

Appendix E
Page 1



FAMILY ADVOCACY REFERRAL FORM

REQUIRED INFORMATION

Name of Caseworker/Therapist referring Client: _____ Extension: _____
 CPS Case Number/CAC Case Number: _____
 Date Submitted to FA by Caseworker/Therapist: _____ Date Received by Family Advocacy: _____
 Date Assigned to Family Advocate Intern Caseworker: _____ Assigned to: _____
 Name(s) of Client: _____ Phone (Home/Cell): _____
 Address: _____ Work Phone: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____
 Language Spoken: English _____ Spanish _____ English/Spanish _____ Other (Specify) _____
 Circumstances of involvement including type of abuse, disposition, and nature of abuse:

 Will there be criminal charges in Collin County? _____
 Were any of the children interviewed at CACCC? _____
 AP's First and Last name: _____ Age: _____ Gender: _____
 *If age is unknown, please indicate whether they are an adult or juvenile _____ Male/Female/Other _____
 Yearly Household Income: \$ _____ Number of People Living in Household: _____

Name of Household Members (First and Last Name)	Date of Birth/Age	Ethnicity	Relationship to Caregiver

Children's Advocacy Center of Collin County may be able to address many of your family's needs by referring you to other agencies and resources in the community. Please check (✓) any of the following areas in which you need assistance:

<input type="checkbox"/>	Beds	<input type="checkbox"/>	English as a Second Language E.S.L.	<input type="checkbox"/>	Pet Food/Veterinary Care
<input type="checkbox"/>	Bills/Utilities	<input type="checkbox"/>	Food	<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Clothing	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Summer/After School Care
<input type="checkbox"/>	Counseling Support	<input type="checkbox"/>	Immigration/Legal Needs	<input type="checkbox"/>	School Supplies
<input type="checkbox"/>	Educational	<input type="checkbox"/>	Medical/Dental/Prescriptions	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Employment Needs	<input type="checkbox"/>	Parenting Skills	<input type="checkbox"/>	Vision/Eye Care
<input type="checkbox"/>	Other:				

Have you been referred to Family Outreach/Family Compass? YES or NO If so, when? _____
 Have you applied for Crime Victim's Compensation? YES or NO If "YES", when? _____
 Some religious and church-related agencies may also be able to provide services to meet your family's needs. Please indicate your family's religious preference (optional): _____

I give Children's Advocacy Center of Collin County permission to contact me by telephone for referral purposes. I understand that all information on and pertaining to this form may need to be shared with referral sources in order to access services.

*Signature (of client requesting services)

Date

*Caseworker or therapist may not sign for client. If client is unavailable to sign when referral form is completed, please turn the form in without a signature and the Family Advocacy Department will follow up on obtaining the client's signature.

Appendix E

Page 2



FAMILY ADVOCACY REFERRAL FORM

Children's Advocacy Center of Collin County Consent for Services and Exchange of Information

I, _____, hereby grant Children's Advocacy Center of Collin County and the
Name (of client requesting services)

agencies represented therein permission to work with and provide services for myself, my family, and my children. This may include providing referrals to appropriate professionals for counseling and support, accessing community resources, and consulting with relevant team members at Children's Advocacy Center and partner agencies about my case for the purpose of continuity of care.

My signature below authorizes Children's Advocacy Center of Collin County to exchange verbal and/or written information regarding my case/my family's case for the purpose of making referrals or obtaining community resources and services. Exchange of information may occur with agencies, individuals, or other entities not associated with Children's Advocacy Center.

I further understand that:

- Information will be exchanged or disclosed selectively according to the essential needs of myself and/or my family.
- Only that information which is necessary to obtain the needed resource will be exchanged or disclosed.
- If I am signing as a parent or guardian of a minor, information exchanged may contain references to myself and my family.
- This authorization will expire 1 year from the date below.
- I have the right to confidentiality. This consent gives Children's Advocacy Center of Collin County permission to share confidential information regarding me and/or my child in the way described above.
- My refusal to sign this consent may limit/prohibit the scope of services I can receive.
- I have the right to revoke this consent in writing after signing it.
- Release of information is voluntary, and I have the right to refuse Children's Advocacy Center's request.

**For questions or concerns, please contact: Erica Stanley, LCSW, Director of the Family Advocacy and Support Services at 972-633-6738; Janeth Peterson, LMSW, Family Advocate Intern Supervisor at 972-633-6670; or Katie Feldhaus, LMSW, Family Advocacy Supervisor at 972-633-6760.

*Client/Parent/Guardian

Date

Children's Advocacy Center Staff/Intern

Date

Family Advocate Supervisor/Family Advocate Intern Supervisor

Date

Withdrawal of Consent:

*Client/Parent/Guardian