

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 Labor
  - Department of Technical and Adult Education
  - Social Security Administration
  - Other \_\_\_\_\_

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

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

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**RE:**

NAME (First, Middle, Maiden Last)	Sex	DOB	Race	SSN
_____ (ADDRESS, Street-Route-P.O. Box) Apt. #	_____ TANF Case #	_____ FS Case #	_____ Social Service Case #	_____ Medicaid Case #
CITY STATE ZIP CODE	_____ \$TARS Case #	_____ SSA Claim #	_____ Child Care Case # ID #	
Telephone #				

**REFERRAL & COMMENTS**

**FOLLOW-UP COMMENTS**

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

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

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