



# Money Follows the Person Referral Form

Date of referral (mm/dd/yyyy): \_\_\_\_\_

Person making referral: \_\_\_\_\_

Agency making referral: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Person Referred-Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Inpatient Facility Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Admission Date to inpatient facility (mm/dd/yyyy): \_\_\_\_\_

Anticipated Referral: CCSP  SOURCE  ICWP  Date Referred: \_\_\_\_\_  
NOW  COMP  \_\_\_\_\_  Date Referred \_\_\_\_\_

Currently on wait list for: CCSP  SOURCE  ICWP   
NOW  COMP  \_\_\_\_\_

**Interested Parties:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP: \_\_\_\_\_

Pertinent Information: \_\_\_\_\_

Return completed referral by **Email** to: [gamfp@dch.ga.gov](mailto:gamfp@dch.ga.gov); or by **Fax** to: 404-463-2889; or **mail** to:

Money Follows the Person (MFP)  
Georgia Department of Community Health/Medicaid Division  
2 Peachtree St. NW, 37<sup>th</sup> Floor  
Atlanta, GA 30303  
Website: [dch.georgia.gov/mfp](http://dch.georgia.gov/mfp)

For questions or assistance making a referral, contact the MFP Project Director at: 404-651-9961. For question or assistance making a MDS Section Q referral, contact the Aging & Disability Resource Connection (ADRC) at 1-866-552-4464, Local Contact - \_\_\_\_\_