Child Advocacy Center
OF AIKEN COUNTY

CONTACT INFORMATION FOR CHILD ADVOCACY CENTER OF AIKEN COUNTY

Date_____

Child's Name_____

Date of Birth_____ Race_____

Parent/Caregivers Name_____

Parent/Caregivers Place of Employment (if not employed put N/A)_____

Home Phone Number_____ Cell Phone Number_____

Alternate Phone Number_____

Address_____

Agency and Person Referring Child_____

Child's School_____

Child Advocacy Center
OF AIKEN COUNTY
Post Office Box 1763 ● Aiken, SC 29802 ● (803) 644-5100

Child's name: _____

Date of Birth: _____

I understand that according to SC Code 63-11-310 Child Advocacy Centers are required to release all information that they gather pursuant to an investigation of child abuse or neglect to the county DSS office, law enforcement and to the circuit solicitor.

_____ _____
Initials of Legal Guardian on behalf of Child Date

I authorize the Child Advocacy Center of Aiken County to release information to/receive information from:

Mental Health / Therapist_____

Medical Provider_____

Other_____

_____ _____
Signature of Legal Guardian Date

South Carolina Attorney General's Office
South Carolina Crime Victim Services Division
Department of Crime Victim Compensation (DCVC)

Forensic Interview Release Form

In the matter of:

Victim's Legal Name (Required)	Name of Forensic Interviewer (Required)
Address (Required)	P.O. Box 1763 Address (Required)
City State Zip (Required)	Aiken SC 29802 City State Zip (Required)

In accordance with South Carolina Victims and Witnesses Bill of Rights, signed into law on June 22, 1984, I hereby voluntarily consent and authorize the South Carolina Department of Crime Victim Compensation and its authorized agents to receive my interview records and to pay directly such expenses allowed by law to the Children's Advocacy Center for the forensic interview conducted for evidentiary purposes as prescribed by South Carolina Department of Crime Victim Compensation.

Dated this _____ day of _____, 20_____, at _____

Signature of Patient/Guardian (Required)	Forensic Interviewer's Signature (Required)

Name of Law Enforcement Officer requesting the Interview - Date of the Request - Contact #

Name of Law Enforcement Agency (Required)

The Children's Advocacy Center must attach a copy of the Forensic Interview Billing Claim Form and a law enforcement incident/supplemental report to this Forensic Interview Release Form for payment and forward to:

Department of Crime Victim Compensation (DCVC)
Edgar A. Brown Building, 1205 Pendleton Street, Room 401, Columbia, SC 29201

Telephone 803-734-1900 • Facsimile 803-734-2261

*DCVC will not cover the cost of the interview if such is not requested by a law enforcement officer.
*If a child is in the legal custody of another government agency, the cost of the exam will not be covered by DCVC

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Child Interview Intake Sheet

Caregiver Name:_____ **Relation to Child:**_____**Date:**_____

Child's Name:_____ **Child's Date of Birth:**_____

Race:_____**Primary Language Spoken:**_____

Does the child have Medicaid/insurance/ or no medical coverage (Circle one)

Please check all that apply to your child:

☐ **Has a medical or mental health condition or a special need that may affect the interview.**
Explain:_____

☐ **Takes medication on a regular basis**
List medications:_____

☐ Has difficulty with speaking, hearing, vision, physical mobility or other need.
Explain:_____

☐ Has a school IEP (Individual Education Plan), receives special education services or other special help at school.
Explain:_____

☐ Needs special accommodation's for today's interview.
Explain:_____

☐ Has been interviewed here, at another child advocacy center in the past or at another location.
Explain: (When, by whom, reason for interview,_____
_____

☐ Previous child maltreatment investigations in the family: If yes, describe:
_____

☐ Child has experienced any traumatic events, recently, or in the past.

Explain:_____

Please list anything about your culture or religious beliefs that we need to know that would help us better serve your child._____

_____

Please list any family history of psychiatric, substance, domestic violence, legal problems, divorce (if so when)?

Could your family benefit from any referrals for financial or other assistance? If yes explain _____

_____

List anything else that you want us to know about your child today._____

_____

PLEASE PROVIDE US WITH INFORMATION ABOUT WHO ELSE LIVES IN THE HOME WITH THE CHILD

_____

1. Name:_____ MI:_____ Last:_____
   Nickname:_____
   Age:_____ Race:_____ Gender:_____ Relationship to Child:_____

2. Name:_____ MI:_____ Last:_____
   Nickname:_____
   Age:_____ Race:_____ Gender:_____ Relationship to Child:_____

3. Name:_____ MI:_____ Last:_____
   Nickname:_____
   Age:_____ Race:_____ Gender:_____ Relationship to Child:_____

4. Name:_____ MI:_____ Last:_____
   Nickname:_____
   Age:_____ Race:_____ Gender:_____ Relationship to Child:_____

5. Name:_____ MI:_____ Last:_____
   Nickname:_____
   Age:_____ Race:_____ Gender:_____ Relationship to Child:_____

6. Name:_____ MI:_____ Last:_____
   Nickname:_____

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Needs Assessment & Follow-up

Caregiver's Name: _____

Child/Children's Name: _____

Phone/Email Address: _____

Advocate Post Interview Questions:

1. Is your child currently in counseling? ☐ No ☐ Yes (where): _____
2. Are you interested in counseling for your child? ☐No ☐ Yes ☐ Maybe
3. Are you interested in counseling for yourself? ☐No ☐ Yes ☐ Maybe
4. Would you be interested in a parent/caregiver support group? ☐No ☐ Yes ☐ Maybe
5. Does your household need assistance (check all that apply)
   - ☐ Housing
   - ☐ Food
   - ☐ Childcare
   - ☐ Pregnancy
   - ☐ Other: _____ (please specify)
   - ☐ Utilities
   - ☐ Clothing
   - ☐ Healthcare
   - ☐ Skills Training

STAFF USE ONLY

Advocate: _____ FI Date: _____ Disclosure: ☐ Yes ☐ No

Abuse Type: SA / PA / Neglect / Other_____

Interviewer Comments: _____

_____

_____

** Document follow-ups at 2 days after FI, then every 30 days until case closed or any others that are done on an 'as needed' basis*

Date & Mode of Contact (phone, email)	Referrals or Appointments made (to whom &/or where)	Notes (Appt Reminders, Referral Updates, etc.)