**A picture containing umbrella

Description automatically generatedFamily Visitation Services**

**SafeCare® AugmentedInitial Referral Form**

Email to [lanierfamcom@gmail.com](mailto:lanierfamcom@gmail.com) or fax to 229-482-2334

**Initial Referral Disposition**

SHINES Service Authorization #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region/County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_Social Services Case Manager:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Providing Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Source- Division of Family & Children Services**

Intake/Family Support (Family Fusion) Investigations/ Family Support (Family Fusion)  **Un-Sub (CAPTA/Family Fusion)**

Family Preservation (SafeCare)  Foster Care (SafeCare)  Independent Living (SafeCare)

**Reason for Referral/Comments:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Occupants**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **First Name** | **Last Name** | **Gender**  **(M/F)** | **Race**  **(B, W, L,O)** | **Date of Birth** | **Client**  **ID #** | **Relationship** | **Occupation** | **# of Years of School** |
| **Primary**  **Parent/Guardian** |  |  |  |  |  |  |  |  |  |
| **2nd**  **Parent/Guardian** |  |  |  |  |  |  |  |  |  |
| **Child 1** |  |  |  |  |  |  |  |  |  |
| **Child 2** |  |  |  |  |  |  |  |  |  |
| **Child 3** |  |  |  |  |  |  |  |  |  |
| **Child 4** |  |  |  |  |  |  |  |  |  |
| **Child 5** |  |  |  |  |  |  |  |  |  |
| **Other: Adult #1** |  |  |  |  |  |  |  |  |  |
| **Other: Adult #2** |  |  |  |  |  |  |  |  |  |
| **Other: Adult #3** |  |  |  |  |  |  |  |  |  |

Address (Street, City, Zip):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_ Cell Phone: \_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relative Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_