**[ ]  Sexual [ ]  Physical [ ]  Neglect [ ]  Witness [ ]  Rule Out [ ]  Med Only [ ]  Emergency (needed < 72 hrs)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Referred to CRC: |        | Investigator Availability(for next two weeks) **DO NOT LEAVE BLANK** |        |
| Child’s Name: |        | Age: |        | DOB: |        |  |  |
| Gender: |        | Race: |        | Primary Language: |        | Child Lives with: | [ ]  Mother [ ]  Father[ ]  Other (see Current Caretaker) |
| Develop. Delays/MH Diagnoses: |        |
| Reported to Childline: | [ ]  Yes | [ ]  No | [ ]  Unk | Registered CPS by Childline: | [ ]  Yes | [ ]  No | [ ]  Unk |
| Has the caretaker/parent been notified of the referral to the CRC? | [ ]  Yes | [ ]  No | **Investigator must contact family before appointment can be coordinated by the CRC.** |

**Family Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mother: |        | DOB: |        | Father: |        | DOB: |        |
| Address: |        | Address: |        |
| Phone: |        | Ok to contact [ ]  | Phone: |        | Ok to contact [ ]  |
| Email: |        |  | Email: |        |
| Current Caretaker:(if child is out of home) |        | DOB: |       | Relationship: |        |
| Address: |        | Phone:Email: |              |
| Person Transporting Child: |        | Will additional childcare be needed? | [ ]  Yes | [ ]  No |

Other Household Members:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |        | DOB: |        | Relationship: |        |
| Name: |        | DOB: |        | Relationship: |        |
| Name: |        | DOB: |        | Relationship: |        |
| Name: |        | DOB: |        | Relationship: |        |

|  |  |
| --- | --- |
| **Multiple Disciplinary Team Members Involved** **(DO NOT LEAVE THIS SECTION BLANK)** | County of Abuse:        |
| Referring to CRC: |        | Agency: |        |
| District Attorney: |        | Phone:Email: |              |
| Law Enforcement: |        | Phone:Email: |              |
| Children & Youth: |        | Phone:Email: |              |

**AP Information (DO NOT LEAVE THIS SECTION BLANK)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |        | DOB: |        | Name: |        | DOB: |        |
| Relationship: |        | Relationship: |        |

**Allegations (DO NOT LEAVE THIS SECTION BLANK)**

|  |  |  |
| --- | --- | --- |
| Has child made a disclosure regarding these allegations? | [ ]  Yes | [ ]  No |
| Allegations: |        |
| Date and location of incident: |        |
| Has child had a medical exam? | [ ]  Yes [ ]  No | Where/when? |        | Photos Taken | [ ]  Yes [ ]  NoIf yes, bring to apt |
| Are there any other related cases? | [ ]  Yes | [ ]  No |
| Please List: |        |

**For Internal Use Only**

|  |
| --- |
| **Billing Information** |
| County: |        |
| Med Insurance: |        | Subscriber: |        |
| PCP: |        | PCP Phone: |        |
| Child seen previously at CRC | [ ]  Yes | [ ]  No | If so, when & by whom: |        |

|  |  |
| --- | --- |
| **Agency Notification** | **Notes** |
|  | Will Attend |        |
| District Attorney: | [ ]  Yes | [ ]  No |        |
| Law Enforcement: | [ ]  Yes | [ ]  No |        |
| Children & Youth: | [ ]  Yes | [ ]  No |        |
| Victim Services: | [ ]  Yes | [ ]  No |        |

**Parent Notification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Interview Coordinated by: |        | Family orientation complete: | [ ]  Yes | [ ]  No |
| Date intake completed: |        | Verbal permission, if needed: | [ ]  Yes | [ ]  No |
|  |  | Confirmation emails sent: | [ ]  Yes | [ ]  No |