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Refugee - SERVICE REQUEST FORM

Please Print and Submit to Ashley Dixon-adixon@positivegrowthinc.org

CLIENT INFORMATION			
Date:			
Name:			
Date of Birth:			
Sex(male or female)			
Social Security Number:			
Marital Status:			
Number in Family:			
Address:			
City / State/ Zip:			
Home/ Cellular Phone Number:			
Language Spoken:			
Race/Ethnicity:			
Arrive Date to US:			
Expected End Date of Insurance:			
<u>Referral Source & contact info.</u>			
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"/> Caresource <input type="checkbox"/> Medicare INSURANCE # _____		
REASON FOR REFERRAL			
Presenting Problems:	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>		
	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling/Training	<input type="checkbox"/> Family Counseling / Training
Service Requesting <i>*Check all that Apply</i>	<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)

*Updated 10/2017