

Georgia Families 360^o SM Local Interagency Planning Team (LIPT) Alert

Member information	
Child's name: _____	DOB: _____
SSN: _____	Medicaid number: _____
Parent/custodian information	
Check one:	
<input type="checkbox"/> Foster parent	Name: _____ Phone: _____
	Address: _____
	Email: _____
<input type="checkbox"/> DFCS/DJJ staff member	Name: _____ Phone: _____
	Address: _____
	Email: _____
<input type="checkbox"/> Placement provider	Name: _____ Phone: _____
	Address: _____
	Email: _____
LIPT referring person	
County: _____	Name: _____
Phone: _____	Email: _____
Meeting location: _____	Location name/address
Meeting date/time: _____	Referral date: _____

Email completed form to GF360CMUrgent@amerigroup.com