



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**)

Address (**Required**)

City State Zip (**Required**)

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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INTAKE INFORMATION SHEET

Today's Date: _____

Child's Name: _____ DOB: _____ Race: _____

Child's School: _____

Child's Medical Insurance Provider: Medicaid Other: _____ No Insurance

Parent/Guardian Name: _____

Parent/Guardian Place of Employment: _____ Not Employed/Retired

Home Address: _____

Cell Phone #: _____ Home Phone #: _____ Alt. Phone #: _____

Please provide us with information about who lives in the home with the child:

1. Name: _____ Nickname: _____

Age: _____ Race: _____ Gender: _____ Relationship to child: _____

2. Name: _____ Nickname: _____

Age: _____ Race: _____ Gender: _____ Relationship to child: _____

3. Name: _____ Nickname: _____

Age: _____ Race: _____ Gender: _____ Relationship to child: _____

4. Name: _____ Nickname: _____

Age: _____ Race: _____ Gender: _____ Relationship to child: _____

5. Name: _____ Nickname: _____

Age: _____ Race: _____ Gender: _____ Relationship to child: _____

6. Name: _____ Nickname: _____

Age: _____ Race: _____ Gender: _____ Relationship to child: _____

Continued on next page



Please check all that apply to your child:

- Has a medical or mental health condition or a special need that may affect the interview.

Please explain: _____

- Takes medication on a regular basis.

List medications: _____

- Has difficulty with speaking, hearing, vision, physical mobility, or another need.

Please explain: _____

- Has a school individual education plan (IEP), receives special education services or other special assistance at school.

Please explain: _____

- Needs special accommodation's for today's interview.

Please explain: _____

- Has been interviewed here or at another center/location before.

Please explain: _____

- Previous child maltreatment investigations in the family.

Please explain: _____

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

Please explain: _____

Please list anything about your cultural or religious beliefs that we need to know that would help us better serve your child:

Please list any family history of psychiatric problems, substance, domestic violence, legal problems, divorce, etc.

What else would you like us to know?



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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)

<input type="checkbox"/> Housing	<input type="checkbox"/> Utilities
<input type="checkbox"/> Food	<input type="checkbox"/> Clothing
<input type="checkbox"/> Childcare	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Skills Training
<input type="checkbox"/> Other: _____	

(please specify)

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.)

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