



Marion County Children's Advocacy Center, Inc.
 2800 NE 14th Street Phone 352.873.4739
 Ocala, FL 34470 Fax 352.873.6795

➤ **Reports Attached (Required):** LE DCFS KCI Other: _____

REFERRAL FOR COUNSELING

Referral Date:		Referring Agency:			
Your Name:			Phone:		Fax:
Your Email:					

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

➤ Has Child Been Referred For Counseling Elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Where:	
➤ If Applicable, has a CPT Interview Been Completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	

Provide a Brief Description:

Perp Age:		Perp Relationship:	
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Child Name:		D.O.B.:	
SSN:		Race:	Gender:
Child Name:		D.O.B.:	
SSN:		Race:	Gender:
Child Name:		D.O.B.:	
SSN:		Race:	Gender:

DEPENDENCY CASE CONTACTS (Caseworkers, Guardian Ad Litem, Adoptions, DJJ Etc.)

Name:		Ph #:		FAX:	
Name:		Ph #:		FAX:	

(Legal Guardian and/or Non-Offending Caretaker):

Name:		D.O.B.:		Race:		Gender:	
Physical Address:			Mailing:				
Home #:		Other #:		Relation to Child:			

Please Fax this Referral for Counseling Services to the CAC at: (352) 873-6795
 or email to heatherd@kimberlyscottage.org