

# Client Support Services Referral Form

GPDC Social Services Department- Client Support Services



## \*PLEASE READ\*

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

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

Step 2: Once all documents are completed, please submit referral via email to socialservices@gapubdef.org with the Client's Full Name, DOB, AND JCATS Case # as early as possible.

Date of Submission:	Request for Completion Within:
<p style="text-align: center;">Type of Service Needed:</p> <p><input type="checkbox"/> Mitigation Report</p> <p><input type="checkbox"/> Mental Health Treatment</p> <p><input type="checkbox"/> Permanent Housing</p> <p><input type="checkbox"/> Health Insurance</p> <p><input type="checkbox"/> State Identification</p> <p><input type="checkbox"/> Substance Use Treatment</p> <p><input type="checkbox"/> Employment</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;">*Please note that completion date is not guaranteed*</p> <p><input type="checkbox"/> 60 days</p> <p><input type="checkbox"/> 90 days</p> <p><input type="checkbox"/> 120 days</p> <p><input type="checkbox"/> Other: _____</p>

## Eligibility Questionnaire

What is the current charge(s)?		
Are there other cases pending?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, list other pending cases:		
ICE, County, or State Hold? Bail/Bond?	<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"/> Influence Sentencing Decision w/ Connection to Appropriate Community Resources <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

