

Georgia Cares Referral Form Court

Fax to: 404-371-1030 or Email to: referrals@gacares.org

## **Client's Information**

Youth Name:	Social Security Number:		
Date of Birth:	Gender:		
Is client pregnant?□ Yes □ No	Is client actively parenting?□ Yes ⊠ No		
Ethnicity:	Language Spoken:	Does youth have a disability?	
Who has custody of youth? $\Box$ P	'arents □ Father □ Mother □ DI	FCS □ DJJ □ Other:	
If in custody of DFCS or DJJ, wh	nat is the date custody began?		
Client's Address			
Legal address:		County:	
Is this youth's current address? $\square$ Yes $\square$ NoIs this a safe location? $\square$ Yes $\square$ No			
Current address (if different):		County:	
Is this a safe location? $\square$ Yes $\square$	No		
Contact:			
Name of legal guardian:		Phone number:	
If youth does not reside with leg	gal guardian, provide the phone	number for current placement:	
Medicaid /CMO ID:	Insurance:		
Please check all that applies	<u>:</u>		
□ DJJ Committed □Criminal Tr	respassing □Custody of LawEnt	forcement (Detained by Law Enforcement)	
□DFCS Involvement (Foster Ca	re)□DFCS Involvement (Home	)□Firearm/Weapon Use □Frequent	
Runner (Running 3 or more tim	es in the past 6 months)□Gang	Involvement □Giving False Name	
☐Homeless☐Loitering for Solic	itation □On Probation (DJJ or C	Court)□Police Report□Runaway/Unruly	
Petition □Sexual Abuse□Sexua	l Exploitation □Shoplifting □Su	abstance	
Abuse□Truancy/Suspension□	Violation of Probation		

Court Referral Information
Name of Referral Source:
Job Title:
County:
Phone Number:
Email Address:
Court Information
Check the status of youth involvement with the court:
$\square Probated \square Supervision \ \square \ Recommended \ for \ DJJ \ Commitment$
Current and/or past charges:
Date of upcoming court hearing:
If no hearing, date of case disposition:
List court-ordered services that are in place:
List placement history:
List agencies currently involved with youth:
Describe reason for referral to Georgia Cares:
Please attach the following documents:  □ Release of Information (Required)
□Court order
□ Psychological Evaluation
Georgia Cares use only

Date Received: Court or Community: Log Number: