

Georgia Department of Human Services
Division of Family and Children Services

FAMILY PLANNING SERVICES

REFERRAL

INSTRUCTIONS TO APPLICANTS/RECIPIENTS: Take this form with you when you visit the Health Department. The address and phone number are listed below. Please call the Health Department before you visit to find out when Family Planning clinics are held.

Section A: *(To be completed by the DFCS)*

TO: County Health Department

Address

Phone number

The person listed below has expressed an interest in receiving family planning services through the Health department:

Name:

Client ID:

Address

Phone #:

TANF Case #

Client Status:

Date

Signature of Case Worker

Section B: *(To be completed by the Health Department)*

Contact made Yes: No

Family Planning Appointment Scheduled Yes: No

Date of Appointment _____

Appointment Kept Yes: No

