



Therapist Referral Application

Contact Information

Name	
Office Street Address	
City, State, Zip Code	
Business Phone	
Cell Phone	
E-Mail Address	

Credentials

- Licensed Marriage and Family Therapist
- Licensed Clinical Social Worker
- Licensed Psychologist
- Licensed Professional Clinical Counselor
- Licensed Psychiatrist
- Other: _____

California State Licensing Number: _____

Area of Specialty

- Addiction/Substance Abuse
- Adjustment Disorders
- Anger Management
- Anxiety
- Child or Adolescent Issues
- Chronic pain or illness
- Eating Disorders
- Elder Issues
- Family Conflict
- Grief
- LGBTQI/Sexuality
- Mood Disorders
- Parenting
- Peer relationships
- Personality Disorders

- Relationship Issues
- Sexuality
- Other (Please list):

Special Skills, Training or Qualifications

Summarize special skills, training or qualifications you have acquired.

Fee Scale and Insurance

Hourly Rate:

Sliding Scale:

- Yes No

Insurance Accepted:

Willing to Accept Pro Bono clients (if so, how many):

Office Hours

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a referral source for the Jewish Federation of the Sacramento Region, Federation bears no liability for my professional services. Additionally, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from further referrals. I certify that I am in good standing with Board of Behavioral Sciences and carry malpractice insurance.

Name (printed)	
Signature	
Date	