



MAAC DHR REFERRAL FORM

**MULTI-AGENCY
ALLIANCE FOR
CHILDREN, INC.**
www.maac4kids.org

Heather L. Rowles
Executive Director

Youth Name: _____ DOB: _____

Case Manager's Name: _____ County: _____

The above mentioned youth is approved for the Multi-Agency Alliance for Children, Inc. (MAAC) effective as of the date of this letter.

When the youth is officially placed with MAAC, I understand that I am responsible for entering the required information into the SHINES system according to the instructions found on the MAAC website: www.maac4kids.org

Member Agencies:

CHRIS Kids, Inc.

*Creative Community
Services, Inc.*

Elks Aidmore, Inc.

*Georgia Baptist Children's
Homes & Family
Ministries, Inc.*

*Gwinnett Children's
Shelter, Inc.*

Inner Harbour, Ltd.

The Bridge, Inc.

*Twin Cedars Youth
Services, Inc.*

Case Manager Signature

Date of Referral

County DFCS Director or Designee

Date of Approval

cc: Cathy Phillips, Region 8 Accounting Office
Regional Provider Relations Unit, State Provider Relations Unit, and County Director
File

FOR MAAC OFFICE USE ONLY:

Completed Referral Packet received by _____ on _____. _____
(Name) (Date) (initial)

Review of Packet completed by _____ on _____. _____
(Name) (Date) (initial)

Official decision: _____ PLACED at _____ on _____
(check one) (Agency) (Date)

_____ DEFERRED to _____ on _____
(Reason) (Date)