

Date Referral Completed: _____
County: _____



RBWO Continuum Referral Form

To complete the initial assessment, we must have the following information:

1) Child's Name:

2) Date of Birth:

3) Social Security Number:

4) DFCS Case Number:

5) Sex/Race:

6) V629 or Diagnosis Code:

7) Primary Care Giver:

Relationship to client:

Home address:

Phone Number:

8) DFCS Case Worker Making Referral:

Office Phone number:

Cell Phone number:

E-mail address:

9) DFCS Supervisor Making Referral:

Office Phone number:

Cell Phone number:

E-mail address:

10) DFCS Administrator Making Referral:

Office Phone number:

Cell Phone Number:

E-mail address:

11) Office of Provider Utilization & Outcomes Management Specialist

Office Phone Number:

Cell Phone Number:

E-mail address:

12) Current placement

Contact name and number:

13) Other helpful information:

Presenting Problem:

History of Offenses:

Referral Sheet may be sent to:

Youth Villages

Attn: RBWO Continuum

Office: **770-852-6303**

Office: 404-320-2937

Fax: 770-920-2745

Fax: 404-320-2921

Email: **rbwocontinuum@youthvillages.org**

Date Referral Received: _____

Past Services:

14) Medicaid # (if applicable):

15) Insurance Information (if applicable):

-Name of Insured:

-Policy#:

-Name of Insurance Company:

15) Please include supporting documentation with this referral to include but not limited to:

- 1. Psychological with a diagnosis dated within last 2 years of admission date**
- 2. CCFA**
- 3. Psychosexual (if applicable)**

*****Items 1-4 necessary for approval, items 5-19 required once 1-4 have been met.**

- 4. CBC with differential, platelets and urinalysis within 30 days of admission date**
- 5. Intake Study – Internal Form (ORS)**
- 6. TB Test within 1 year**
- 7. Dental Exam by DDS within 6 months of admission date**
- 8. Physical within 1 year of admission date. A copy of the medical examination by a licensed physician**
- 9. Social Security Card**
- 10. Immunization Records- if child was raised in GA we pull info from the GRITS system**
- 11. Birth Certificate**
- 12. Active Medicaid Card**
- 13. Case Plan**
- 14. Safety Plan**
- 15. IEP/Educational Records**
- 16. Withdrawal paperwork from last school attended**
- 17. Current Custody Orders**
- 18. Transitional Living Plan**