



Marion County Childrens Advocacy Center, Inc.

2131 SW 22nd Place, Bldg 101
Ocala, FL 34474

Phone 352.873.4739
Fax 352.873.6795

Referral For Counseling

Referral Date: _____ Referring Agency: _____

Your Name: _____ Phone: _____ Fax: _____

Your Email: _____

Reason For Referral:

- Sexual Abuse by Parent/Caretaker
- Sexual Abuse by Non-Custodial Perp
- Physical Abuse
- Emotional Abuse
- Child Exposed to Domestic Violence
- Child on Child (sexual activity)
- Neglect

- Is Counseling adjudicated? Yes No
- Reports Attached (Required): LE DCFS KCI Other: _____

Provide a Brief Description:

Perp Age: _____ Perp Relationship: _____

Child Victim Name: _____ D.O.B. _____

SSN: _____ Race: _____ Gender: _____

Child Victim Name: _____ D.O.B. _____

SSN: _____ Race: _____ Gender: _____

Child Victim Name: _____ D.O.B. _____

SSN: _____ Race: _____ Gender: _____

Child Victim Name: _____ D.O.B. _____

SSN: _____ Race: _____ Gender: _____

Contact Person for Child Victim (Non-offending caretaker):

Name: _____ D.O.B. _____ Race: _____ Gender: _____

Full Address: _____

Home #: _____ Other #: _____ Relation to Child: _____

Please Fax this Referral for Counseling Services to the CAC at: (352) 873-6795