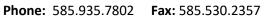
## **REACH Program**

## **Intake Form**

The Child Advocacy Center of Greater Rochester 1 Mount Hope Ave., Rochester, 14620







Date of Referra	al:					
Child's Name:		Birth date:	Age:			
Medical Record	d Number: 🗆 Strong	□ RGH				
Gender: □ M	ale □ Female □ Transgender □	☐ non-binary/non-conforming				
Race: ☐ Black	☐ White ☐ Hispanic ☐ Bi-Racia	l □ Other				
Child's current address: Street:						
	City, Zip:					
			_			
	Phone:	Is it okay to leave a text or voice message?	Υ	N		
Child's Legal Guardian: ☐ Mother ☐ Father ☐ Both Parents ☐ Other:						
Mother:	Name:					
	DOB:					
	Phone:	Is it okay to leave a text or voice message?	Υ	N		
Father:				<u> </u>		
	DOB:					
		Is it okay to leave a text or voice message?	Υ	N		
Names and ages of siblings:						
Other household occupants:						
Concerns	Type of alleged abuse: ☐ Sexu	ual □ Physical □ Neglect □ Emotional				
Description of presenting problem/Interview results:						
Has CPS report been filed? ☐ Yes ☐ No Date/Agency:						
Has a Police report been filed? ☐ Yes ☐ No Date/Agency:						
Has this child been interviewed? ☐ Yes ☐ No Date/By whom?:						
Has this child or another family member been here in the past? Y N Name(s) and date:						
Are there other agencies and/or professionals working with the family? Y N						

Agency Name	<u>Contact Person</u> <u>Phone &amp; Fax Number</u>			
Medical Info				
Has this child already been examined for this concern? Y N				
By whom: Date of exam:  Results of medical exam:				
Results of illeulcal exam.				
Date of last physical exam:				
Have labs been done? Y N Result(s):				
Have x-rays been done? Y N Result(s):				
Perpetrator Info				
Name of alleged perpetrator: Relation to child:				
Age/DOB: Race: B W H Other Address: County:				
Geographic location of alleged abuse:				
	·			
Referent Info				
Referral Source: Pediatrician CPS Police CAC Other:				
Name of referent:				
Referent e-mail:				
Child's PCP:				
Does child have health insurance? Y N Is this a high deductible policy? Y N Don't know				
Insurance carrier & Contract number:				
Special Considerations				
Does the child have any developmental delays/special needs? Y N If yes, please explain:				
Are Interpreter Services needed for the child and /or family? Y N If yes, what language?				