



The Beacon Program

Provides ***FREE*** Mental Health Counseling to community members who are experiencing emotional distress due to COVID-19 and/or the Social Unrest during these trying times.

This opportunity is available to the clients and/or employees of **Nonprofits providing** services in Newport News, Hampton, Poquoson, Gloucester County and York County.

The mental health counseling will be provided by the **Center for Child & Family Services**

2021 Cunningham Drive, Suite 400, Hampton, VA. 23666

To obtain this service for a client / employee

1. Complete the attached application form to become a Nonprofit Referral Partner for ***Client referrals only***.
2. Complete the Counseling Referral Form (**for clients only**) and fax it to Ellen Williams at the Center for Child & Family Services at 757-838-3280 or email to beaconprogram@kidsandfamilies.com
3. Any employee of a local nonprofit in the Bernardine Franciscan Sisters Foundation service area does not require a referral form but can just call for counseling services at 757-838-1960.

The referred client will be contacted and scheduled for at least 8 free sessions with an option to extend the service with a new referral. **All services are confidential.**

Funded by the Bernardine Franciscan Sisters Foundation





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Nonprofit Referral Program Application Form

Only required for client referrals

Name of **501(c)(3)** Nonprofit: _____

Nonprofit Address: _____

Nonprofit Contact Name: _____

Contact telephone number: _____

Contact fax number: _____

Contact e-mail: _____

Please fax or e-mail this form and proof of your **501(c)(3)** status to Ellen Williams at 757-838-3280 or beaconprogram@kidsandfamilies.com

We look forward to serving your clients and employees.

A Special Thanks to the Bernardine Franciscan Sisters Foundation for funding this program!



Bernardine Franciscan Sisters
FOUNDATION



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Counseling Referral Form for Client Referrals Only

Center for Child & Family Services
2021 Cunningham Drive, Suite 400
Hampton, VA 23666
(757) 838-1960

Fax Number: (757) 838-3280 Attn: Ellen Williams

E-mail: beaconprogram@kidsandfamilies.com

All referrals for counseling must be related to stress from COVID-19 or Social Unrest

Please Print Clearly

Name _____ Date _____

Name of Custodial Parent if a minor _____

Address _____ City _____

Date of Birth _____ Phone # _____

Nonprofit Referral Partner _____ Fax # _____

Name of Referring Staff _____ Fax # _____ Phone # _____

Is this referral related to COVID-19 and/or Social unrest? Yes _____ No _____

Referring Staff Email _____ Should we call client to set up appt? Yes _____ No _____



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