Hunt County Children's Advocacy Center
Hope ♥ Healing ♥ Justice

Referral for Services
Please save this form and email a copy to maci.torres@ccnetx.org to submit your referral.

Date of Referral

Referred by:	
First Name	Last Name
Referring Agency	Title
Phone Number	E-Mail Address

Type of Abuse:

SXAB	PHAB	Witness SXAB	Witness PHAB	Child Fatality
☐	☐	☐	☐	☐
NSUP	**Trafficking**	**PSB**		
☐	☐	☐		

Child:	
First Name	Last Name
Date of Birth	Race/Ethnicity
Primary Language	Gender

Caregiver / Adult Client:		
First Name	Last Name	DOB
Relationship to the Child	Primary Language	
Address	City, State ZIP	
Primary Phone	Secondary Phone	
Race/Ethnicity	Gender	
E-Mail Address	Does the child live with this caregiver?	
	◯ Yes	◯ No

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Alleged Offender:	
First Name	Last Name
Date of Birth	Relationship to the Child
Race/Ethnicity	Gender

Case Information:			
Was a Forensic Interview completed?		Where was the FI Completed?	
○ Yes	○ No		
If no FI, please explain:		Have charges been filed?	
		○ Yes	○ No
		○ N/A	○ Unknown
Sexual Abuse Details:			
Fondling over clothes ☐	Fondling Under Clothes ☐	Digital Penetration – Vagina ☐	Digital Penetration – Anus ☐
Penile-Vaginal Penetration ☐	Penile-Anal Penetration ☐	Oral to Victim ☐	Oral to Suspect ☐
Exposure by Suspect ☐	Voyeurism by Suspect ☐	Exposure to Pornography ☐	Use of Object in Abuse ☐
Pregnancy of Victim ☐	Hx of Abortion by Victim ☐	Force sex act by other ☐	One Time Occurrence ☐
Multiple Occurrences ☐	Sexually Acting-Out Behaviors ☐	Other ☐	
Physical Abuse Details:			
Failure to Thrive ☐	Hospitalization ☐	Abusive Head Trauma ☐	Blunt Force Trauma ☐
Fracture to Arm(s) ☐	Fracture to Leg(s) ☐	Fracture to Rib(s) ☐	Fracture to Head ☐
Other ☐			

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Case Information:			
Did the child make a disclosure?		Was a Medical Exam completed?	
◯ Yes	◯ No	◯ Yes	◯ No
◯ Inconclusive	◯ Unknown	◯ Inconclusive	◯ Unknown
Please provide a brief summary of the case:			

DFPS Information:	
Investigator/Caseworker First Name	Investigator/Caseworker Last Name
Phone	E-Mail
Case Name	Case Number

Law Enforcement Information:	
Detective's First Name	Detective's Last Name
Phone	E-Mail
Jurisdiction/Agency	Report/Offense Number

District Attorney's Information:	
District Attorney's First Name	District Attorney's Last Name
District Attorney's Advocate Name	Phone/Email
Projected Court Date	Court Readiness

BEFORE SUBMITTING THIS FORM PLEASE VERIFY ANY ADDITIONAL DISCLOSURES OF ABUSE WERE REPORTED TO LAW ENFORCEMENT. PLEASE COMPLETE PAGES 2 AND 3 WITH ADDITIONAL ABUSE DISCLOSURE INFORMATION.