



Family Ties

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[www.familytiesinc.com](http://www.familytiesinc.com)

MHreferrals@famties.net

## IFI and Core Services Referral Form

### Referral Source Contact Information:

Agency:	
Name & position of person making referral:	
Telephone #:	
Alternative telephone #:	
Email address:	
Relationship to consumer:	
Date of Referral:	

Reason for referral: Check all that apply.

- Severe Emotional Disorder
- Substance Related Disorder
- Lower level of care has been attempted or given serious consideration
- Limited resources or skills necessary to cope with crisis
- History of multiple behavioral health crises
- Consumer at risk for out-of-home placement
- Reunification is imminent
- Department of Juvenile Justice involvement
- Consumer at risk of legal system intervention

Presenting Problems:

Referral Information:

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth:	Social Security Number:
Address: (Street, Apt. #, City, State, Zip Code)	<input type="checkbox"/> In-home placement <input type="checkbox"/> Out-of-home placement
Telephone #:	Contact name: Relationship to consumer:
Parents' Name:	Guardian/Foster Parent's Name:
Address: (Street, Apt. #, City, State, Zip Code)	Address: (Street, Apt. #, City, State, Zip Code)
Telephone #:	Telephone #:
Alternative Telephone #:	Alternative Telephone #:

Medical & Insurance Information:

Mental Health Diagnosis: \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_  
 Please provide all reports  
 Mental Health Treatment Provider: \_\_\_\_\_  
 Psychiatric Medications: \_\_\_\_\_  
 Substance Abuse Diagnosis: \_\_\_\_\_ Substance Abuse Treatment Provider: \_\_\_\_\_

Primary Insurance Information: \_\_\_\_\_ Insurance I.D#: \_\_\_\_\_  
 Secondary Insurance Information: \_\_\_\_\_ Insurance I.D#: \_\_\_\_\_

Community Involvement:

Department of Juvenile Justice Involvement:  Yes  No  
 Probation Officer Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

DFCS Involvement:  Yes (if yes, complete following approval)  No DFCS Approval for Services:  Yes/ No  
 Caseworker: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 I, \_\_\_\_\_, the case worker of \_\_\_\_\_, authorize the foster parent/  
 (Case worker) (Consumer's name)  
 guardian of said consumer to sign the Family Ties, Inc. legal and consent forms authorizing IFI/ CORE services.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Status of Referral: (office only)

Accept  Team: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Decline  Reason: \_\_\_\_\_ Date: \_\_\_\_\_