



REFERRAL FORM

Kristi House Children’s Advocacy Center

All treatments are evidence based.

Please check off the reason(s) for the referral and fill out this page.

Call Kristi House at 305-547-6800 if you have any questions.

| | | | | |
|---|---|--|--|--|
| ■ Child Sexual Abuse <i>Ages 3 – 17</i> (TF-CBT) | ■ Child Sex Trafficking (Project GOLD) <i>Ages 10 – 17</i> (TF-CBT & RRFT) | ■ Physical Abuse/ Family Conflict <i>Ages 5 – 17</i> (AF-CBT) | ■ Problematic Sexual Behavior (Child on Child) <i>Ages 7 – 12</i> (PSB-CBT) | ■ Substance Abuse + Trauma <i>Ages 10 – 19</i> (RRFT) |
|---|---|--|--|--|

CLIENT INFORMATION

| | | | |
|--------------------------|--------|--------------------|--|
| Child’s First Name: | | Child’s Last Name: | |
| Age: | | Gender: | |
| DOB: | SSN: | Phone: | |
| Address: | | | |
| City: | State: | ZIP: | |
| Legal Custodian: | | | |
| PRIMARY CAREGIVER | | Phone: | |
| Name: | | Language: | |
| Relation to Child: | | Race/Ethnicity: | |

REFERRER

| | |
|---------------------------------------|---------|
| Person Referring: | Agency: |
| Phone: | Email: |
| Explain the reason for this referral: | |

CASE INFO (if applicable)

Has the case been referred to DCF? Yes No Unsure

| | |
|-------------------------|--|
| DCF Case #: | FSFN Case #: |
| Law Enforcement Agency: | Department: |
| Hotline Call Date: | Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |

If case was screened out by the hotline, please explain why:

Was a forensic interview scheduled with the SAO Children’s + Special Needs Unit (305-547-0160) if child is under 16 years old?
 Yes No Unsure

If an interview was denied and child is under 16 years old, please briefly explain why:

Please include any additional info:

RETURN FORM:

Kristi House Referrals: 305-547-6816 (fax) • Referrals@kristihouse.org
 Child Sex Trafficking/Project GOLD Referrals: ProjectGoldReferrals@kristihouse.org