



# REFERRAL FORM

## Kristi House Children’s Advocacy Center

All treatments are evidence based. Call us if you have any questions.

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

Kristi House: 305-547-6800 Project GOLD: 305-547-6874

Referral Date:

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**Child Sexual Abuse, Traumatic Grief, Witness to Violence, etc.**  
Ages 3 – 17  
(TF-CBT)

**Child Sex Trafficking**  
(Project GOLD)  
Ages 11 – 18  
(TF-CBT & RRFT)

**Physical Abuse/ Family Conflict**  
Ages 5 – 17  
(AF-CBT)

**Problematic Sexual Behavior (Child on Child)**  
Ages 7 – 12  
(PSB-CBT)

**Substance Abuse + Trauma**  
Ages 12 – 17  
(RRFT)

For Child Sex Trafficking (Project GOLD), select services needed:

Group  Therapy  Mentoring  Career Coaching  Youth Advocacy  Tutoring  Academic Coach

### CLIENT INFORMATION

Child’s Full Name:

Age:

Gender:

Child’s Race:

Child’s Preferred Language:

DOB:

SSN:

Is the child covered by Medicaid?  Yes  No

If yes, Medicaid ID:

Address:

City:

State:

Zip:

### PRIMARY CAREGIVER INFORMATION

Caregiver Name:

Caregiver Phone:

Relation to Child:

Caregiver Email:

Caregiver’s Preferred Language:

Caregiver Race:

Caregiver Ethnicity:  Hispanic  Non-Hispanic

Is the Caregiver listed above the Legal Guardian?  Yes  No

If no, provide legal guardian information:

Legal Guardian Name:

Legal Guardian Preferred Language:

Legal Guardian Email:

Legal Guardian Relation to Child:

Legal Guardian Phone:

Is the caregiver aware of the abuse/trauma allegations and the referral to Kristi House for trauma services?

Yes  No, please explain:

### REFERRER

Person Referring:

Phone:

Relation to Child:

Email:

Agency:

If the child is dependency involved, provide the

CFCN BHS Phone:

Citrus FCN Behavioral Health Specialist Name:

CFCN BHS Email:

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?  Yes  No  Unsure Was the call accepted?  Yes  No  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?  Yes  No

If yes, date of Forensic Interview:

With who?  State Attorney’s Office  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](mailto:Referrals@kristihouse.org)

Child Sex Trafficking/Project GOLD Referrals: [ProjectGoldReferrals@kristihouse.org](mailto:ProjectGoldReferrals@kristihouse.org)

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