CELINE'S FAMILY SERVICES, INC.

Servicing one Child at a time

4153 Flat Shoals Parkway, Suite: 320E | Decatur, GA 30034

Office: 404-214-7116 | E-Fax: 404-506-9439

Email: celinesfamilyservicesinc@yahoo.com

Program Referral and Intake Form

Referral Source:		**Referral Date:**	
Referral Contact Number:			

Services Provided:

__Community Support Services
__Crisis Intervention
__Educational Advocacy and Support
__Diagnostic Assessment
__Psychological Evaluation
__Life Skills Development
__Individual/Family Counseling
__Nurse and educational monitoring
__Physician Assistance & Care
__Substance Abuse Counseling

Describe the Problem:

__ADHD
__Depression
__DFACS/DJJ Involvement
__Drug Use
__Mental Health Issues
__Oppositional
__Physical Abuse
__Probation Violation
__Run Away
__Sexual Abuse
__Sexual Perpetration
__Truancy
__Other

Name of Child____
Last First DOB

Social Security#:______________________________

Child's School____________________________________ Attending: ( ) No ( ) Grade__________

Does Family receive Medicaid? Yes **( )** Peachstate/Cenpatico **( )** Wellcare **( )** Straight Medicaid **( )** Other Medicaid #____________________

Is child on medications? No **( )** yes **( )** if yes, please list:___________________________________

Prescribing Physician:__________________________ Contact #:____________________________

Name of Parent/Guardian: ____

Address:____
House Number & Street City State Zip

Home Phone:______________________________ Work Phone_____________________________

Does Parent/Guardian (s) work: ( ) Yes ( ) No if yes, what hours?____________________ AM/PM

*DFAC/DJJ or Other______________________ Phone_____________ Date referral________

Currently on Probation? ( ) Yes ( ) No if so, why:____

*Email Contact Information:_________________________ Alternate Email:_____________________

What outcome would you like to see for his/her participation?_________________________________

Has Psychological been completed?_______________ If yes, please attach.

Please Fax Referral Form to Celine's Family Services, Inc. at 404-506-9439. Or email

Celine's Family Services, Inc. Use Only: Case was ☐ Approved ☐ Denied Case was assigned to: _______________________ Date: __________ Staff Int.___