**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  No If 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 |