



**Diocese of Trenton**  
**Parish Counseling Service**  
**REFERRAL FORM**



(to be filled out by Pastor or parish priest)

Date: \_\_\_\_\_

1. **Name of Pastor/parish priest referring:** (Please print)

Rev. \_\_\_\_\_

Parish & Location: \_\_\_\_\_

*I would like to refer the following person/family for short term "Parish Counseling Services".*

Signature (pastor/parish priest) \_\_\_\_\_

2. **Name of person/family being referred:** (Please print)

\_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

Reason for referral: (please check)

- marriage counseling       raising children       eldercare
- bereavement       stress/job loss       Other:

3.  I would like to request financial assistance from the *Diocese of Trenton Parish Counseling Services.*

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***I agree to have this information forwarded to "Parish Counseling Services" – Catholic Charities and the Diocese of Trenton "Parish Counseling Services" for referral purposes.***

Signature of Parishioner being referred: \_\_\_\_\_

Date: \_\_\_\_\_

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***A copy of this referral should be given to the parishioner being referred.***

- \*\* must have signature of both the pastor/parish priest &**
- \*\* signature of parishioner being referred.**

*For office personnel only:*

Date referral received:  
\_\_\_\_\_

Received by:  
\_\_\_\_\_

**FAX THIS FORM TO : Parish Counseling Services 609-278-6139**  
 Include: Pg. 1 – referral form; Pg 2 – signed Statement of Understanding