



Georgia Cares Referral Form
Department of Juvenile Justice
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

DJJ Referral Information

Name of Referral Source:

County:

Phone Number:

Email Address:

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

Contact information of Case Worker:

DJJ Information

Is youth committed or probated? Committed Probated

Current and/or past charges:

Date of upcoming court hearing:

If no, date of case disposition:

List court-ordered services that are in place:

List placement history:

List agencies currently involved with youth:

Describe the 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: