

**GEORGIA DEPARTMENT OF HUMAN SERVICES**  
**Educational Programming Assessment & Consultation (EPAC)**  
**Student Referral/Enrollment Form**  
**(Rev. 5/2013)**

**TODAY'S DATE**

/ /

**SECTION 1: CHILD/YOUTH INFORMATION (Please Type)**

Last Name	First Name	Middle Name
Date of Birth (MM/DD/YYYY) ____/____/____ List Episode of Needs (e.g.. 1, 4, 6, 9) ____ (Optional)		
Age ____ Social Security number: ____ - ____ - ____ GTID #: ____		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Person ID/ FCC number: ____ Case ID number: ____		
Is Child a Foster Care Youth? YES <input type="checkbox"/> NO <input type="checkbox"/>		Is Child an Unaccompanied Homeless Youth? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of School Attending: CCI: YES <input type="checkbox"/> NO <input type="checkbox"/> Title I School: YES <input type="checkbox"/> NO <input type="checkbox"/>	Grade Level : IEP: YES <input type="checkbox"/> NO <input type="checkbox"/> 504 Plan: YES <input type="checkbox"/> NO <input type="checkbox"/>	County: Region #
Full Name of Foster Parent/Guardian/Caregiver(s)		Was Foster Parent/Caregiver contacted? YES <input type="checkbox"/> NO <input type="checkbox"/>
Foster Home Address		P.O. Box/Apt #
Boarding County		City
State		Zip Code
Foster Parent's Home Phone Number ____ - ____ - ____		Foster Parent's Work Phone Number ____ - ____ - ____

**SECTION 2: SIGNATURE – TO BE COMPLETED BY COUNTY DFCS STAFF ONLY (Please Type)**

County \_\_\_\_ Region # \_\_\_\_

Name of DFCS Staff Completing This Form \_\_\_\_ Title \_\_\_\_

DFCS Staff Contact Email \_\_\_\_@dhr.state.ga.us

DFCS Staff Contact Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DFCS Staff Contact Fax Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DFCS Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3: SIGNATURE TO BE COMPLETED BY Data Accountability Manager**

Data Manager (DM) or Operations Analyst : \_\_\_\_\_

EPAC Authorized Personnel Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Education Support Monitor: \_\_\_\_\_ GTID #: \_\_\_\_\_

**Tutorial Services Referral Form Completion Instructions**

1. Case Manager or DFCS staff identifies a child/youth in need of services.
2. Case Manager or DFCS staff completes **Sections 1 and 2**.
3. Case Manager or DFCS staff emails the signed & completed form to: [EPAC@dhr.state.ga.us](mailto:EPAC@dhr.state.ga.us) or mail to 2 Peachtree Street, Suite 26.425, Atlanta, GA 30303.

**Note: The Case Manager should keep copies of information sent to the EPAC Unit.**

For more information, please contact the DHS EPAC Team via email at [EPAC@dhr.state.ga.us](mailto:EPAC@dhr.state.ga.us) or by telephone at 404-656-4324.