

Georgia Cares Referral Form Law Enforcement 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 pare	nting?□ Yes □ No
Ethnicity:	Language Spoken:	Does youth have a disability?
Who has custody of youth? $\Box$ Parents $\Box$ Father $\Box$ Mother $\Box$ DFCS $\Box$ DJJ $\Box$ Other:		
If in the custody of DFCS or DJJ, when did custody begin?		
<u>Client's Address</u>		
Legal address:		County:
Is this youth's current address? $\Box$ Yes $\Box$ No Is this a safe location? $\Box$ Yes $\Box$ No		
Current address (if different):		County:
Is this a safe location? $\Box$ Yes $\Box$	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:	Insur	ance:
Please check all that applies	<u>:</u>	
DJJ Committed Criminal Trespassing Custody of LawEnforcement (Detained by Law Enforcement)		
DFCS Involvement (Foster Care) DFCS Involvement (Home) DFirearm/Weapon Use Frequent		
Runner (Running 3 or more times in the past 6 months) $\Box$ Gang Involvement $\Box$ Giving False Name		
$\Box$ Homeless $\Box$ Loitering for Solicitation $\Box$ On Probation (DJJ or Court) $\Box$ Police Report		
$\Box$ Runaway/Unruly Petition $\Box$ Sexual Abuse $\Box$ Sexual Exploitation $\Box$ Shoplifting $\Box$ Substance Abuse		
□Truancy/Suspension □Violation of Probation		

## Law Enforcement Referral Information

Name of Referral Source: Name of the Investigating Officer: County: Phone Number: Email Address: Client Information Is youth DJJ committed or probated? □Committed □ Probated Current and/or past charges: Date of upcoming court hearing: Has a forensic interview been conducted by Law Enforcement? □ Yes □ No If yes, who conducted the forensic interview? What is the associated case number?

List agencies currently involved with youth:

Describe he reason for referral to Georgia Cares:

## Please attach the following documents:

□ Release of Information (Required)

□Police Report

Georgia Cares use only