

WEST GEORGIA COUNSELING & ASSESSMENT SERVICES, L.L.C.

REFERRAL FORM FOR SERVICES

FAX (706) 837-0035

PHONE (706) 837-0045

Referral Date: _____

DFCS County: _____

Case Number: _____

Service Authorization #: _____

Type of Service Requested: (check all that apply)

HOME EVALUATION

PARENT-AIDE

SAFE CARE

FAMILY FUSION

MENTAL HEALTH ASSESSMENT

DRUG TESTING

EARLY INTERVENTION

BEHAVIORAL AIDE

WRAP-AROUND CASE MANAGEMENT

SUBSTANCE ABUSE OUTPATIENT SERVICES

HOMESTEAD COUNSELING

CCFA ASSESSMENT

DOMESTIC VIOLENCE ASSESSMENT

WRAP-AROUND IN-HOME INTENSIVE

SUBSTANCE ABUSE ASSESSMENT

PARENTAL FITNESS ASSESSMENT

CLIENT NAME: _____ PHONE: _____

CLIENT ADDRESS: _____ CITY: _____

SIBLINGS/OTHER FAMILY MEMBERS INVOLVED:

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

SIGNIFICANT PROBLEMS/REASON FOR REFERRAL:

CASE MANAGER'S NAME: _____ PHONE: _____