

King George County FAPT Referral

Parent(s)/Custodian(s):	
Mailing Address:	
Phone Number(s):	

Child's Name:		Date of Birth:	
Social Security #:		Gender:	
Child's School:		Race:	

Child's Mother:		Phone:	
Address, if different than above:			
Child's Father:		Phone:	
Address, if different than above:			
Other Custodian:		Relationship:	

Other Household Members (i.e. siblings):

Name:	Age:	Relationship to Child:

Insurance / Financial Information

Primary Insurance Company:		ID Number:		
Secondary Insurance Company:		ID Number:		
Medicaid:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Pending	Medicaid Number:		
Social Security Disability Insurance:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
Supplemental Security Income:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
Is the child adopted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Type / Date:		

Reason for Referral to FAPT (Narrative of past and ongoing events to include family history, presenting problems, strengths, and needs of the child and family. Provide as much detailed information as possible)

Is the FAPT meeting court orderd? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the child on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Detail any legal issues and /or court involvement:

Detail any medical and /or mental health issues:

Current Medications:

Previous Service Information:

Agency / Service	Start / End Date	Outcome

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The above information is complete and accurate to the best of my knowledge.

Parent/Custodian

Date

Completed forms may be returned in one the following manners:

Via Email: robin.thompson1@dss.virginia.gov

Via US Mail: King George DSS
Attn: CSA Coordinator
P.O. Box 130
King George, VA 22485

In-Person: King George DSS
10069 Kings Highway
King George, VA 22485