



REFERRAL FORM for Unaccompanied Minors 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 Full Name:	Age:	DOB:	Gender:
Preferred Language:	Country of Origin:		
Address:			
City:	State:	ZIP:	
Is the child currently receiving case management services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long:			
Legal Custodian:			
Is the child residing at a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the child residing with a Sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPONSOR		PRIMARY CAREGIVER in Home Country	
Name:	Relation to Child:	Name:	Relation to Child:
Phone:	Language:	Phone:	Language:
Address:		Address:	
Is the caregiver aware of the abuse/trauma allegations and the referral to Kristi House for trauma services? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:			

REFERRER

Person Referring:	Relation to Child:
Agency:	
Phone:	Email:
Please identify trauma(s) child experienced: (Check all that apply)	
<input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Community Violence <input type="checkbox"/> Trafficking <input type="checkbox"/> Traumatic Separation	
<input type="checkbox"/> Exposure to Domestic Violence <input type="checkbox"/> Other	
Explain the reason for this referral: Include as many details as possible of the alleged abuse/exploitation/trauma, what allegedly happened between child and alleged perpetrator.	

CASE INFO (if applicable)

Has the case been called into the Abuse Hotline ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Was the call accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Law Enforcement Agency:	
Name of Detective Assigned to Case:	Detective Phone Number:
If the child is under 12 years old, was a Forensic Interview scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, date of Forensic Interview:	With who? <input type="checkbox"/> State Attorney's Office <input type="checkbox"/> UM Child Protection Team
If an interview was denied and the child is under 12 years old, please briefly explain why:	

RETURN FORM:

Kristi House Referrals: 786-744-6653 (fax) • referrals@kristihouse.org
Child Sex Trafficking/Project GOLD Referrals: ProjectGoldReferrals@kristihouse.org