

## King George County FAPT Referral

<b>Parent(s)/Custodian(s):</b>	
<b>Mailing Address:</b>	
<b>Phone Number(s):</b>	

<b>Child's Name:</b>		<b>Date of Birth:</b>	
<b>Social Security #:</b>		<b>Gender:</b>	
<b>Child's School:</b>		<b>Race:</b>	

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

### Other Household Members (i.e. siblings):

<b>Name:</b>	<b>Age:</b>	<b>Relationship to Child:</b>

**Insurance / Financial Information**

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

**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)**

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<b>Is the FAPT meeting court orderd?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Is the child on probation?</b> <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](mailto: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**