Heritage Foundation, Inc.
P.O. Box 2966
Thomasville, Georgia 31799-2966
Administrative Office: 229-228-5545 Fax: 229-226-4755

Date: ______________________

GENERAL DATA:

NAME: (Print Clearly) First Name ______ Middle Name ______ Last Name ______

Date of Birth: ______ **Social Security #:** ______

Race / Ethnic Group: ______ **Gender:** ☐ Female ☐ Male **Marital Status:** M S D W

Home Telephone #: ( ) **Other Telephone #:** ( )

Physical Address: ______________________

City: ______ **State:** ______ **Zip Code:** ______ **County:** ______

☐ Homeless ☐ Jail /Diversion ☐ Out of Home Placement

Parent(s) / Legal Guardian / Emergency Contact Data:

Name: ______ **Relationship:** ______

Home Telephone: ______ **Cell / Other Telephone #:** ______

Physical Address: ______ **City / State / Zip Code:** ______

Payor Source Data:

Please be prepared to present a copy of *VALID* Insurance Card *FRONT & BACK*

Payor Source: ☐ Medicaid ☐ Private Insurance ☐ Self Pay ☐ Other: ______

Insurance/Plan Description: ______ **If Medicaid, What Plan?**

☐ Traditional ☐ WellCare

Insurance Policy Holder: ______ ☐ AmeriGroup ☐ PeachState

Relationship to Referred: ______ **Plan #:** ______

ID#: ______ **Co-Pay Amount:** ______

Services Needed:

Presenting Problems: (Brief description of problem including Behavior, frequency, precipitating factors, if applicable)

____

____

____

Services Requested:

☐ Residential SA Treatment - Maya's House (Woman) ☐ Intensive SA Outpatient - House of Focus (Woman)

☐ Child & Adolescent Core Services – Sycamore Centre ☐ Adult Core Services

Outpatient Group Services: ☐ Anger Management ☐ Parenting ☐ Individual Counseling

☐ Family Counseling ☐ Pre-Marital Counseling ☐ Marriage Counseling

☐ Domestic Violence (Men /Woman Groups) ☐ Substance Abuse (Men /Woman Groups)

Medications That Are Currently Prescribed:

____

____

Agency Association:

School: ______ **Counselor** ______ **Principal** ______

Probation Officer: ______ **Probation Office:** ______ **Telephone#** ______

Parole Officer: ______ **Parole Office:** ______ **Telephone#** ______

Judge/Attorney: ______ **Judge/Attorney Office:** ______ **Telephone#** ______

Case Worker: ______ **DFCS Office:** ______ **Telephone#** ______

Other Agency: ______ **Office:** ______ **Telephone#** ______