The Elizabeth Pettigrew Durant Children's Center

Intake / Referral Form **803-973-8053 (Intake Number)**

Site: ☐Florence ☐ Hartsville ☐ Sumter ☐ Other Facility

Today's Date:			
Child's Name:		Age:	
DOB:		Preferred Pronoun(s):	
Primary Language:		Sex:	
Race:		SSN:	
Source of Intake Information:		Telephone:	
Relation to Child:	☐CPS ☐Law Enforcement	☐Guardian	☐Other:
Requesting: *check all that apply*	☐Forensic Interview	☐Medical Exam	
Sources of Payment: *check all that apply*	☐Medicaid *Medicaid Plan, if known:* ☐ DSS	☐DCVC	☐Private Insurance *Specify, if known:*

Child and Parent Addresses

Child's Address (Current): *If child is in DSS custody, use County DSS office address*	Street Address (include Apt. or Lot No. if known) City State Zip	County:	
Caregivers' Names:		Telephone:	
Caregiver contact allowed?		Emergency Contact Info:	
Relation to Child:			
Parent's Address *(if different from child's)*			
Developmental Delays?	☐Y ☐N	If yes, describe:	

Reason for Current Intake / Referral (*check all that apply*)

☐ Physical Abuse	☐ Psychological Abuse	☐ Witness to Violent Crime
☐ Sexual Abuse	☐ Neglect	☐ Domestic Violence

Other ( )

Scheduled Appointments

Interview Date:		Time:		Reschedule:	
Medical Date:		Time:		Reschedule:	

Agency Involvement

Reported to LE?	☐ Y ☐ N	Agency:		☐ PD ☐ SD

Investigator's Name:		Phone & E-mail:	
Incident Report:	☐ received (attached)	Incident Report #:	
Reported to DSS?	☐Y ☐ N County:		
Case Worker:		Phone & E-mail:	
DSS Custody?	☐Y ☐ N	If yes, date placed:	
Emergency MH Asst:	☐N/A ☐ received (attached) ☐requested from:		
Other MH records?	☐Y ☐ requested ☐received (attached) ☐ N		
Photographs available?	☐Y ☐ requested ☐received (attached) ☐ N		
Medical records?	☐Y ☐ requested ☐received (attached) ☐ N		

Suspect / Allegation Information

Suspect's Name:		DOB:		Age:		Race:	
Relation to child:							
Address (if available)							

Military Affiliation

Does family have any military affiliation (Active/Separated/Retired):
What Branch:
If active, is there an active case on attached military installation:
If yes, what is the name of the military installation:

Special Considerations

Blind: ☐ Cognitive / Mental Disability: ☐ Deaf / Hard of Hearing: ☐
Developmental Disability: ☐ Homeless: ☐ Immigrants / Refugees / Asylum Seekers: ☐
LGBTQ: ☐ Limited English Proficiency: ☐ (what is primary language:)
Motor Skills Impairment: ☐ Physical Disability: ☐ Specific Learning Disability: ☐
Speech / Language Delay: ☐ Visually Impaired: ☐
Other:

Reason for Referral
(Specific and Detailed/Factual Information)

Has child been interviewed?	☐Y ☐N	If yes, by whom?	
Who will bring child to the appointment?			