

PASTOR REFERRAL FOR ASSESSMENT

I, _____, endorse the individual listed below as a member of my church and support him/her in seeking services at your center. Based on this referral, the church member is eligible for reduced assessment fees (50% off test battery standard cost). I understand that I will not be privy to the matters discussed in assessment, or any other services provided, without the expressed written consent of this individual.

Pastor Signature

Date

Church Name

Church Telephone Number

Church Address

Zip Code

Individual Referred (Please Print)

Telephone Number

Individual's Signature

Date

** A copy of this form is to submitted to the Administrative Services Manager.*