

CARE FORENSIC REFERRAL FORM

Please complete the following information to make a referral for a CARE interview and email to:

care@lacasacenter.org

Date of referral: _____ Case Number: _____ CPS Log Number: _____

ALLEGED VICTIM INFORMATION

Name: _____ DOB: _____ Age: _____ Sex: _____ Race: _____

Custodian's Name: _____ DOB: _____ Relationship: _____

Address: _____ City & Zip: _____ Phone: _____

Custodian's Name: _____ DOB: _____ Relationship: _____

Address: _____ City & Zip: _____ Phone: _____

Special needs of child: _____

ALLEGED PERPETRATOR INFORMATION

Name: _____ DOB: _____ Age: _____ Sex: _____ Race: _____

Relationship: _____

BRIEF DESCRIPTION OF ALLEGED ABUSE

REFERING PARTY INFORMATION

Name: _____ Agency: _____ Days/time Available: _____

Phone: _____ Email: _____

OTHER AGENCIES

Officer's Name: _____ Agency: _____ Phone/Email: _____

CPS Worker's Name: _____ Phone/Email: _____

IF INCIDENT OCCURRED AT SCHOOL – PROVIDE FOLLOWING INFORMATION

Name of School: _____ Phone: _____

Are parents/guardians aware they will be contacted by LACASA staff for scheduling? Yes No

_____ INTERNAL PURPOSES ONLY _____

INTERVIEW SCHEDULED

DATE: _____ TIME: _____