



# **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:**

<p><b>Alleged Offender Name:</b> <b>Alleged Offender DOB:</b> <b>Alleged Offender Gender:</b> <b>Alleged Offender Race:</b> <b>Alleged Offender Relationship to Child:</b> <b>Alleged Offender Address:</b> <b>Type of Alleged Abuse:</b></p>
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**Incident Details:**

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

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

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**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?**