

Pathfinder

Date field

*



Referred By *

Agency *



Referral Phone Number

*

County of Referral

*

Client *

Gender *



Age *

Date of Birth

*



Race/Ethnicity *



Client Preferred Language

*

Has a psychosexual evaluation been completed?*

Yes No Don't Know

Legal Guardian *

Relation to Child

*

Caretaker *

Relation to Child

*

Caretaker Preferred Language

*

Address - Street, City, State, Zip Code

*

County *

Primary Phone Number

*

Okay to Leave a Message?

*

Yes No

Number Type *

Owner? *

Secondary Phone
Number

Okay to Leave a
Message?

Yes No

Number Type

Owner?

Email Address *

If none, type N/A

Owner *

Names & Ages of Siblings, Other Children, or Individuals Living in Home

*

If none, type N/A

Annual Income

*

For information purposes only

Last four digits of SSN for female caretaker

*

If unknown or N/A, type 0000. For information purposes only.

Name, age, and relationship of victim/s

*

If unknown, type N/A

Is there a safety plan in place?

*

If so, briefly describe safety plan

Criminal Justice Involved?

*

Yes No Don't Know

Reported to Authorities?

*

Yes No Don't Know

If Yes, Whom?

*

If unknown, type N/A

Charges Brought?*

Yes No Don't Know

If So, What?

*

If unknown, type N/A

County of Jurisdiction

*

If not on probation, type N/A

Probation Officer

*

If not on probation, type N/A

Phone Number*

If not on probation, type N/A

Does referred child/adolescent have any physical or developmental disabilities?

*

If so, briefly explain. If no, type N/A

Is referred child/adolescent taking any prescribed medications?

*

If so, briefly explain. If no, type N/A

Is the family aware that a referral has been made to CCHH?

*

Yes No Don't Know

How long have sexualized behaviors been occurring?

*

Age it began?

*

Any legal concerns with family?

*

If so, briefly explain

How did family respond to closure of incident(s)?

*

Summary of behaviors/symptoms:

*

Please provide a brief explanation of reason for referral