



# REFERRAL FORM for UAC Program

## Kristi House Children's Advocacy Center

*All treatments are evidence based.*

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

Referral Date: \_\_\_\_\_

CLIENT INFORMATION			
Child's First Name:		Child's Last Name:	
Age:		Gender:	
DOB:	A#	Clinician/CM Phone#	
Address:			
City:	State:	ZIP:	
Legal Custodian:			
PRIMARY CAREGIVER in Home Country		SPONSOR	
Name:		Name:	
Relation to Child:	Language:	Relation to Child:	Language:
Phone:		Phone:	
Address:		Address:	
REFERRER			
Person Referring:		Agency:	
Phone:		Email:	
Explain the reason for this referral:			
CASE INFO (if applicable)			
Has the case been called to the abuse hotline? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of report:			
Was the case accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No		DCF Case #:	
Was the child interviewed by the CPI? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Resulting Law Enforcement Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Law Enforcement Agency:			
If case was screened out by the hotline/law enforcement, 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](mailto:referrals@kristihouse.org)  
Child Sex Trafficking/Project GOLD Referrals: [ProjectGoldReferrals@kristihouse.org](mailto:ProjectGoldReferrals@kristihouse.org)

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