WILLIAM FLOYD FAMILY CENTER

Client Information:

Name: Race/Ethnicity:	Date of Birth:
Gender: ❒ Male ❒ Female	School & Grade:
Service Location: ❒ William Floyd Family Center	
CONTACT NUMBERS:	Message ok? ❒ Yes ❒ No

Parent or Legal Guardian Information:

Name of Parent or Legal Guardian:	Address:
Contact Numbers:	Type of setting: ❒ Home ❒ Other

Referral Source Information: Complete this section so we can contact you after the referral is made.

Name	School Address
Phone#	Email address

Reason for Referral:

❒ Advocacy ❒ Referral ❒ Crisis Intervention ❒ Short-term Counseling ❒ Other _________

Additional Information:

Jodi Lieberman, Director (631)874-1359
Donna Altonji, Program Director (631)874-1318
Alicia McArdle, Social Worker (631)874-1323
CAIR Department, (631) 874-1327
Fax (631) 874-1357 www.fsl-li.org
338 Blanco Drive Mastic Beach, New York 11951