



Georgia Cares Referral Form
School System
Fax to: 404-371-1030 or
Email to: referrals@gacares.org

Client's Information

Youth Name: _____ Social Security Number: _____
Date of Birth: _____ Gender: _____
At intake 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 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

School System Referral Information

Name of School Making Referral:

Name of Referral Source:

Job Title in School:

County:

Phone Number:

Email Address:

Additional Information

What grade is the youth in currently?

What grade should the youth be in?

Has the parent been informed of the referral? Yes No

Have other referrals been made for this youth that you are aware of? Yes No If yes, where?

What other school staff are involved in making this referral?

Describe the reason for referral to Georgia Cares:

Please attach the following documents:

Release of Information (Required)

Copy of IEP

Supporting Documents (recent grade reports, other educational documents)

Georgia Cares use only

Date Received:

Court or Community:

Log number: