

Client Support Services Referral Form

GPDC Central Office Client Support Services Unit



PLEASE READ

The Client Support Services Unit is a **voluntary** program. Please let your client know that CSSU is a resource available to them at no cost.

Step 1: Please assist your client in completing the Client Intake Packet information.

Step 2: Please ensure that the Client Intake Packet **AND** this referral form are fully completed based on the most information the client can provide. Then upload all documents to JCATS.

****Step 3:** Once uploaded, please notify the unit of your JCATS submission via email to CSSU@gapubdef.org with the Client's Full Name, DOB, AND JCATS CASE # as early as possible.

Date of Submission: _____	Request for Completion Within:
Type of Service Needed: <input type="checkbox"/> Mitigation Report <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Health Insurance <input type="checkbox"/> State Identification <input type="checkbox"/> Substance Use Treatment <input type="checkbox"/> Employment <input type="checkbox"/> Other:	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 120 days <input type="checkbox"/> Other:

Eligibility Questionnaire

Are there other cases pending?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, list other pending cases:		
ICE, County, or State Hold?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the client BANNED from any county or facility in Georgia?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, list the county or name of the facility:		
Does the Client have an open DFCS case?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Client Information		
Full Name:	DOB:	JCATS#
Current Situation: <input type="checkbox"/> Out on Bail <input type="checkbox"/> Pending Release (Within next 30 days) <input type="checkbox"/> Incarcerated at (location):		
If incarcerated, are video visits or email options available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Next Court Hearing Date:	Hearing time:	
Hearing location:		
Public Defender Information		
Public Defender Circuit Office Location:		
Attorney's Name:		
Direct Phone:		
Attorney's Goal(s) for the Client:		
<input type="checkbox"/> Influence Sentencing Decision w/Mitigation Report <input type="checkbox"/> Link to Inpatient Treatment Facility <input type="checkbox"/> Help with Housing Needs <input type="checkbox"/> Help with Employment Needs <input type="checkbox"/> Link to Outpatient Treatment Facility <input type="checkbox"/> Other:		
ALL DOCUMENTS SHOULD BE ATTACHED IN JCATS		
Is the Client Interview Sheet in JCATS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the Discovery in JCATS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO