

The Children's Advocacy Center of Portage County

Intake Form

| To Be Completed by Child Advocacy Center (CAC) - DO NOT COMPLETE | |
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| 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) |
| <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 | |
| <input type="checkbox"/> Were lab tests done and prophylactics given <ul style="list-style-type: none">• If so, which ones: | |

Client Name: First Name, Middle (if known), Last Name

DOB: Date of Birth **Age:** Age at time of intake

Race:

- White
- Black or African American
- American Indian or Alaska Native
- Asian, Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- Two or more races (people who identify with one or more of the above)
- Other (please specify)

Gender Identity:

- Female
- Male
- Transgender (Umbrella term used for people whose gender identity and/or expression is different from the sex they were assigned at birth)
- Any other specific gender identity

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- Preferred pronouns are different from sex assigned at birth

Mother: Biological Mother

Father: Biological Father

Legal Guardian: Indicate who has permanent or temporary legal custody of child

Caregiver: The person or institution current caring for the child; where the child resides

Caregiver Relationship: Specify caregiver relationship to child, for example: parent, family member, foster family, etc.

Caregiver Phone: Contact phone number to be reached for scheduling reminders, cancellations, etc.

Alleged Crime Victim (ACV) Address: Where the child currently resides

Other Person(s) in Home/Involved: Any other person in the home and/or involved in the incident bringing the ACV to the Children's Advocacy Center

- **Person(s) Relationship to Client:** Specify the other person listed above's relationship to child, for example: step-parent, family member, classmate, friend, mom's friend, etc.
- **Other Person(s) Age:** Specify the current age of the other person listed above

Other Person(s) in Home/Involved: Any other person in the home and/or involved in the incident bringing the ACV to the Children's Advocacy Center

- **Person(s) Relationship to Client:** Specify the other person listed above's relationship to child, for example: step-parent, family member, classmate, friend, mom's friend, etc.
- **Other Person(s) Age:** Specify the current age of the other person listed above

Attending Appointment with Client: List name and relationship to client attending the appointment; only non-offending caregivers may attend the appointment with client

If child has been to the Portage CAC, enter date(s) of service (DOS): If unsure of dates, note client has been to the CAC, but the dates are not known

If child has been to Akron Children’s Hospitals, enter date(s) of service (DOS): If unsure of dates, note client has been to the CAC, but the dates are not known

The CAC offers children and families snacks and beverages, are there any allergies or dietary concerns? List any known allergies, if unknown or unable to ask family, please note here

A service dog may be available at appointments, are there any allergies or other concerns? If unknown or unable to ask family, please note here

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. List any known boundaries. If unknown or unable to ask family, please note here

Alleged Perpetrator (AP): First and Last Name

Age: Current Age

Race:

- White
- Black or African American
- American Indian or Alaska Native
- Asian, Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- Two or more races (people who identify with one or more of the above)
- Other (please specify)

Relationship: Relationship of AP to client

Approximate Abuse Time Frame: If known, time in which abuse began and ended, currently occurring, one-time incident, etc. If unknown or unable to ask family, please note

Last Contact with AP: Client’s last contact with AP. If unknown or unable to ask family, please note

City & County of Alleged Incident:

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Referred by: The person or agency that referred the client to the CAC

Child Protective Services Worker: JFS social worker involved in case. Please indicate if case is screened out

Law Enforcement: Police department where the incident occurred and officer or detective investigating the case

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): Brief explanation of what occurred to refer family to the Child Advocacy Center

Any Additional Information: Any additional information that will be helpful for the Child Advocacy Center in providing services to the family

Completing Form (Name & Agency if Applicable): First and last name of individual completing this form

Date: Date the form is completed

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