

**REFERRAL TYPE:**

- Forensic Interview
- Medical Exam
- Therapy



**Child Advocacy Center**  
OF AIKEN COUNTY

**CLIENT INTAKE FORM**

Rev. 8/2021

**DEMOGRAPHICAL INFORMATION:**

Child's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Source of Referral (Agency Name): \_\_\_\_\_

Does the client or custodian(s) have special needs that we need to be aware of? (i.e. disability, language barrier, transportation)

No  Yes If yes, explain: \_\_\_\_\_

**CONTACT INFORMATION:**

(Note: Alleged Offender cannot be Contact Person.)

**Contact Person for Scheduling:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

Contact Person Phone: [Cell] \_\_\_\_\_ [Home] \_\_\_\_\_ [Other] \_\_\_\_\_

Bio. Mother's Name: \_\_\_\_\_

Bio. Mother's Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Bio. Father's Name: \_\_\_\_\_

Bio. Father's Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Step/Foster Parent Name: \_\_\_\_\_  Step-Mom  Step-Dad  Foster Mom  Foster Dad

Step/Foster Parent Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**CASE INFORMATION:**

(Forensic and Medical Referrals ONLY)

**Alleged Offender:** \_\_\_\_\_ **Relationship to Client:** \_\_\_\_\_

**Offender Age:** \_\_\_\_\_ **Offender Race:** \_\_\_\_\_ **Date of Last Allegations:** \_\_\_\_\_

**Brief Summary of Allegations:**

**What were the circumstances of the disclosure?**

- Child disclosed/revealed abuse
- Child displayed behaviors
- Abuse was witnessed
- Results of medical exam
- Perpetrator confession
- Other: \_\_\_\_\_

**Previous services given by other agencies?**

- No
- Yes - Please explain: \_\_\_\_\_

**Has this incident been cross-reported?**

- No *(Reminder: All abuse cases should be cross-reported.)*
- Yes

**Prior Medical Exam?**       No    Yes    Date: \_\_\_\_\_    Location: \_\_\_\_\_

**Sexual Assault Kit Completed?**     No    Yes    Date: \_\_\_\_\_    Location: \_\_\_\_\_

**INVOLVED AGENCY CONTACTS:**

DSS Contact: \_\_\_\_\_    County: \_\_\_\_\_    Phone/Fax: \_\_\_\_\_

LE Contact: \_\_\_\_\_    Agency: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_    LE Case #: \_\_\_\_\_    Report Date: \_\_\_\_\_

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**OFFICE USE ONLY:**

**Appointment Date:** \_\_\_\_\_

Reschedule #1: \_\_\_\_\_

Reschedule #2: \_\_\_\_\_

Reschedule #3: \_\_\_\_\_

**NOTES:**