



SCC Intake Information

Bold items indicate essential information. Comprehensive intake information helps us to start your appointment promptly.

Criminal Conduct Allegation Yes No

Referral Date _____

Referring Agency _____

Is this an Agency Assist? Yes No

Report Number _____

FBI 198-PX-O-ASSESS-F-Sexual Abuse

FBI 198-PX-O-ASSESS-U-Physical Abuse

Safe Child Center

Email to: FMCSafeChild@nahealth.com

Fax to: 928-773-2434

Please call to schedule an appointment

Intake Completed by _____ **Date** _____ **Time** _____

Child's Name _____ **DOB** _____ **Age** _____

Sex _____ **Race/Tribe** _____ **Primary language** English Other _____

School/Grade _____ **Disability** Yes No **If yes, explain** _____

Agent/ Detective: _____ **Badge#** _____ **Contact Phone #s** _____

DCS/Other _____ **Contact Phone #s** _____

Have you contacted Victim Witness? Yes No Have you called DCS hotline? Yes No NA

Reason for referral (please explain) **Is this an ACUTE case?** Yes No

Sexual _____

Physical _____

Witness _____

Other _____

Date of disclosure _____ **Who child disclosed to** _____

Statements made by child: _____

In home _____ **Out of home** _____ **When was last incident?** _____

Suspect Name _____ **Age** _____ **Sex** _____ **Relationship to child** _____

Complaints/Concerns related to this referral

Physical: _____

Behavioral: _____

Prior SCC or other Forensic Evaluations

Has child been seen at SCC before? Yes No Other Advocacy Center: _____

When: _____ **Medical Exam:** Yes No **Forensic Interview:** Yes No

Reason _____

SCC Intake Information (cont.)

Related to this incident, has the child been removed from their home? Yes No

Child lives with _____ Transporting child to SCC _____

Who has legal decision making and physical custody of child? _____

Please bring legal custody documents to SCC.

Family Information

Mother _____ Father _____

Address _____ Address _____

Phone _____ Phone _____

Parent marital/living status: Married Divorced Separated Common Law Unmarried

Other significant caregiver(s)/step-parents/adults _____

Sibling(s) Names (Please include age and gender) _____

Other case information _____

Notes by SCC Staff _____

Who attended SCC intake briefing _____

SCC Staff Signature _____ Date _____ Time _____