

INTAKE REFERRAL FORM



A link to complete the intake form will be provided upon contacting a CYACSM staff member to book an investigation.

Service Dog: YES NO

Date CYACSM Staff Member
Interview Date/Time # of Interviewees
Interview Location
*Mobile Location, please bring USB

POLICE/CPS CONTACT INFORMATION

Police Services	Officers
Phone	Email
CPS Organization	Workers
Phone	Email

CHILD/YOUTH INFORMATION

Victim	Witness	Name			
Pronouns			DOB		
Caregiver Name			Relationship		
Primary Phone			Alternate Phone		
Address			Email		
Person Accompanying Child/Youth					
Medical Attention	Received	Required			
Identifies as Indigenous	Yes	No	Metis	Inuit	First Nations
Community					
Special Needs / Accommodations					
Does the family know why they are going to the CYACSM?	Yes	No			

ALLEGED OFFENCE INFORMATION

Type of Abuse Reported					Historical
Date of Disclosure				Date of Incident	
Alleged Offender Name & Relationship					
CPS Coding	12-hour	48-hour	7-day	N/A	

ADDITIONAL INFORMATION

INTAKE REFERRAL FORM



CHILD/YOUTH INFORMATION

Victim Witness Name

Pronouns DOB

Caregiver Name Relationship

Primary Phone Alternate Phone

Address Email

Person Accompanying Child/Youth

Medical Attention Received Required

Identifies as Indigenous Yes No Metis Inuit First Nations

Community

Special Needs / Accommodations

CHILD/YOUTH INFORMATION

Victim Witness Name

Pronouns DOB

Caregiver Name Relationship

Primary Phone Alternate Phone

Address Email

Person Accompanying Child/Youth

Medical Attention Received Required

Identifies as Indigenous Yes No Metis Inuit First Nations

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Special Needs / Accommodations

ADDITIONAL INFORMATION