



REQUEST FOR SERVICES

Referral Date: _____ Staff Completing Initials: _____

Referral Made By: _____ Referring Source: _____

County Reviewing Case in Multidisciplinary Team(Where Incident Occurred): _____

DCBS:

Law Enforcement:

Court:

Mental Health Provider:

Self-Referral:

Contact Number and Email: _____

Client Information:

Client's Name: _____ DOB: _____ Age: _____

Client's SSN: _____ Gender: _____ Race: _____

Current Address: _____

Client Living With: _____ Relationship to Client: _____

Does this person have legal custody? Yes No If no, then Legal Guardian: _____

Contact Number and Email: _____

Does the client have any disabilities? Yes No _____

Does the client require any accommodations and/ or an interpreter? Yes No _____

Has this client been involved with or the victim of prostitution, child pornography or human trafficking and exploitation?

Yes No _____

Services Requested:

____ Forensic Interview Date: _____ Time: _____

____ Hosted Interview Date: _____ Time: _____

____ Medical Exam Date: _____ Time: _____

____ Mental Health Date: _____ Time: _____

____ Education Date: _____ Time: _____ Type: _____

Reason for Referral / Allegations [Attach DCBS 115 or Police Report if available]:

Alleged Perpetrator Information

Name: _____ Age: _____ DOB: _____ Race: _____ Gender: _____ Relationship to Victim: _____

Name: _____ Age: _____ DOB: _____ Race: _____ Gender: _____ Relationship to Victim: _____

REMINDER: Only Law Enforcement and/or DCBS Social Workers will be allowed to watch Forensic Interviews.

GCAC Use: Advocate: _____ Collaborate # _____

Updated: June 2022 by SDC



Informed Consent and Confidentiality Agreement(s)

Child's Name: _____

Child's DOB: _____

Multidisciplinary Team

Gateway Children's Advocacy Center (GCAC) recognizes that effective child abuse intervention requires a cooperative effort between professionals in many agencies and disciplines. All professionals involved in this effort meet monthly to form a multidisciplinary team that reviews each investigation of reported child sexual abuse as required by *KRS 431.600*. The team comprises professionals from the Department for Community-Based Services, Law Enforcement, the Prosecutor's office, mental health, victim's advocate, and GCAC staff.

The Multidisciplinary Team's purpose is:

1. To ensure that each child receives the appropriate intervention (required to protect him/her from further abuse).
2. To make Team decisions regarding the prosecution of alleged offenders.

All information shared within the Team meetings is kept strictly confidential among Team members.

Case Management and Advocacy

All clients of GCAC receive case management services. Our Advocate's role is to assist you in beginning to work through the stress and emotions of an abuse investigation, support the use of GCAC services, and assist the multidisciplinary team. You will be assigned an Advocate who will contact you regularly for follow-up.

Legal Custody

In order for GCAC to provide services to your child, you must have full legal custody of your child.

Service Complaint

If you are unsatisfied with services at GCAC, you have the right to request a grievance form from GCAC staff. The grievance form will be given to the Executive Director to be resolved. The grievance will be presented to the GCAC's Board of Directors if the resolution is unsatisfactory. If unsatisfied with their decision, you may appeal by contacting the Kentucky Association of Child Advocacy Centers, Lexington, KY.

Confidentiality

While at GCAC, you may see someone you know. We ask that you agree to respect and keep confidential the identity of other GCAC clients and their caretakers. This includes any information you may have inadvertently learned as a result of your visit to GCAC.

Office Hours

Regular office hours are Monday – Thursday, 8:30 am – 4:00 pm.

I have read the above and understand that by signing my name, I agree to receive services and abide by the above agreements.

Signature

Date

Witness

Date

Updated: 5/2024



Consent for Gateway Children's Advocacy Center Services

Child's Name: _____

DOB: _____

What is a Forensic Interview? A Forensic Interview means a structured questioning of a Victim to gather information to further the criminal investigation of an abuse allegation. The Forensic Interview used a structured way of asking questions to obtain FACTS.

Forensic Interview Consent

I have received and read the information about this service and agree to have my child receive this service.

Signature

Date

Witness

Date

What is counseling? Counseling services at GCAC are recommended based on need and the child's age and developmental level. The following services are offered: mental health assessments, trauma assessments, short-term stabilization and therapeutic support, individual counseling and play therapy, and non-offending parent support and therapy.

Counseling Consent—I have received and read the information about this service, and I agree to have my child receive it “AS NEEDED,” which can include telehealth counseling services. *I understand the policies and attendance expectations for my child.*

Signature

Date

Witness

Date

What is advocacy? Abuse of a child not only affects the child but also the entire family in one way or another. Because of this, families often feel isolated with no where to turn. GCAC has trained advocates to assist with these stressful situations. Advocacy services are resource referrals, psychoeducation, body safety, internet safety, court advocacy, caregiver support, and supportive listening.

Advocacy Services Consent—I have received and read the information about this service and agree to have myself or my child receive it.

Signature

Date

Witness

Date



Child's Name _____ DOB _____

Medical Exam Consent

Medical Doctors/Medical Staff working at Gateway Children's Advocacy Center (GCAC) have years of experience in examining children for possible abuse. The exam for sexual abuse involves a check-up with a Colposcope. The Colposcope is a camera that magnifies with a light attached, allowing photos to be taken; these photos will become part of the child's medical record. The medical exam is done in a child-friendly room with movies playing – the child can zone out, color, or read a book. Children can bring (1) an adult to the medical room.

The Doctor will be looking at the outer genitals – nothing is invasive or inserted into the child. If the child is having a discharge or other symptoms, cultures may be obtained by swabbing the genitalia with a Q-tip. This exam should not be traumatic or painful, and most children should be calm and not mind. Once the evaluation is complete, treatment or further assessment may be recommended for the child. Remember, however, an exam may not indicate if the child has been abused. 90% of all children who HAVE been abused have NORMAL exams, even with a HISTORY of penetration, so the medical exam alone does not prove abuse. One advantage of the medical exam is that it allows the Doctor to assure the child/family that their body is okay and enables the child/family to ask questions about their body.

Computer equipment in the Medical Room will store your child's medical information. Your child's medical records are confidential at GCAC and accessed only by GCAC's Doctors/Medical Staff. If your child is referred for a 2nd opinion – paper records (not pictures) will be sent to that Doctor. If the child requires blood work or urine screening, those will be sent to the hospital for results per chain of custody and shared information. The medical information gathered by this means may be used as evidence in a court of law or in connection with enforcing public health rules and regulations. A report will be sent to the referral agency and, if needed, to your child's Doctor with your permission. If the case goes to court, the physician may be required to testify, and copies of medical records may be submitted as evidence. Otherwise, all information collected during the evaluation or treatment will remain confidential. If any information obtained during the assessment is used to train or is reviewed by other professionals, the child's and the family's identity will not be revealed.

There are no known risks for the child or the family having this exam. There is a benefit in that this evaluation may answer our questions and identify a need for treatment, which may benefit the child and the family. You are encouraged to ask the doctors/medical staff any questions.

Medical Examination Consent - *I have received and read the information about this service and agree to have my child receive this service.*

Signature

Date

Witness

Date