S.a.M. Child Advocacy Center

Client Intake Form (Child)

Date: _____

Client Information

Full Name: _____
Gender: ☐ Male ☐ Female ☐ Other _____
Date of Birth: _____/_____/_____ Age: _____
Race/Ethnicity: _____
School: _____ Grade:_____
With whom does the child reside? _____

Parent/Guardian Contact Information

Name(s) of Parent/Guardian:_____
Relationship to Child: _____
Address: _____ May we send mail? ☐ Y ☐ N
_____ May we email? ☐ Y ☐ N
Email Address: _____
Phone Number(s): (h)_____ (c)_____ (w)_____
Preferred method of contact: ☐ Home phone ☐ Cell phone ☐ Work phone ☐ Email ☐ Post mail*
*Note: Return address will be S.a.M. Child Advocacy Center
Alternate Contact Information/Relationship: _____
Alternate Contact's Phone Number: _____

Family Information

Current Family: (Please include all family living in the same home as the child.)

	Name	Relationship	Age	Supportive (Y/N)
1.				
2.				
3.				
4.				
5.				
6.				

Biological Parents/Siblings not living in the household (Please include step, half, etc.)
1._____
2._____
3._____

TO BE COMPLETED BY S.A.M. CAC STAFF ONLY:
NOTES:

In order to better serve you, is there any information about yourself or your family that you would like to provide? (religion, culture, sexual orientation, other?) _____
_____

Other Information

Were you referred to S.a.M CAC? ☐ Y ☐ N If yes, by who? _____
Reason for Coming: ☐Sexual Assault/Abuse ☐Physical Abuse ☐ Other: _____
Law Enforcement Involvement: ☐ Reported ☐Not Yet Reported ☐N/A
Detective: _____
Department of Social Services Involvement: ☐Reported ☐Not Yet Reported ☐N/A
Social Worker: _____
Are you interested in: ☐ Individual Support Services ☐ Referral to Therapy
☐ Legal Support/Accompaniment ☐ Other: _____

Other Types of Victimization
(Check all that apply)

☐Child physical abuse/Neglect
☐Child Pornography
☐ Child Sexual abuse/assault
☐Kidnapping (non-custodial)
☐Kidnapping (custodial)
☐Teen Dating Victimization
☐Arson
☐Bullying
☐Burglary
☐Domestic/Family Violence
☐DUI/DWI
☐Hate Crime
☐Human Trafficking: Labor
☐Human Trafficking: Sex
☐Identity Crimes
☐Mass Violence
☐Other Vehicular Victimization
☐Robbery
☐Stalking/Harassment
☐Survivors of Homicide Victims
☐Violation of Court (Protective) order
☐ Other: _____

Special Classifications
(Check all that apply)

☐Deaf/Hard of Hearing
☐Homeless
☐Immigrants/Refugees/Asylum Speakers
☐LGBTQ+
☐Veteran
☐Disabilities: Cognitive/Physical/Mental
☐Victims with Limited English Proficiency
☐Other: _____
☐None

CASE #: _____

CURRENT/RECENT SYMPTOMS EXPERIENCED (Please Check):

SYMPTOMS EXPERIENCED BY CHILD

Behavior issues:

- ☐ Physical altercations
- ☐ Act younger than their age
- ☐ Teases others
- ☐ Blames others
- ☐ Refuses to share
- ☐ Takes things that don't belong to them
- ☐ Doesn't listen to rules
- ☐ Tantrums
- ☐ Hyperactive
- ☐ Spends more time alone
- ☐ Has little energy
- ☐ Fidgety; restless

Anxiety:

- ☐ Afraid of new situations
- ☐ Worries a lot
- ☐ Wants to be with caregiver more than before

Emotional Changes:

- ☐ Feels sad; unhappy
- ☐ Irritable; angry
- ☐ Feeling hopeless
- ☐ Doesn't show feelings
- ☐ Crying a lot
- ☐ Feels they are bad
- ☐ Self-esteem issues

Problems in school:

- ☐ Trouble w/ teacher(s)
- ☐ Less interested in school
- ☐ Increased absences
- ☐ Lower grades than average

Other symptoms:

- ☐ Stomach issues
- ☐ Complains of aches/pains
- ☐ Bedwetting
- ☐ Accidents (type:_____)
- ☐ Panic attacks
- ☐ Easily distracted
- ☐ Trouble concentrating
- ☐ Isolating themselves
- ☐ Seems detached
- ☐ Suicidal thoughts
- ☐ Homicidal thoughts
- ☐ Self-harm (type:_____)

☐ Issues with sleep:

_____

_____

☐ Problems with appetite:

_____

_____

Other concerns: _____

_____

_____

***Symptoms Experienced by Parent(s)*:**

- ☐ Withdrawal
- ☐ Crying
- ☐ Feelings of worthlessness
- ☐ Fatigue
- ☐ Loss of interest in usual activities
- ☐ Feelings of hopelessness
- ☐ Anticipation of misfortune
- ☐ Guilt
- ☐ Worry
- ☐ Fear
  - ☐ Fear of losing control
  - ☐ Fear of dying
  - ☐ Other: _____
- ☐ Suicidal thoughts
- ☐ Homicidal thoughts
- ☐ Self-harm (type:_____)

Has anyone in the family been a victim of abuse (Sexual, physical, DV, etc.)?

_____

_____

_____

_____

_____

_____

_____

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NOTES:

CLIENT HISTORY:

Has your child been a victim of:	Yes	No	Don't Know	Year of offense, AO Name & Age/DOB
Verbal Abuse				
Physical Abuse				
Sexual Abuse				
Emotional Abuse				
Domestic Violence				
Statutory Sex Offence				
Bullying				
Witness to a Violent Crime				

Has your child been exposed to pornographic material? (Y/N) If yes, explain:_____
_____
Has anyone ever exposed themselves to your child? (Y/N) If yes, explain: _____
_____
Have any of the above incidents been reported to social services/law enforcement? (Y/N)
If no, please explain: _____
_____

***Trauma History*:**

Is there anything else you would like for us to know about the child's trauma history?
_____
_____
_____
Does anyone else in the family have a history of mental health or substance abuse? (Y/N) If yes, explain:
_____
_____
_____

***Medical History*:**

Current primary physician and their contact information: _____

Insurance (Name of Insurance): _____
Please list any current medical problems: _____
_____
Current treatment/medications: _____
_____
Please list the name of current or prior therapist and their contact information: _____
_____

TO BE COMPLETED BY S.A.M. CAC STAFF ONLY:
NOTES:

CLIENT HISTORY:

Any type of hospitalization? (Y/N)_____

_____

Any mental health diagnosis:_____

Alleged Offender Information:

Name:_____

Age/DOB: _____ Relationship to Child: _____

***GOALS*:**

What do you hope for by receiving services at S.a.M Child Advocacy Center?

1. _____
2. _____
3. _____

Has any other major life changes or stressful events taken place in your child's life (i.e. change in school/residence, divorce or separation of parents, death/loss of a friend or family member, etc.)? Please provide any additional information that you consider important for us to know about you and/or your child:

_____

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_____

Guardian Signature _____

Person Completing Form _____