



Referral Form

Date _____

- Type of Referral:**
- Homestead***
 - Parent Aide**
 - Early Intervention**
 - Drug Screening**
 - Home Evaluation**
 - Substance Assessment**
 - Parenting Assessment**

* N/a in Fulton County; as an alternative, IFPS is available

Case Number _____

County _____

Family Name _____

Address _____

Home Ph _____

Work Ph _____

Names and DOB of Family Members

Reason for Referral _____

Has family had prior history with DFACS? _____ yes _____ no

If yes, reason and number of reports _____

Any alcohol or drug abuse suspected? If yes, who's using, what are they using

Referring Worker _____

Phone _____

Supervisor _____

Phone _____