



Treatment Program for Children with Problematic Sexual Behavior Referral Form

Date of Referral: _____

Child's Last Name: _____ Child's First Name: _____

Child's Date of Birth: _____ Age: _____ Pronouns: _____ Gender: _____

Child's Ethnicity: _____

REFERRAL SOURCE INFORMATION

Contact Person: _____ Agency: _____

Office Phone: _____ Cell Phone: _____ Email: _____

Report made to DSS? Yes No DSS involvement: No Yes-Past Yes-Current

If yes, Caseworker Name: _____ Primary County: _____

Caseworker Phone: _____ Cell Phone: _____ Fax: _____

Caseworker Email: _____

Is Child in Therapeutic Foster Care? No Yes – Agency: _____

Is Law Enforcement/DJJ Involved? No Yes – Contact Person: _____

Contact Phone: _____ Cell Phone: _____ Fax: _____

Caregiver Notified of Referral: Yes No – Please notify caregiver immediately.

What is the Plan for the Child in regards to Reunification, Permanency, etc.? Please, use the Space below to Elaborate on Permanency Plan:

CAREGIVER INFORMATION

Primary Caregiver's Name(s): _____

Date(s) of Birth: _____ Ethnicity: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Alternate Phone: _____ Preferred Time to Call: AM PM Other: _____

Legal Guardian: Caregiver DSS Other: _____

BIOLOGICAL PARENT INFORMATION – If Different from Caregiver Above

Parent's Name: _____
Date of Birth: _____ Ethnicity: _____
Relationship to Child: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Alternate Phone: _____ Preferred Time to call: AM PM Other: _____

BIOLOGICAL PARENT INFORMATION – If Different from Caregiver Above

Parent's Name: _____
Date of Birth: _____ Ethnicity: _____
Relationship to Child: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Alternate Phone: _____ Preferred Time to Call: AM PM Other: _____

REASON FOR REFERRAL – Referral Source Report

What are the specific sexual behaviors of concern that the child has demonstrated? *(Please, be detailed)*

When Did the Last Incident Occur? _____ Number of Known Incidents? _____

With whom did the Child have the Problematic Sexual Behaviors?

Has the Child ever Initiated Sexual Contact? Yes No Was Coercion Used? Yes No

Does the Child have Additional Behavioral or Developmental Concerns? Yes No

CHILD VICTIMIZATION HISTORY

Has Child had a Victimization Experience? Yes* Suspected* No Unsure

*Complete below (check all that apply – continued on next page)

- Physical Abuse Sexual abuse Neglect Psychological / Emotional
 Bullying Hate Crime School Violence Kidnapping

- Community Violence Accident War / Terrorism
 Witnessing Intimate Partner Violence (IPV) / Domestic Violence (DV)
 Other: _____

Details:

Has Child Completed a Forensic Interview? Yes No, but will complete No, not needed Unsure

Date Forensic Interview is Scheduled or Completed: _____

Location (or expected location) of Forensic Interview? _____

Concerns about child (check all that apply): No Identifiable Problems; Child appears to be Functioning Well

- Not Minding Moody / Sad Hyperactivity Sleep Problems / Nightmares
 Self-harm Low Self-Esteem Anger / Aggression Bothersome Memories
 Somatic Complaints Anxiety / Fear Poor School Performance Overwhelming Grief
 Wetting / Soiling Self Sexualized Behavior Developmental Concerns
 Problematic Interactions with Friends Problematic Interactions with Caregivers

Risk Taking Behaviors: _____

Other – Explain: _____

Details:

INSURANCE INFORMATION

Primary Insurance Carrier: _____

Primary Insurance ID#: _____

Cardholder Name: _____

Date of Birth: _____

Child Has Secondary Coverage: YES NO

Secondary Carrier: _____

Secondary Insurance ID#: _____

Cardholder Name: _____

Date of Birth: _____

Child Has No Coverage: YES NO

FAX completed forms to (843) 773-6212 - ATTN: PSB Program

CARE House staff will contact the parent/legal guardian for additional information and, if appropriate, to schedule an intake assessment for the child.

**** A custodial caregiver must attend the Intake Assessment with the child****

OFFICE USE ONLY

- Entered in Database Appt. Scheduled Email to PST Added to PSB Calendar
 Release Obtained Mail-out Packet Intake Packet Contact Log Printer