

Authorization for Referral and Team Case Management

Permission for Referral

Congregational care is guided our pastor, care coordinators, and others to meet the spiritual, emotional, physical, and relational needs in our lives. At times, it may be necessary to share this background from my client file to most effectively assess, direct and carry out this holistic care. Likewise, multiple members of the care team may interact with me and collaborate in the caring process.

By signing this form, I give the undersigned pastor(s) permission to present my case file to the congregational care team and the pastor's office when necessary for the advancement of my care. If this pastor does refer me to a resource in the community, this authorization also allows others to follow up with me via email or phone within 60 days to receive feedback regarding that referral. I understand that these decisions will be made in an ethical and responsible manner. In order to honor my time and the pastor's time, each appointment will be limited to one hour.

Client

(signature) (printed name) (date)

Client

(signature) (printed name) (date)

Client

(signature) (printed name) (date)

Pastor

(signature) (printed name) (date)

Family Contact Information Form

Your Contact Information

Name	Home Phone
Address	Work Phone
City/State/Zip	Mobile Phone
Email Address	

Family Members

Name	Age	Relationship

Emergency Contact Information

Name	Home Phone
Address	Work Phone
City/State/Zip	Mobile Phone
Email Address	

