**The Children's Advocacy Center of Portage County**

Intake Form

**Completed by Children’s Advocacy Center (CAC)**

**Date & Time of Appointment: Click or tap here to enter text.**

Patient ID # (or last 6 digits of SS

**Notified of Appointment**: **Participating in Appointment**:

Law Enforcement (LE) reminder No Yes Law Enforcement (LE)

Children Services (CPS) Child Protective Services (CPS)

Family reminder No Yes

**Child Abuse Report Made (if required)** If so, when: Click or tap to enter a date.

**Akron Children’s Hospital (ACH) Notified (if referred)**

Were records requested: No Yes If so, when: Click or tap to enter a date.

Was an interview performed: No Yes If so, was it recorded: No Yes

Was an evidence kit obtained: No Yes Were labs tests done and prophylactics given, if so which ones: Click or tap here to enter text.

**Client Name**:

**DOB**: **Age:** Click or tap here to enter text.

**Race:** **Gender Identity**:

**Mother**: Click or tap here to enter text. **Father:** Click or tap here to enter text.

**Legal Guardian:** Click or tap here to enter text.

**Caregiver (currently caring for/resides with child):** Click or tap here to enter text.

**Caregiver Relationship**: Click or tap here to enter text.

**Caregiver Phone:** Click or tap here to enter text.

**ACV Address:** Click or tap here to enter text.

**Other Person(s) in Home/Involved**: Click or tap here to enter text.

**Other Person(s) Relationship to client**: Click or tap here to enter text.

**Other Person(s) Age:** Click or tap here to enter text.

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**Other Person (s) Relationship to client**: Click or tap here to enter text.

**Other Person(s) Age**: Click or tap here to enter text.

**Attending Appointment with client**:

**If child has been to the Portage County CAC, enter Dates of Service (DOS)**: Click or tap here to enter text.

**If child has been to the Akron Children’s Hospital, enter Dates of Service (DOS)**: Click or tap here to enter text.

**Often the CAC offers families snacks and beverages, are there any allergies or dietary concerns?** Click or tap here to enter text.

**A service dog may be available at appointments, are there any allergies or other concerns**? Click or tap here to enter text.

**What information regarding needs may improve the families experience at the CAC? Needs can be language barriers, developmental delays/disabilities, cultural views, religious restrictions, or any other information**. Click or tap here to enter text.

**Alleged Perpetrator (AP):** Click or tap here to enter text.

**Age**:

**Race**: Click or tap here to enter text.

**Relationship** Click or tap here to enter text.

**Approximate Abuse Time Frame**: Click or tap here to enter text.

**Last Contact with AP**: Click or tap here to enter text.

**City & County of Alleged Incident**: Click or tap here to enter text.

**Referred by**: Click or tap here to enter text.

**Child Protective Services Worker**: Click or tap here to enter text.

**Law Enforcement**:

**Summary of concern** (In cases of suspected Physical Abuse: include description of injury to child: mechanism, object(s) used to inflict injury(s), location, visual evidence if present, action of injury(s), report of injury(s) as provided by child/witness):

**Any Additional Information**: Click or tap here to enter text.

**Completing Form (Name & Agency if Applicable):** Click or tap here to enter text.

**Date**: Click or tap to enter a date.