1341 W Hill Ave.
Valdosta, GA 31601
229-249-7730 office/866-484-8285 fax
contactus@pathwaytohopecounseling.com
http://pathwaytohope.com

PO Box 3561
Valdosta, GA 31604

Making a Difference…

CCFA REFERRAL FORM 1

Indicate Application Type: ☐ **Medical Assessment/Health Check (0-18)** ☐ **MPI (0-18)**
☐ **Educational Assessment (5-18); (4 & under, if in early intervention)**
☐ **Psychological (4-18)** ☐ **Family Assessment (0-18)** ☐ **Relative Home Evaluation (0-18)** ☐ **Adolescent Assessment (14-18)**

Maltreatment (Check all that apply): ☐ **Physical** ☐ **Neglect** ☐ **Sexual** ☐ **Emotional** ☐ **Other**

County Name	County Code
Child's Name	Child's Case #:
Parent's Name	Parent's Phone#:
Parent's Address	
DFCS CPS Case Manager:	Phone/Fax/Pager:
DFCS Foster Care Case Manager:	Phone/Fax/Pager:
DFCS Supervisor Name:	Phone/Fax/Pager:
CASA Name: Phone/Fax/Pager:	

HOUSEHOLD MEMBERS

Name	DOB	Relationship	In Home	Out of Home	Phone #
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

CHILDREN REMOVED FROM HOME

	Name	Gender	Ethnicity	DOB	SSN#
Child #1		☐Male ☐ Female			
Child #2		☐Male ☐ Female			
Child #3		☐Male ☐ Female			
Child #4		☐Male ☐ Female			
Child #5		☐Male ☐ Female			
Child #6		☐Male ☐ Female			
Child #7		☐Male ☐ Female			

	Relationship To Case	Child's Current Placement	Phone #	Medicaid #
Child #1				
Child #2				
Child #3				
Child #4				

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Making a Difference…

Child# 5				
Child #6				
Child # 7				

Child's Name: _____Date of Removal: _____

Current School: _____

School Address & Telephone #:
_____

_____

Name of Child(s) Physician: _____ Physician Phone# _____

Physician Address_____

Name of Child(s) Dentist: _____ Dentist Phone# _____

Dentist Address_____

Reason Child Was Removed:

_____
_____
_____
_____

Comments/Additional Information:

_____
_____
_____
_____
_____

Child's Current Placement: ☐ DFCS Foster Home ☐ Group / Institutional Placement

☐ Private Agency Foster Home _____Contact/ Number: _____/_____
Placement Address / Phone Number:
_____