



**Fulton County Clubhouse for Youth  
Referral Form**

1480 Delowe Dr. SW, Atlanta, GA 30311

**Please email the completed form to:  
Clubhouse Staff – [fultonclubhousereferral@chris180.org](mailto:fultonclubhousereferral@chris180.org)**

**Referral Source**

Contact Name: \_\_\_\_\_ Relationship to Consumer: \_\_\_\_\_

Organization (DFCS, School Name, Physician's Office): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Consumer's Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

School & Grade: \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_

Involvement with Other Agencies:

\_\_\_\_\_  
\_\_\_\_\_

Current Medical Problems:

\_\_\_\_\_  
\_\_\_\_\_

**INTERNAL USE ONLY:**

**Follow-Up Status**

- Consumer Approved for Services (Scheduled Intake)
- Consumer Not Approved for Services
- Consumer Referred Out to Another CHRIS180 Program (Name): \_\_\_\_\_
- Consumer Referred to Another Provider (Name): \_\_\_\_\_
- Other (Provide Information): \_\_\_\_\_