

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
Social Services RSM Outreach Project
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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 _____

ATTN: _____

BY: _____

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