



1900 The Exchange, Suite 420 □ Atlanta, GA 30339
678-460-0345 (office) □ 678-460-0350 (fax)
Dfcsreferrals@familytiesinc.com

DFCS REFERRAL FORM

Date of Referral: _____ Date Received: _____ County _____

Workers Name: _____ Phone Number: _____ Email: _____

Family Name: _____ Phone Number _____

Address: _____

Names and DOB of Family Members:

Reason For Referral: _____

Child Protective Services/ Ongoing:

(Please check all that apply)

- Early Intervention (551-79b)**
(Unsubstantiated)
- Parent Aide Services (573-72h)** *(Parenting Skills Training, Budgeting, Communication Skills, Environmental Safety)*
- Homestead (571-61a)** *(In-Home Intensive Counseling)*
- Psychological (521-51-54-PUP)**
- Assessments (521-52-PUP)**
(Parental Fitness, Domestic Violence, Substance abuse, Anger Management)
- Drug Screen (521-51b)** *(urine)*
- Drug Screen (521-51a)** *(hair follicle)*
- SafeCare® / Family Visitation Services (573-63d)**
- Fast Track:**
- Other:**

Placement Services/ Wrap-Around:

(check all that apply)

- Home Evaluation (511-29a)**
- Comprehensive Child and Family Assessment (CCFA) (511-29a-29o)**
- Transportation (518-56a)**
- Crisis Intervention/ Prevent Disruption Clinical (518-24a)**
- Crisis Intervention/ Prevent Disruption Para (518-24b)**
- Crisis Intervention Behavioral Clinical (518-47a)**
- Crisis Intervention Behavioral Para (518-47b)**
- In-Home Case Management Clinical (518-71a)**
- In-Home Case Management Paraprofessional (518-71b)**
- In-Home Intensive Clinical/Therapeutic (518-95a)**
- Court Appearance and/ or Testimony (518-88a_____ 518-88b_____)**



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Case Planning

Is there a safety plan? Yes___ No___ Is there a case plan? Yes___ No___ (please provide)

FTM Date:_____ MDT Date:_____ Panel Review Date: _____

Are Services Court Ordered? Yes___ No___ Date of next Hearing _____ Court Pt _____

CASA Worker: _____ Other Service Providers? Yes___ No _____

Prior DFCS History? Yes___ No___ Language Spoken _____

Any alcohol or drug abuse suspected? Yes ___ No ___ Drug of Choice _____

If yes, who's using, what are they using _____

What concerns should be addressed?

Supervisors Name: _____ Phone Number: _____

Email: _____ Cell Phone: _____

Please Ensure All Shines Authorizations Are Attached To This Referral

Complete On-line or Fax to: 678-460-0350

Email: DFCSreferrals@Familytiesinc.com