



Georgia Cares Referral Form
Parent/Community
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

Parent/ Referral Information

Name of Referral:

Relationship to youth:

County:

Phone Number:

Email Address:

Additional Information

Is Law Enforcement involved?

List any other agencies currently involved:

If referral source is not the legal guardian, has the legal guardian been informed of this referral?
Yes No

If applicable, describe the youth's history of runaway behaviors.

Describe primary concerns and reason for the referral to Georgia Cares:

Please attach the following documents:

Release of Information (Required)

Georgia Cares use only

Date Received:

Court or Community:

Log number: