Main Address: 101 Devant St. Suite 702, Fayetteville, GA 30214
Satellite: 530 Parkwood Way, Jonesboro, GA 30236
Phone (770) 460-0970 Fax (866) 758-5731
Email: info@newheightsga.com or website: www.newheightsga.com

IFI(Medicaid) ☐ ***CORE C&A*** ☐ ***CORE Adult*** ☐ ***DFCS Special Project*** ☐
DFCS-CCFA/WA ☐

Referral Source (circle one):
☐ School ☐ DFCS ☐ Juv. Court/DJJ ☐ Other (please specify) _____
County: _____ **Date of referral:** _____

***Client's name:** _____
Address: _____
City: _____ **Zip:** _____
Phone: _____
Social Security No: _____ (required) ***DOB**: _____
Gender: ☐ Male ☐ Female **Race**: _____

***Medicaid/Peachcare:** ☐ **Yes** ☐ **No** ***M/P number:** _____
(If the family does not have Medicaid number, please indicate source of payment for services)

Client's school: _____**Grade:** _____

Client lives with: ☐Mother ☐Father ☐ Both Parents ☐Maternal Grandparents
☐ Paternal Grandparents ☐ Self ☐ Legal Guardian Name: _____

Does client need 48 hour contact? ☐No ☐Yes
Does client have a psychological evaluation on record? ☐No ☐Yes
Is client on medications?
☐No ☐Yes If yes, please list: _____

Most recent DSM IV diagnosis (required DSM codes with description and attach current evaluation): Axis I_____ Axis II_____ Axis III_____ Axis IV_____ Axis V_____

Why is the client being referred to the program?
☐ Oppositional ☐ Run Away ☐ Drug Use ☐ Depression ☐ Truancy
☐ Sexual Abuse ☐ Physical Abuse ☐ Mental Health Issues ☐ Sexual Perpetrator
☐ DFACS Involvement ☐ Probation Violation ☐ ADHD ☐ Other: _____

What outcome would you like to see for client participation? _____
_____

Case Worker/Probation Officer:

Phone: _____ **Fax:** _____
Email: _____ (we will email you updates on the case)

Only for NHBC use **Case was assigned to: Assessor**_____
C&A_____ **IFI**_____
ADULT_____ **DFCS Special Project** _____**CCFA/WA**_____