

FAMILIES UNITED SERVICES ADULT REFERRAL FORM

FAMILIES UNITED SERVICES, INC.

Assertive Community Team (ACT) AND CORE COMPREHENSIVE SERVICES

"Serving adults and their families at home and in the community"

100 Braxton Court, Fayetteville, GA 30214

678-817-1120/770-719-1100/770-719-1122 Office 770-719-9738/770-719-1400 Fax Email: fus2004@bellsouth.net

ADULT REFERRAL INFORMATION (Ages *18 and Older)

**Individuals who are b/t 18 – 21 y/o and are still in H.S. are to be served under the C&A Program)*

REFERRED TO FAMILIES UNITED SERVICES BY:

Name _____ Position _____
Agency _____ Email _____
Date _____ Phone (_____) _____

CLIENT INFORMATION:

Name _____ Birth date _____
SSN _____ - _____ - _____ Race _____ Gender _____
Current Residence (Home/Shelter/Family Member etc.) _____
Street Address _____
City _____ Zip Code _____ County _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Type of Work _____
Marital Status _____ Spouse/Partner Name (If applicable) _____
Spouse/Partner Home Phone _____ Spouse /Partner Cell Phone _____

INSURANCE: (WE DO NOT ACCEPT WELLCARE INSURANCE)

- APS Medicaid: No. _____ (if available) SSI/Disabled? Yes No
- PEACHCARE (Peachstate): No. _____ (if available)
- PEACHCARE (Amerigroup): No. _____ (if available)
- APS Medicaid with Medicare for Mental Health: No. _____ (if available)

SERVICES NEEDED: (Check all that apply)

- Assertive Community Team (ACT) Services
- In-home CORE Comprehensive Services Case Management Peer Support Services
- Psychiatric Evaluation Psychological Evaluation Substance Abuse Services
- Other _____

REASON you are requesting Behavioral/Mental Health Services? (Describe the problem(s))

Is the client (check all that apply)

- Age 18 years or older and not enrolled in a K-12 educational program?
- At risk of out of home placement (hospital, MH residential, SA residential, etc.)?
- Been identified to have a mental health, DSM-IV, diagnosis?
- Expressed ideations or attempted suicide or homicide in the past?
- Committed acts of physical or verbal aggression against others?

PLEASE **FAX or Email** THE COMPLETED REFERRAL FORM TO:

(770) 719-9738 or fusadmin@bellsouth.net