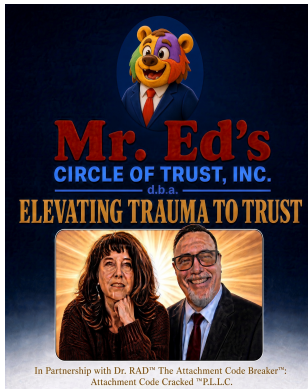




ELEVATING TRAUMA TO TRUST
(Mr. Ed's Circle of Trust, Inc.)
Dr. Franklin Edward Shoemaker, PhD (Psychology)
LMHC-QS • TF-CBT • Adoption Competent LMHC

REFERRAL FORM FOR SERVICES

Attachment Bonding Assessment & Related Therapeutic Services

HOW TO SUBMIT THIS REFERRAL

Email: Referrals@MrEdsCircleofTrust.com | **Fax:** (850) 270-6733

Mailing & Practice Location: 4404 S. Florida Ave., Suite 14, Lakeland, Florida 33813-2124

REFERRING PARTY / AGENCY INFORMATION

Referring Agency/Name: _____

Contact Person & Title: _____

Phone: _____ Email: _____

Date of Referral: _____ Case/Client ID: _____

CLIENT / CHILD INFORMATION

Primary Child Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Current Placement / Living Situation: _____

Number of Children Involved in Assessment: _____

Number of Adults Involved (and household status): _____

REASON FOR REFERRAL & CLINICAL QUESTIONS

Primary concern / reason for Attachment Bonding Assessment (check or describe):

- ☐ Attachment patterns / bonding quality ☐ RAD / attachment difficulties indicators
☐ Placement stability / suitability recommendations ☐ Therapeutic parenting guidance
☐ Court-related or child welfare decision support ☐ Other: _____

Brief description of concerns / specific questions to be addressed:

BACKGROUND INFORMATION AVAILABLE

- ☐ Developmental / trauma history ☐ Prior evaluations or reports
☐ Child welfare / court records ☐ School records
☐ Medical / psychiatric history ☐ Other collateral information

Please attach or indicate how records will be provided: _____

FUNDING AUTHORIZATION

Funding source (e.g., agency, Medicaid, private, court order): _____

Authorization status / PO number (if applicable): _____

Note: Funding authorization is required prior to initiating the assessment. Base fee: \$1,250 (one child + 2 adults same household). \$850 each additional child or person (different household). 50% retainer required prior to initiating; remaining balance due prior to report release.

DISCLOSURE / DISCLAIMER – PRACTICE & PROVIDER DETAILS

Practice (Group) Details for Mr. Ed's Circle of Trust, Inc. dba Elevating Trauma to Trust

- Medicaid Provider ID: 116677300
- Practice Type: Group Practice
- Provider Type: 07 Specialized Therapeutic Services

- Provider Specialty: 066 Comprehensive Behavioral Health Assessment
- NPI #: 1194356386

Provider Information: Dr. Franklin Edward Shoemaker, MA (Biblical Counseling), PhD (Psychology), LMHC-QS, TF-CBT, Adoption Competent LMHC

- Medicaid Provider ID: 101349300
- Practice Type: Individual
- Provider Type: 07 Specialized Therapeutic Services
- Provider Specialty: 907 Specialized Therapeutic Services
- NPI #: 1447408166
- Florida License: Licensed Mental Health Counselor / Qualified Supervisor (MH13244)

This referral form is for informational and scheduling purposes. Acceptance of a referral does not guarantee services until funding authorization is received and the case is reviewed. Services are provided in accordance with applicable laws, professional standards, and the scope of practice of the licensed provider. Reports and recommendations are based on available information and clinical judgment. This form and any subsequent services do not create a formal therapist-client relationship until accepted and initiated.

Referring Party Signature: _____ Date: _____
Printed Name: _____

Elevating Trauma to Trust • Snapped → Shifted → Solid™ • Dr. RAD | The Attachment Code Breaker