



S.a.M. Child Advocacy Center

Together, healing begins here...

Referral Info:

DSS:

DSS Agency:
Social Worker Assigned:
Social Worker Phone:
Social Worker Email:

Law Enforcement:

Law Enforcement Agency:
Detective Assigned:
Detective Phone:
Detective Email:

Date of Initial Report:
Agency In Which Report Was First Made:

Child Info:

Name of Child:
DOB/Age:
Primary Language:
Race:
Gender:
Address:

Parent/Caretaker:

Name of Parent/Caretaker:
Relationship to Child:
Primary Language:
Address:
Phone:
Employer:

Alleged Offender:

Alleged Offender Name:

Alleged Offender DOB:

Alleged Offender Gender:

Alleged Offender Race:

Alleged Offender Relationship to Child:

Alleged Offender Address:

Type of Alleged Abuse:

Incident Details:

If attaching more details, please insert 1-2 sentences here:

Any LE/CPS History with Family. Please include case dates, allegations and outcomes:

Any important information/case updates/changes since initiation:

Has child been seen in hospital/doctor's office setting in regards to allegations?

***** If child is receiving CME (medical), records MUST be provided to Medical Provider prior to CME*****

☐ Yes ☐ No ☐ Unknown

If yes, where?