



# 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?  Yes  No

Date of report:

Was the case accepted?  Yes  No DCF Case #:

Was the child interviewed by the CPI?  Yes  No

Resulting Law Enforcement Involvement:  Yes  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?  
 Yes  No  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: 786-744-6653 (fax) • [referrals@kristihouse.org](mailto:referrals@kristihouse.org)  
Child Sex Trafficking/Project GOLD Referrals: [ProjectGoldReferrals@kristihouse.org](mailto:ProjectGoldReferrals@kristihouse.org)