



Georgia Cares Referral Form
Division of Family and Children Services
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? Parents Father Mother DFCS DJJ Other:
If in the custody of DFCS or DJJ, when did custody begin?

Client's Address

Legal address: _____ County: _____
Is this youth's current address? Yes No Is this a safe location? Yes No
Current address (if different): _____ County: _____
Is this a safe location? Yes No

Contact:

Name of legal guardian: _____ Phone number: _____
If youth does not reside with legal guardian, provide the phone number for current placement:
Medicaid /CMO ID: _____ Insurance: _____

Please check all that applies:

- DJJ Committed Criminal Trespassing Custody of Law Enforcement (Detained by Law Enforcement)
- DFCS Involvement (Foster Care) DFCS Involvement (Home) Firearm/Weapon Use Frequent Runner (Running 3 or more times in the past 6 months) Gang Involvement Giving False Name
- Homeless Loitering for Solicitation On Probation (DJJ or Court) Police Report
- Runaway/Unruly Petition Sexual Abuse Sexual Exploitation Shoplifting Substance Abuse
- Truancy/Suspension Violation of Probation

DFCS Referral Information

Name of Referral Source:

Job Title:

County:

Phone Number:

Email Address:

Case Supervisor Name and Number:

Name of Case Worker (If different from referral source):

Contact information of Case Worker:

DFCS Information

Is this youth in DFCS custody? Yes No

What is the status of the case? Investigative Family Support Placement

What is the overall placement history?

Date of upcoming Family Team Meeting (if applicable):

Date of the next court hearing:

What is the purpose of this court hearing?

List the services that are currently in place:

Describe reason for referral to Georgia Cares:

Please attach the following documents:

Release of Information (Required)

Psychological Evaluation

Other applicable documents

Georgia Cares use only

Date Received:

Court or Community:

Log number: