



C.R.E.A.T.E. Hope Referral and Information Form

Date: _____ Time: _____

Referral Source: _____ Phone Number: _____

Referral Source Relationship to Child Victim: _____

Name of Child: _____

Date of Birth: _____ Sex: _____ Race: _____

School and Grade: _____

Legal Guardian: _____

Legal Guardian Address: _____

Legal Guardian Email Address: _____

Legal Guardian Phone Number: _____

Provide information for where or with whom the child resides:

Name: _____

Relationship Child Victim: _____

Address: _____

County: _____ Phone Number: _____

Admission Criteria (all requirements must be met for child to be eligible for CHP services)

Is the child between the ages of 4-18?	
Does the child currently reside in Pender, Columbus, Bladen or other surrounding county? If yes please identify county.	
Is the child a victim and/or witness of a crime? This includes abuse or severe neglect, witnessing domestic violence in the home, and any criminal acts inside or outside the home where the child was a victim or witness.	
Was the crime reported to the Department of Social Services or Law Enforcement? Explain (who reported to and when):	
Does the child victim has moderate to severe behavioral health and/or trauma related symptoms that impede his or her current functioning (emotionally, socially, academically, behaviorally, psychologically, etc)?	
Does referral source believe the child is able to maintain safety and function in a home setting (includes group homes, foster care, or, TFC) with the support and treatment of C.R.E.A.T.E. Hope Program?	



Does the child have the physical and intellectual ability to participate in therapy weekly and engage in the treatment process?	
Does the child have a non-offending caregiver (parent, relative, custodian, guardian, foster parent, group home direct care staff member, etc) that is willing and able to participate in the child's treatment and additional caregiver/parenting components of C.R.E.A.T.E. Hope Program?	

If all eligibility requirements are met, CHP Staff should complete the remaining pages of this Referral Form with information provided by referral source and/or legal guardian.

Victimization Information:

Please provide details regarding the crime(s) in which the Child being referred was a victim or witness to. Include dates, location, criminal acts, how the Child was a victim directly or indirectly, and Child's relationship to perpetrator. _____

Additional Relevant Information:

CHP Staff informed Referral Source of Program Description and Program Requirements for Client and Non-Offending Caregiver

CHP Staff informed Referral Source and Legal Guardian of Referral Review Process and let them know they can expect a call

To be Completed by Director of CHP or Clinical Director

Time/Date of Referral Review by Director of C.R.E.A.T.E. Hope Program? _____

Referral Accepted for Admission? Y or N Date/Time Referral Source Notified: _____

If no, explain: _____

What resources or alternative programs/treatment options were provided if client was not accepted into C.R.E.A.T.E. Hope Program? _____

Admission Meeting

Scheduled (Date/Time): _____



Was Admission Paperwork provided to caregiver prior to Admission Meeting: Y or N

Clinician Advocate Assigned to Client: _____

Director of CHP Signature and Date