

Referral Information

If this is an URGENT referral (Karly's Law, acute sexual assault), call our Intake line at 503-276-9020

Child's Name	DOB	Special Needs/Other Information

Date of referral: _____

Who is referring: CPS Permanency LEA Other _____

ODHS Caseworker _____ Phone _____ OK to text? yes no
E-mail _____

Law Enforcement: _____ Phone _____
Email _____

Legal guardian _____ DOB _____
Relationship _____ Phone _____

Who should we schedule with (if different) _____ Phone _____

Is legal guardian aware and in agreement to the referral? yes no
(CARES NW will not contact family until they have been notified of the referral).

Person of concern _____ Relationship to child _____

If person of concern is custodial parent, who will bring the child to evaluation? _____

What are the concerns?

- | | | |
|--|---|---|
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> drug exposed child | <input type="checkbox"/> high risk environment |
| <input type="checkbox"/> physical abuse | <input type="checkbox"/> emotional abuse | <input type="checkbox"/> problematic sexualized behaviors |
| <input type="checkbox"/> neglect | <input type="checkbox"/> Witness to a crime | <input type="checkbox"/> Medical child abuse |
| <input type="checkbox"/> Medical neglect | <input type="checkbox"/> Other: _____ | |

When did the concerns occur? _____

Current plan to ensure child safety: _____

Has anyone met with the child regarding this concern? yes no

Is the child making disclosures? yes no

- If yes, to whom? _____
- Brief summary of the disclosure

Does the child have current injury? yes no

- Brief description of the injury _____
- Explanation/provided history of how injury occurred _____

Has medical exam been completed? yes no

- If yes, who performed exam? _____ Date _____

Photos taken? yes (please include photos in the referral) no

Has child been seen at a CAC previously? yes no

- If yes, where? _____

Does the child and/or family speak languages other than English? yes no

- If yes, which language(s) _____

Cultural considerations for the child/family: _____

Attached documentation: 307 (without Reporting Party Information page)
 LEA report
 Other: _____

Other additional information that would be helpful:

Please email this form and supporting documentation securely to: CaresNWIntake@lhs.org