

The Children's Advocacy Center of Portage County

Intake Form

Completed by Children's Advocacy Center (CAC)	
Notified of Appointment <ul style="list-style-type: none"><input type="checkbox"/> Law Enforcement (LE)<ul style="list-style-type: none">• Reminder: <input type="checkbox"/> No <input type="checkbox"/> Yes<input type="checkbox"/> Children Services (CPS)<input type="checkbox"/> Family<ul style="list-style-type: none">• Reminder: <input type="checkbox"/> No <input type="checkbox"/> Yes	Participating in Appointment <ul style="list-style-type: none"><input type="checkbox"/> Law Enforcement (LE)<input type="checkbox"/> Child Protective Services (CPS)
<ul style="list-style-type: none"><input type="checkbox"/> Child Abuse Report Made (if required)<ul style="list-style-type: none">• If so, when:<input type="checkbox"/> Akron Children's Hospital (ACH) Notified (if referred) Were records requested: <input type="checkbox"/> No <input type="checkbox"/> Yes Was an interview performed: <input type="checkbox"/> No <input type="checkbox"/> Yes Was an evidence kit obtained: <input type="checkbox"/> No <input type="checkbox"/> Yes <ul style="list-style-type: none"><input type="checkbox"/> Were lab tests done and prophylactics given<ul style="list-style-type: none">• If so, which ones:	

Client Name:

DOB:

Age:

Race:

Gender Identity:

Mother:

Father:

Legal Guardian:

Caregiver (currently caring for/resides with child):

Caregiver Relationship:

Caregiver Phone:

Alleged Crime Victim (ACV) Address:

Other Person(s) in Home/Involved:

- **Person(s) Relationship to Client:**
- **Other Person(s) Age:**

CAC Intake Form

Other Person(s) in Home/Involved:

- **Person(s) Relationship to Client:**
- **Other Person(s) Age:**

Attending Appointment with Client:

If child has been to the Portage CAC, enter date(s) of service (DOS):

If child has been to Akron Children's Hospitals, enter date(s) of service (DOS):

The CAC offers children and families snacks and beverages, are there any allergies or dietary concerns?

A service dog may be available at appointments, are there any allergies or other concerns?

What information regarding needs may improve the families experience at the CAC? Needs can be language barriers, developmental delays/disabilities, cultural views, religious restrictions, or any other information.

Alleged Perpetrator (AP):

Age:

Race:

Relationship:

Approximate Abuse Time Frame:

Last Contact with AP:

City & County of Alleged Incident:

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Referred by:

Child Protective Services Worker:

Law Enforcement:

Summary of Concern (In cases of suspected Physical Abuse: include description of injury to child: mechanism, object(s) used to inflict injury(s), location, visual evidence if present, action of injury(s), report of injury(s) as provided by child/witness):

Any Additional Information:

Completing Form (Name & Agency if Applicable):

Date:

**Return Completed Form to: Jessica.Gealy@UHhospitals.org or call 330-297-8838
within 24 hours of appointment**