



945 N. INDIAN CREEK DRIVE, CLARKSTON, GA 30021

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Website www.positivegrowthinc.org Email cbs@positivegrowthinc.org

ADULT - SERVICE REQUEST FORM

Please Print and Submit to Agency Representative via fax or email

CLIENT INFORMATION

Date:	
Name:	
Date of Birth:	
Social Security Number:	
Address:	
City / State / Zip:	
Home Phone Number:	
Cellular Phone Number:	
Alternate/Work Number:	
<u>DFCS Worker / Probation Officer</u>	
Phone Numbers (Office / Fax / Cell	
Referral Source:	
Employer:	

INSURANCE INFORMATION

Insurance:	<input type="checkbox"/> No <input type="checkbox"/> Yes; Provider Name: _____
Insurance Number	
Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes Medicaid Number: _____
CMO	<input type="checkbox"/> No <input type="checkbox"/> Yes; <input type="checkbox"/> Peach State <input type="checkbox"/> Wellcare <input type="checkbox"/> Ameri-Group
CMO Medicaid Number	

REASON FOR REFERRAL

Presenting Problems:			
Service Requesting <i>*Check all that Apply</i>	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling/Training	<input type="checkbox"/> Family Counseling / Training
	<input type="checkbox"/> Assessments / Evaluations <i>*Family, Substance, Anger, etc.*</i>	<input type="checkbox"/> Family Violence Intervention Program (FVIP)	<input type="checkbox"/> Trauma Focus – Cognitive Behavior Therapy
	<input type="checkbox"/> Behavior Health Assessments and Service Plan Development	<input type="checkbox"/> Brief Crisis Stabilization <input type="checkbox"/> Nurturing Parenting Program	<input type="checkbox"/> Parent Education Class <input type="checkbox"/> Fatherhood Education Class
	<input type="checkbox"/> Community Support (CSI)	<input type="checkbox"/> Family Preservation	<input type="checkbox"/> Peer Specialist Support
	<input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Psychiatric Evaluations	<input type="checkbox"/> Anger Management Group <input type="checkbox"/> DUI Clinical Evaluation	<input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Substance Abuse Education
	<input type="checkbox"/> In-Home Family Counseling	<input type="checkbox"/> Wraparound Services <input type="checkbox"/> Safe Care –Parenting Program	<input type="checkbox"/> Promoting Safe and Stable Families (PSSF)

Payment method: (cash, money order, credit cards accepted, Medicaid & some insurance co. – no checks)



We offer grant funded services through our Family Preservation Program

***** OFFICE USE ONLY *****

Appointment Scheduled: No Yes; Date: _____ Location: _____