

FAMILIES UNITED SERVICES CHILD & ADOLESCENT REFERRAL FORM

FAMILIES UNITED SERVICES, INC.

INTENSIVE FAMILY INTERVENTION AND CORE COMPREHENSIVE SERVICES

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

500 West Lanier, Suite 904, Fayetteville, Georgia 30214

678-817-1120 Office 770-656-7490 Cell 770-719-9738 Fax Email: fus2004@bellsouth.net

CHILD & ADOLESCENT REFERRAL INFORMATION (Under age 18*. *Up to age 21 if in H.S.)

REFERRED TO FAMILIES UNITED SERVICES BY:

Name _____ Position _____

Agency _____ Email _____

Date _____ Phone (_____) _____

CLIENT INFORMATION:

Name _____ Birth date _____

SSN _____ - _____ - _____ Race _____ Gender _____

Street Address _____

City _____ Zip Code _____ County _____

School _____ Grade level _____

Current Placement (residence) _____

Parent/Guardian Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

INSURANCE: WE DO NOT ACCEPT WELLCARE INSURANCE.

- APS Medicaid, PEACHCARE (Amerigroup) (Peachstate): No. _____ (if available)
- Undocumented (STATE FUNDS): Alien No. _____ (if available)
- No Insurance/Never Had Medicaid (Must apply for Medicaid/Peachcare w/n 45 days – FFS 60 days)

SERVICES NEEDED: (Check all that apply)

- In-home Intensive Individual and/or Family Intervention (IFI)
- In-home/In Office CORE Comprehensive Services
- Substance Abuse Services

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

Additional Information needed for Intake (Required to process referral):

- Number in Family: _____ Family Income (approximately): _____
- Child currently on medication? Yes or No (circle one). If so, name of med(s): _____
- Child on Probation? Yes or No (circle one). If so, number of arrest: _____
- History of Substance Abuse? Yes or No (circle one). If so, name of substance(s): _____

PLEASE FAX or Email THE COMPLETED REFERRAL FORM TO: (770) 719-9738 or fusadmin@bellsouth.net