

## FAMILY SUPPORT LINE Referral Form

DATE	REFERRED BY	AGENCY	PHONE #	EMAIL

**SURVIVOR** (If more than one, list others in table below.)

NAME \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ GENDER:  MALE  FEMALE  TRANSGENDERED

CURRENT ADDRESS: \_\_\_\_\_

**COMPLETE THE FOLLOWING IF SURVIVOR UNDER AGE 18:**

PRIMARY CAREGIVER(S)	PHONE NUMBER(S)	LEGAL AUTHORITY TO CONSENT TO TREATMENT?
		YES NO NOT SURE
		YES NO NOT SURE

**IMMEDIATE FAMILY MEMBERS AND ANY OTHER MEMBERS OF SURVIVOR'S HOUSEHOLD**

FIRST & LAST NAME	AGE	RELATIONSHIP TO CLIENT	LIVES WITH CLIENT	FSL SERVICES NEEDED?
			YES NO	YES NO NOT SURE
			YES NO	YES NO NOT SURE
			YES NO	YES NO NOT SURE
			YES NO	YES NO NOT SURE
			YES NO	YES NO NOT SURE
			YES NO	YES NO NOT SURE

**PLEASE NOTE ANY ADDITIONAL INFORMATION ABOUT CUSTODY, LIVING ARRANGEMENTS, OR CONTACTS HERE:**

The following information is required for scholarship and sliding-fee scale determination:

**Insurance:**  Medical Assistance  Private \_\_\_\_\_  None

**Income level:**  less than \$9,999  \$10,000 to \$14,999  \$15,000 to \$19,999  \$20,000 to \$34,999  \$35,000 to \$49,999  
 \$50,000 to \$74,999  \$75,000 to \$99,999  \$100,000 to \$199,999  over \$200,000

**PLEASE COMPLETE OTHER SIDE OF FORM.**

<b>NATURE OF ABUSE</b> (CIRCLE ALL THAT APPLY. DESCRIBE "OTHER.")			
Abuser exposed self	Fondling/inappropriate touching	Oral sex	
Vaginal penetration	Vaginal intercourse	Anal penetration	Anal intercourse
Taking of sexual pictures/video	Exposure to sexually explicit materials		
Threats made by abuser	Physical abuse by abuser		
Other:			
<b>FREQUENCY AND DURATION OF ABUSE</b>			
<b>DATE AND CIRCUMSTANCES OF MOST RECENT DISCLOSURE/DISCOVERY</b>			
<b>PERPETRATOR(S)</b>			
Name	Relationship to Survivor	Current Location? Contact with Survivor?	
<b>OTHER RELEVANT INFORMATION ABOUT SURVIVOR'S EXPERIENCE</b>			

**CYS STATUS:**  OPEN INVESTIGATION  OPEN CASE  NO INVOLVEMENT  CASE CLOSING SOON  NA

**CASEWORKER:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**CRIMINAL:**  OPEN INVESTIGATION  CHARGES PENDING  OPEN COURT CASE  CLOSED  NA

**Delco WAR:**  Yes  No  Unknown  Referral needed

**SCHOOL:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

<b>MENTAL HEALTH HISTORY/DIAGNOSIS</b>	
<b>THERAPIST</b>	<b>PHONE</b>
<b>SERVICE(S) REQUESTED</b>	

For more information: Call 610.268.9145 ext. 3 or email [kelly@familysupportline.org](mailto:kelly@familysupportline.org)  
 Mail referrals to: FSL Program Director, 100 W. 6<sup>th</sup> Street, Suite 2, Media, PA 19063

Fax referrals to: 610.891.0481