

University of Kentucky, Center for the Study of Violence Against Children (CSVAC)

Child and Adolescent Trauma Treatment Institute (CATTI)
Comprehensive Assessment and Training Services (CATS) Project

TREATMENT REFERRAL INFORMATION SHEET

Today's Date: _____

I. Child's Information:

Name	DOB	Age	Gender	Race/Ethnicity

Social Security #	Medicaid #

II. Referral Source Information:

Who is completing/providing information for this form? _____

How did you learn about CATTI? _____

What is your relationship to the child (biological, adoptive, foster parent, relative, guardian, DCBS Worker, other service provider)? _____

How can you be reached? Phone Number: _____

Address: _____

III. Caregiver and Service Provider Information

Names & Contact Information Regarding Current Caregivers

CURRENT PLACEMENT INFORMATION

Caregiver Name/Relationship _____

Address/Phone _____

Type of Placement _____

Contact Information Regarding DCBS Worker

DCBS Worker: _____

Telephone #: _____

FSOS: _____

Fax#: _____

Address: _____

County: _____

E-mail Address: _____

Region: _____

Other Service Provider:

Is this child receiving services (such as mental health, developmental, speech, physical or occupational therapy) from other providers? If so, please complete the information below:

Type of Service	Name of Service Provider	Phone Number	Reason for Service

IV. Child's History: [Provided by: _____]

1. Has this child ever experienced a traumatic or frightening event, or have they ever been the victim of or exposed to abuse or violence? Please explain: _____

2. Does this child have a history with DCBS? If so, when was the CPS case initially opened and provide a summary of the maltreatment: _____

3. Has this child been raised with anyone other than their biological parent(s). Describe their placement history: _____

Date of Placement	Resource/Foster Home	Reason For Disruption	Services Provided to Children/Family

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V. Sibling Information:

Sibling's Name	Relationship	DOB	Age	Are you requesting treatment for this child as well?

ASSESSMENT QUESTIONS/TREATMENT CONCERNS

Why are you referring this child to CATTI? What concerns would you like addressed in treatment?

1. _____

2. _____

3. _____

Income/Insurance Information

Child's Income/Insurance:

Does the child have income? ___Yes ___No

If YES, indicate type, amount, and frequency:

Social Security: ___ Amount: _____ How often? _____

SSI: ___ Amount: _____ How often? _____

Child Support: ___ Amount: _____ How often? _____

Does the child have health insurance? ___Yes ___No

If YES, what type of insurance? _____

Insurance Identification Number: _____

Office Notes- To be completed by Staff
