Children’s Program Referral Form

*A complete referral package should include a completed referral form and any relevant collateral information or records (school, psycho-socials, medical, court, etc) available. Please note that a consent form must be signed and attached to the referral before release of any information.*

*Please email referrals to the Children’s Program Manager, Asuna Osako at* [*aosako@nyawc.org*](mailto:aosako@nyawc.org) *or FAX: 212-227-0851*

*Questions? Contact our hotline at: 1-888-888-7702 or email* [*aosako@nyawc.org*](mailto:aosako@nyawc.org)

**Today’s Date:**       **Referring agency/program**:

**CLIENT’S NAME**:       **DOB:**

**Gender**: Male Female Other (please specify)       **Ethnicity:**

**Language(s) spoken (*include level of proficiency*)**:

**Disability:**  Yes No If yes, what:

**Client’s Social Security Number** (if available):

**Client’s Phone Number**:

**Safe to call?**  Yes No **Safe to leave messages?**  Yes No

**Address**:

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**PARENT/CAREGIVER’S NAME**:       **DOB**:         
**Relationship to child:**

**Gender**: Male Female Other (please specify)       **Ethnicity:**

**Language(s) spoken (*include level of proficiency*)**:

**Phone number**:

**Safe to call?**  Yes No **Safe to leave messages?**  Yes No

**Caregiver’s address** (if different from child):

**Current living arrangements**:

**SERVICE(S) REQUESTED:**

Individual Counseling for child

Parenting Skills/Parent Counseling

Mentor Program (takes place between October-June)

Support Group for survivors of sexual assault (periodically conducted in set cycles)

Other (Please specify)

Court Ordered? Yes No

**REASON FOR REFERRAL**:

**How does the parent feel about the child receiving services?**

**Is the parent/caregiver comfortable with having their own assigned counselor/advocate if needed?**

Yes  No

If No, why not:

**TRAUMA HISTORY:**

**Has the child been exposed to domestic violence?** No Yes\*

*\*If yes, please answer Questions 1 & 2 to the best of your abilities.*

1. The child has been exposed to Domestic Violence in the following ways:

seen  heard  overhead seen things being destroyed  seen parent being upset

been hit by accident  seen police coming to home testified at court

been interviewed by ACS  others (please specify):

1. Relationship with alleged abuser:

What is the child’s relation to the abuser? (biological son/daughter, step-child, grandchild, etc):

Does the child have contact with the abuser?

Is there an order of protection?  Unknown No  Yes/In process: brief explanation

Is there visitation? (if applicable)  Unknown No  Yes/In process: How often

**Has the child experienced abuse or maltreatment in the following ways?**

**Physical abuse**:  Unknown  No  Yes – Brief description (who/what/when/where):

**Sexual abuse**:  Unknown No  Yes – Brief description (who/what/when/where):

**Neglect:**  Unknown  No  Yes – Brief description (who/what/when/where):

**Other type of abuse of child (verbal, emotional, or other)**: No  Yes – Brief description:

*If yes for any of the above, please answer the following Questions 1-3:*

1. Does/do the alleged offender(s) have access to the child?  Yes  No  Unknown

Comments:

1. What are the allegations based on?

Behaviors of the child  Disclosure by the child  Other (please list):

1. Has a report been made to: ACS  Police  Other:

**Is/Was there an ACS Investigation?**  No Yes; state registry #:       ACS caseworker’s name:      Phone #:

The case was/is  indicated  unfounded ongoing/pending

**Other significant events/traumatic experiences not mentioned above:** (Describe any significant events that may have affected the client’s current functioning e.g., family deaths, separation, moves).

**EDUCATIONAL FUNCTIONING** (Fill out available information below)

School Name:       Grade:        Regular class  Special education

Academic functioning:  At grade level  Below grade level  Above grade level

Any behavioral concerns at school?:

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**Any other comments, notes, or concerns**:

**Referred by**:       **Title**:       **Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information (phone/email**):

**Supervisor**:       **Title**:       **Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information (phone/email**):