Child & Adolescent Referral Form
House of Inspiration

804 Commerce Boulevard, Suite A2, Riverdale, GA. 30296-3321
Phone: 678-479-7040 Fax: 678-731-1552
Email: info@houseofinspiration.org Website: www.houseofinspiration.org

Date of Referral: ____

Please complete the information below and send House of Inspiration by email or fax.

Youth's Name: ____ DOB: ____ Age:___
Gender: ____ Race: ____

Parent/Guardian's Name: ____ Relationship: ____
If state custody, DFCS Primary Contact:____ Phone: ____

Home/Placement Address: ____ City: ____ Zip:____

Family Phone Number: ____ County: ____ Family Email Address:____

School Name: ____ School Grade:____

Insurance:

☐ APS Medicaid (provide number if available) ____
☐ PeachState (provide number if available) ____
☐ State\Grant Funded (provide number if available) ____
☐ Other ____
☐ No Insurance

Referring Party:

☐ Parent/Guardian	☐ Mental Health Provider	☐ DFCS
☐ Inpatient Hospital	☐ Juvenile Court (Predisposition)	☐ School System
☐ Residential Facility/Provider	☐ Juvenile Court (Disposition)	☐ Crisis Stabilization Program
☐ DJJ Probation	☐ DFCS Investigations	☐ Other: ____
☐ DJJ Commitment	☐ DFCS Direct Access	

Name of Person Referring: ____ Agency Name: ____
Email: ____ Phone: ____

Other Agencies Currently Involved:

☐ School System	☐ Mental Health Provider	☐ Private Psychiatrist
☐ Inpatient Hospital	☐ Juvenile Court	☐ Law Enforcement
☐ Residential Provider	☐ DFCS	☐ Other: ____
☐ DJJ	☐ Crisis Stabilization Program (CSP)	

Presenting Problems: Please select all applicable crisis and emergent needs:

☐ Suicidal/Homicidal Ideations ☐ Sexual Acting Out ☐ Fire Setting/Property Destruction ☐ At risk of out-of-home placement
☐ Runaway ☐ Self Injurious ☐ Physical/Verbal Aggression ☐ Substance Use/Abuse ☐ Community Disturbance
☐ Other____

Please select any of the following services the youth has received in the past 6 months:

☐ Inpatient Hospital	☐ DJJ Probation	☐ Youth Development Center
☐ Residential Facility	☐ Juvenile Court	☐ Crisis Stabilization Program
☐ Child Caring Institute (CCI)	☐ Regional Youth Detention Center	☐ Other: ____

Email or Fax the Completed Referral Form to: info@houseofinspiration.org\ 678-731-1552

Official Use Only: Intake Department			
Received	Date:	Time:	By:
Contacted	Spoke to-	Date/Time:	
Intake	Assessment Date and time Assessor:		