

Child Safety Team Mission Children's Specialists 11 Vanderbilt Park Drive Asheville, NC 28803 (828) 213-1794 (800) 377-9251 After hours: (828) 213-1740

Child Safety Team - Referral Form

→ Fax this form to (828) 213-1797 ←

Patient Information

Date

Name			Address		
DOB					
Age		□ M □ F	County		
Race:	American Indian/Alaskan Multiracial	Asian Pacific Islander	Biracial White/ Caucasian	Black/African American	
Ethnicity:	🗌 Hispanic	Non-Hispanic	🗌 Other		
Is an interpreter needed? Language: 🗌 Spanish 🗌 Russian 🗌 Ukrainian 🗌 Other					
Parent/guar	dian:		Phone		

Referral concerns

	Yes	No		Yes	No		Yes	No
Physical abuse			Neglect			Dependency		
Sexual abuse			Emotional abuse			Medical child abuse		
Child-on-child			DV exposure			Witness to abuse		
Death of sibling			Drug exposure			Other		
Alleged Perpetrator					Relationship to child			
	Age					Last known contact date		

Was a report made to DSS?

Is law enforcement involved?

No Yes Date:	🗌 No 🔄 UnK 🗌 Yes Date:
County	Agency
Social worker	Investigator
Phone number	Phone number

Describe the concerns for abuse

Person completing form/agend	cy:	Phone:
Records attached	Photographs taken 🗌 Yes 🗌 No	Sexual assault kit collected 🔲 Yes 🗌 No
	m the child has told (family, friends, etc.,), and any comp	plaints of pain or injury or presence of any concerning
findings on exam. Use addition	al page if necessary.	