

**Intensive Family Intervention Service (IFI) Referral**



**The following items are attached to this referral:**

- Psychological     Social History     Content to Release Information  
 Committed Information/Commitment Order     Insurance Card

**Date:** \_\_\_\_\_

**Referred By:**

- DFACS     DJJ     School     Parent/Legal Guardian     Family Member  
 Community Center     Mental Health Facility     Substance Abuse Facility  
 Walk-In     Telephone     Other \_\_\_\_\_

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Position/Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cell/Work:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reason referral was made (i.e. identify the need/issue/problem)?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Youth has (check all that apply):**

- Been identified with a mental health diagnosis/ DSM-IV diagnosis  
 Committed acts of physical or verbal aggression against a parent/guardian, teacher, or peer  
 Immediate risk of out-of-home placement or is currently in out-of-home placement and reunification is possible

**Child: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_

Male     Female    **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Is child aware of this referral? Y or N**

**Parent/Legal Guardian:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Is Parent/Legal Guardian aware of referral? Y or N**

**Where child can be seen for initial assessment?**

**Address:**

**Phone Number:**

**Insurance:**  Georgia Medicaid     Peach State/Cenpatico Medicaid     No Insurance

**Medicaid #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**\*How is child's name spelled on Medicaid card?** \_\_\_\_\_

**Fax the Completed Referral Form to 678-731-1552**

Official Use Only: Intake Department			
Received	Date:	Time:	By:
Contacted	Spoke to		Date/Time:
Status	<input type="checkbox"/> Approved Assessment Date and time		<input type="checkbox"/> Not Approved Reason

804 Commerce Boulevard, Suite A2, Riverdale, GA. 30296-3321

Phone: 678-479-7040

Fax: 678-731-1552

Email: [info@houseofinspiration.org](mailto:info@houseofinspiration.org)

Website: [www.houseofinspiration.org](http://www.houseofinspiration.org)