



CRISIS INTERVIEW SHEET

Date: _____ DHR: _____ LE: _____

Interviewer: _____ Family Advocate: _____

Caregiver: _____ Relationship: _____ Legal Custody: _____

Child's Name: _____ MI: _____ Last: _____

DOB: _____ Age: _____ Race: _____ Gender: _____

School: _____ Grade: _____

Address: _____ Zip: _____

City: _____ State: _____ County: _____

Home: _____ Cell: _____ Work: _____

Brief Description of Allegation: _____

Alleged Offender Name: _____
First MI Last DOB/Age

Relationship to Child: _____ Type of Abuse: _____

Date abuse first reported: _____ Date official report made to LE/DHR: _____

Has Child had a recent medical exam (Y/N) (When/Where?) _____

Who are your support persons? _____

What would you like to see happen now? _____

Siblings Interviewed: _____

Medicaid Free or reduced lunch All Kids These services do not apply Other service agencies: _____

Current employment status: unemployed employed / F/T P/T **Active Military:** yes no

Live on base: yes no **CAC Services:** Therapy offered Medical offered MDT brochure recvd

Victim's Comp services recvd Crime Victim's Rights given **Caregiver said s/he is a survivor of**

sexual abuse