

Foster Care Agency

For all Foster Care referrals, please complete the attached INTAKE DATA form and submit the most recent Psychological Assessment on file.

DFPS

For all DFPS referrals, please submit the approved 2054 and an accompanying DFPS Referral Information form. Please indicate any concerns/precautions about the home environment (if any) when In Home services are being requested.

*Please ensure that the client's correct contact information is provided and that appropriate services (i.e. In Home, Play Therapy, etc.) are indicated in the Comments section of the 2054. Also, please ensure that you have a valid fax number to receive corresponding case notes and other documents.

Insurance Payments

If you are seeking services through a 3rd party billing agency, please complete the INTAKE DATA form. We accept a limited number of 3rd party payments. Please contact our office to ensure that we are able to meet your needs through 3rd party billing.

*In some cases, we are able to meet your needs with a payment slightly above many co-pay amounts.

Private Pay

If you are interested in counseling services and plan to pay for services, "Out of Pocket," please complete the INTAKE DATA form and indicate as such.

*Private/Self Pay clients are awarded with reduced rates. However, payment is due prior to rendering of any services. Exclusions to this include some testing, assessments, and Play Therapy.

All information may be faxed to 817-492-7045 or emailed to keith@growingseedcounseling.org.