

**Baton Rouge Children's Advocacy Center
Therapy Referral Form**

office use: BRCAC File #: _____

Contact Number: 225-343-1984

Fax number: 225-343-1987

Date of referral: _____

Referring Agency: _____ LE File# _____

Contact Number: _____

Investigating Agency: _____

Investigative Detective: _____ Contact Number: _____

DCFS Worker: _____ Contact Number: _____ Parish: _____

If referred by a CAC: Family Advocate _____ Contact Number: _____

Forensic Interviewer: _____ Contact Number: _____

Allegation type (circle one): Physical, Emotional, Neglect, Sexual, Witness, Drug endangerment, Unknown

VICTIM INFORMATION

Last name: _____ First name: _____ Middle Initial: _____

Age: _____ DOB: _____ Race: _____ Gender: _____

Address: _____ Apt. # _____

City _____ State _____ Zip _____ Parish _____

Area Code and Phone :() _____ Alternate Number: () _____

HOUSEHOLD MEMBERS (PERSONS LIVING IN THE HOME WITH THE VICTIM)

Name	Relationship to Victim Confirm with NOC that relationship is biological, step or no relation	Age	Date of Birth

Victim Name: _____

Legal Guardian(s): _____

Address if different from above: _____

City _____ State _____ Zip _____ Parish _____

Area Code and Phone :() _____ Alternate Number: () _____

Who does the victim reside with if different from above. _____

Address if different from above: _____

City _____ State _____ Zip _____ Parish _____

Area Code and Phone :() _____ Alternate Number: () _____

Are there currently custody issues: NO YES ; if yes, between which parties: _____

ALLEGED PERPETRATOR'S INFORMATION

Name (Include any nicknames): _____

Age: _____ Race: _____ Gender: _____

Relationship to Victim: _____

Acquaintance, Aunt, Brother, Cousin, Family Friend, Father, Grandfather, Grandmother, Mother, Parent Boy/girlfriend, Stepfather, Stepmother, Stranger, Uncle, Unknown

Did Child Disclose Abuse: No _____ Yes _____

Type of Abuse: Physical _____ Sexual: _____ Witness to a crime/type: _____

Criminal charges at this time if any: _____

Additional Notes:

Referred By: _____ Date: _____

BRCAC Staff: _____ **Date:** _____