

GEORGIA DEPARTMENT OF HUMAN SERVICES

INTERAGENCY / INTER OFFICE REFERRAL AND FOLLOW-UP

DATE: \_\_\_\_\_

- TO:
- Division of Family and Children Services  
TANF Medicaid Food Stamps  
Child Care Community Service/Refugee  
Social Services RSM Outreach Project
  - Division of DBHDD
  - Division of Public Health
  - Division of Child Support Services  
Department of Community Health
  - Office of Compliance and Program Integrity
  - Department of Education
  - Office of School Readiness
  - Department of Juvenile Justice
  - Department of Labor
  - Department of Technical and Adult Education
  - Social Security Administration
  - Other \_\_\_\_\_

- FROM:
- Division of Family and Children Services  
TANF Medicaid Food Stamps  
Child Care Community Service/Refugee  
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  - Department of Juvenile Justice
  - Department of Labor
  - Department of Technical and Adult Education
  - Social Security Administration
  - Other \_\_\_\_\_

ATTN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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RE: \_\_\_\_\_  
 NAME (First, Middle, Maiden Last)  
 \_\_\_\_\_  
 (ADDRESS, Street-Route-P.O. Box) Apt. #  
 \_\_\_\_\_  
 CITY STATE ZIP CODE  
 \_\_\_\_\_  
 Telephone #  
 \_\_\_\_\_

Sex	DOB	Race	SSN
_____	_____	_____	_____
TANF Case #		Medicaid Case #	
_____		_____	
FS Case #		SSA Claim #	
_____		_____	
Social Service Case #		Child Care Case # ID #	
_____		_____	
\$TARS Case #			
_____			

- REFERRAL & COMMENTS
- FOLLOW-UP COMMENTS

PLEASE REPLY BY: \_\_\_\_\_

PLEASE REPLY TO: \_\_\_\_\_

_____	_____	_____
Name		Title
_____	_____	_____
Agency	Area Code / Telephone	EXT.
_____	_____	_____
Address	Email Address	