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**SEXUAL ABUSE TREATMENT PROGRAM**

**REFERRAL FORM**

**Referral Process:** Individual, parent/guardian, social worker, etc. to complete this form and return to:

Knowles Centre

Sexual Abuse Treatment Program

2065 Henderson Highway

Winnipeg, MB R2G 1P7

Phone: 204-339-1951 ext. 151

Fax: 204-334-4173

Email: SATP@knowlescentre.org

**Date of Referral:**

**A. CLIENT REFERRAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Birth date: |  |
| Address |  |
| Phone: |  | Email: |  |

Reason for Referral:(Please complete one form per individual requesting therapy)

|  |  |  |
| --- | --- | --- |
| [ ]  Child victim | [ ]  Sibling | [ ]  Non-offending parent/caregiver |

Eligibility for Criminal Injuries Funding:

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  Not available |

If No or Not Available, please explain why:

Source of Referral:

|  |  |
| --- | --- |
| Name: |  |
| Organization: |  | Office/Unit: |  |
| Phone: |  | Email: |  |

**B. INFORMATION ON CLIENTS UNDER AGE 18**

|  |  |  |
| --- | --- | --- |
| CFS Status: | [ ]  Not in care | [ ]  Under Apprehension |
| [ ]  Voluntary Placement Agreement | [ ]  Temporary Ward | [ ]  Permanent Ward |

|  |  |  |
| --- | --- | --- |
| Custodial parent or caregiver information: |  | CFS agency information, if applicable: |
| Name of caregiver or custodial parent: |  |  | CFS worker: |  |
| Caregiver relationship to youth: |  |  | Agency: |  |
| Is parent/caregiver aware of referral? | [ ]  Yes [ ]  No |  | Address: |  |
| Phone if different than above: |  |  | Phone: |  |
| Work phone: |  | Fax: |  |
| Email: |  |  | Email: |  |

If not in care, are client’s parent(s):

|  |  |  |
| --- | --- | --- |
| [ ]  Single parent | [ ]  Common-law | [ ]  Married |
| [ ]  Separated | [ ]  Divorced | [ ]  Widowed |

What is the custody agreement between single, separated or divorced parents?

**C. SEXUAL ASSAULT INFORMATION**

1. Describe the details of the sexual assault (frequency, duration, severity, etc.):

1. Disclosure Information
2. Date of disclosure:
3. Who disclosed:
4. To whom disclosure made:
5. What precipitated the disclosure?

1. Offender Information
2. Relationship of child victim to offender:

1. Was offender an adult or minor at the time of assault?

1. Offender’s present/possible access to child:

1. Medical findings, if any:

1. Legal Status
2. Police report:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Yes, list date: |  | [ ]  No | [ ]  Pending |

1. Investigation:

Is the investigation is complete?

|  |  |
| --- | --- |
| [ ]  Yes  | [ ]  No (list reasons) |

1. Charges:

|  |  |
| --- | --- |
| [ ]  Yes (list charges) | [ ]  No (list reasons) |

1. Conviction:

|  |  |
| --- | --- |
| [ ]  Yes (list convictions) | [ ]  No (list reasons) |

1. Legal Counsel:

Are you represented by legal counsel for matters pertaining to the alleged sexual abuse?

|  |  |
| --- | --- |
| [ ]  Yes (provide name of counsel and contact info) | [ ]  No (list reasons) |

Are you represented by legal counsel for matters other than sexual abuse?

|  |  |
| --- | --- |
| [ ]  Yes (provide reasons, name of counsel, and contact info) | [ ]  No |

**D. REASON FOR REFERRAL**

1. List any relevant symptoms the client is experiencing (e.g., sleep, appetite, or concentration problems, regressive behaviours, etc.):

1. List any medical or psychiatric diagnoses:

1. List any medication currently prescribed:

1. History of self-injurious behaviour by client

Isolated suicidal thoughts: [ ]  Yes [ ]  No

Frequent, persistent suicidal thoughts: [ ]  Yes [ ]  No

Threatening suicide: [ ]  Yes [ ]  No

Has suicide plan: [ ]  Yes [ ]  No

Risk: [ ]  High [ ]  Medium [ ]  Low

1. List any other self-injurious behaviours:

1. List present source of treatment (e.g., family doctor, psychiatrist, therapist, etc.):

**E. FAMILY INFORMATION**

1. List of household members:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Age |  | Relationship |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Other significant family members not listed above:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Age |  | Relationship |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Response of family to disclosure and current coping:

1. List other agencies presently involved with the case:

1. Strengths of child and/or family:

**F. DECLARATION**

**I hereby declare that the above information is accurate.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| . |  |  |  | . |
| Print Name(Referring Individual, parent, social worker, etc.) |  | Signature |  | Date |
|  |  |