



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: _____

■ Child Sexual Abuse <i>Ages 3 – 17</i> (TF-CBT)	■ Child Sex Trafficking (Project GOLD) <i>Ages 10 – 17</i> (TF-CBT & RRFT)	■ Physical Abuse/ Family Conflict <i>Ages 5 – 17</i> (AF-CBT)	■ Problematic Sexual Behavior (Child on Child) <i>Ages 7 – 12</i> (PSB-CBT)	■ Substance Abuse + Trauma <i>Ages 12 – 17</i> (RRFT)
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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