



CHILD AND ADOLESCENT SERVICE REQUEST FORM

Please Print and Submit to adixon@positivegrowthinc.org via fax or email

CLIENT INFORMATION

Referral Date:	
Child Name:	
Date of Birth:	
Race/Ethnicity:	
Sex (male or female)	
Social Security Number:	
Guardian / Parent Name:	
Address:	
City / State / Zip:	
Home Phone Number:	
Cellular Phone Number:	
DFCS Worker / PO	
Phone Numbers (Office / Fax / Cell)	
Referral Source:	
School & Grade / Employer:	

INSURANCE INFORMATION

Insurance:	<input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Peachstate <input type="checkbox"/> Wellcare <input type="checkbox"/> Amerigroup <input type="checkbox"/> Medicare <input type="checkbox"/> Caresource
Insurance Number	

REASON FOR REFERRAL

Presenting Problems:			
Service Requesting <i>*Check all that Apply</i>	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling/Training	<input type="checkbox"/> Family Counseling / Training
	<input type="checkbox"/> Assessments / Evaluations <i>*Family, Substance, Anger, etc.*</i>	<input type="checkbox"/> Family Violence Intervention Program (FVIP)	<input type="checkbox"/> Trauma Focus – Cognitive Behavior Therapy
	<input type="checkbox"/> Behavior Health Assessments and Service Plan Development	<input type="checkbox"/> Brief Crisis Stabilization <input type="checkbox"/> Nurturing Parenting Program	<input type="checkbox"/> Parent Education Class <input type="checkbox"/> Fatherhood Education Class
	<input type="checkbox"/> Community Support (CSI)	<input type="checkbox"/> Individual Outpatient Services	<input type="checkbox"/> Peer Specialist Support
	<input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Psychiatric Evaluations	<input type="checkbox"/> Anger Management Group <input type="checkbox"/> DUI Clinical Evaluation	<input type="checkbox"/> Substance Abuse IOP <input type="checkbox"/> Substance Abuse Education
	<input type="checkbox"/> Partial Hospitalization Program	<input type="checkbox"/> Safe Care –Parenting Program	<input type="checkbox"/> Promoting Safe and Stable Families (PSSF)