REFERRAL FORM
Kristi House Children's Advocacy Center

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

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

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

Referral Date: _____

☐ Child Sexual Abuse, Traumatic Grief, Witness to Violence, etc.	☐ Human Trafficking	☐ Physical Abuse/ Family Conflict	☐ Problematic Sexual Behavior	☐ Substance Abuse + Trauma
Ages 3 – 17 (TF-CBT)	*(Project GOLD) Ages 11 – 26* (TF-CBT, RRFT, EMDR, & AF-CBT) (Other Services Below)	*Ages 5 – 17* (AF-CBT)	**(Child on Child)** *Ages 7 – 12* (PSB-CBT)	*Ages 12 – 17* (RRFT)

For Human Trafficking (Project GOLD), select services needed:

Female: ☐ Groups ☐ Therapy ☐ Mentoring ☐ Career Coaching ☐ Youth Advocacy ☐ Tutoring ☐ Academic Specialist

Males: ☐ Therapy ☐ Mentoring ☐ Career Coaching ☐ Youth Advocacy ☐ Tutoring ☐ Academic Specialist

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 Citrus FCN Behavioral Health Specialist Name: **CFCN BHS Phone:** **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

Child Sex Trafficking/Project GOLD Referrals: ProjectGoldReferrals@kristihouse.org

Kristi House Children's Advocacy Center • 305-547-6800 • 1265 NW 12 Avenue, Miami, FL 33136