

## Amerigroup Georgia Families 360°<sup>SM</sup> DFCS Referral Form

Submit this form to Amerigroup, DCH and Rev Max for any Georgia Families 360°<sup>SM</sup> action indicated by checkboxes below. Complete each section of this form prior to submitting. Submit completed form by sending email to all three email addresses listed: [FCIntake@amerigroup.com](mailto:FCIntake@amerigroup.com), [FCAADJJ\\_MemberServices@dch.ga.gov](mailto:FCAADJJ_MemberServices@dch.ga.gov), [RevMaxCMOTransition@dhr.state.ga.us](mailto:RevMaxCMOTransition@dhr.state.ga.us). Fax form to Amerigroup at 1-888-375-5064.

### Section 1: Reason for notification to Amerigroup – Check one

Child Enters Care/Custody
  Change in Placement
  Child leaving DFCS Custody
  Update
  CM Change  
 Re-entry into Care

Current Date: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_ Date Entered Custody: \_\_\_\_\_

### Section 2: Information about the child: This section must be completed.

Child's Name:	Gender:	SSN:	Medicaid ID #:	DOB:	Joint Custody: Y/N
	<input type="checkbox"/> M <input type="checkbox"/> F				

### Section 3: Information about the child's caseworker: This section must be completed.

DFCS Case Manager Name:	Case Manager Contact Number/Email address:	DFCS Case Manager Supervisor Name, Number and Email:
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DFCS County Office Address: \_\_\_\_\_

### Section 4: Information about the child's current placement: This section must be completed.

Placement Provider Name: \_\_\_\_\_

Placement Provider Address: \_\_\_\_\_

Placement Provider Phone Number (if available): \_\_\_\_\_

Placement Provider Email (if available): \_\_\_\_\_

### Section 5: Information about the child's future placement: Complete this section if the child has a change in placement.

New Placement Provider Name: \_\_\_\_\_

Date Child Will Move to New Placement: \_\_\_\_\_

New Placement Provider Address: \_\_\_\_\_

New Placement Provider Phone Number (if available): \_\_\_\_\_

Placement Provider Email (if available): \_\_\_\_\_

### Section 6: Information about a child leaving DFCS custody: Complete if the child is leaving foster care.

Date Child Will Leave Foster Care: \_\_\_\_\_

Reason for Leaving Foster Care (aging out, custody to someone, guardianship to someone): \_\_\_\_\_

### Section 7: Information about the child's medical needs: Complete if the child is being removed from the home and entering care.

Emergency Care Needed?  Yes  No  
If yes, explain (include name of facility and treatment needed): \_\_\_\_\_

Emergency Medications Needed?  Yes  No  
If yes, specify drug and pharmacy: \_\_\_\_\_

Name, Address and Phone Number of Current Doctor: \_\_\_\_\_

Name, Address, and Phone Number of Current Dentist: \_\_\_\_\_

### Section 8: List all referrals that have been made since child taken into custody or committed (i.e., CCFA, CSEC, BCW or any other health care services, etc.):

Agency Name	Contact #	Reason for Referral (BCW, CCFA)	Date of Referral

### Section 9: Medical Diagnosis (list all known medical diagnoses/conditions, i.e., ADHD, anxiety disorder, etc.)


### Section 10: Medications (list all medications that the child is currently taking if known)

Medication Name	Strength (i.e., 100 mg)	How Often Medication Taken	Reason for Medication

Use this form for: intake or entry into FC; placement change; change in DFCS Case Manager (CM); BCW &/or CCFA Referral; all children exiting from FC