in (Check all that apply):

- Individual Counseling Weekly Sessions Bi-Weekly Sessions
 Out-Patient Services School-Based Services Virtual Services

Referred By: _____

Referral Phone: _____ Referral Date: _____

Referral Email: _____

Please send referral form to gena@positivesolutionsbehaviorgroup.com or fax 859-349-2557.