



REFERRAL FORM

Kristi House Children’s Advocacy Center

All treatments are evidence based.

Please check off the reason(s) for the referral and fill out this page.

Call Kristi House at 305-547-6800 if you have any questions.

Referral Date: _____

<p>■ Child Sexual Abuse Ages 3 – 17 (TF-CBT)</p>	<p>■ Child Sex Trafficking (Project GOLD) Ages 10 – 17 (TF-CBT & RRFT)</p>	<p>■ Physical Abuse/ Family Conflict Ages 5 – 17 (AF-CBT)</p>	<p>■ Problematic Sexual Behavior (Child on Child) Ages 7 – 12 (PSB-CBT)</p>	<p>■ Substance Abuse + Trauma Ages 10 – 19 (RRFT)</p>
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CLIENT INFORMATION	
Child’s First Name:	Child’s Last Name:
Age:	Gender:
DOB:	SSN:
Address:	
City:	State:
ZIP:	
Legal Custodian:	
PRIMARY CAREGIVER (if in foster care, enter case manager’s info)	
Caregiver Name:	Caregiver Phone:
Relation to Child:	Caregiver Language:
Caregiver Race/Ethnicity:	
REFERRER	
Person Referring:	Agency:
Phone:	Email:
Explain the reason for this referral:	
CASE INFO (if applicable)	
Has the case been referred to DCF? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
DCF Case #:	FSFN Case #:
Law Enforcement Agency:	Department:
Hotline Call Date:	Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If case was screened out by the hotline, please explain why:	
Was a forensic interview scheduled with the SAO Children’s + Special Needs Unit (305-547-0160) if child is under 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
If an interview was denied and child is under 16 years old, please briefly explain why:	
Please include any additional info:	

RETURN FORM:

Kristi House Referrals: 305-547-6816 (fax) • Referrals@kristihouse.org
 Child Sex Trafficking/Project GOLD Referrals: ProjectGoldReferrals@kristihouse.org