CHILD ADVOCATE RAPID RESPONSE TEAM
(CARRT)
REFERRAL FORM

Date: _____

The mission of the **Child Advocate Rapid Response Team** is to assist children who have been the **victims of family and non-family violence,** by providing them, and in some instances their family, with social service referrals, legal advocacy and education, with the goal of reducing the overall incidence of victimization and violence. **Please do not refer students having attendance, discipline, and/or academic problems, which appear unrelated to any victimization to this program.**

Student Name _____ Age _____ DOB _____

School _____ Grade _____ Teacher _____

Parent/Guardian _____ Phone _____

Address _____

Is the child and/or parent/guardian aware of this referral? _____

Name of the person making the referral _____

Your relationship to the student _____ Phone _____

Email _____

Type of Abuse/Victimization _____ Date(s) it occurred _____

REASON FOR REFERRAL: (Check all that apply)

_____ Child Physical/Sexual Abuse
_____ Child Neglect
_____ Domestic and/or Family Violence
_____ DUI/DWI Incidents
_____ Mass Violence (Domestic/International)
_____ Survivors of Homicide Victims
_____ Bullying (Verbal, Cyber or Physical)
_____ Teen Dating Victimization
_____ Substance Misuse
_____ Other (Explain)_____
_____

PREVIOUS INTERVENTIONS AND OTHER AGENCY INVOLVEMENT:

_____ DCF _____ FSSNF _____JFCS _____ STARTING POINT
_____ OTHER (PLEASE SPECIFY) _____

What are your concerns for this student? _____
_____

What services are needed for this child? _____
_____

PLEASE FAX COMPLETE REFERRAL FORM TO PROGRAM DIRECTOR AT 548-0439. IF YOU NEED TO SPEAK WITH A CARRT REPRESENTATIVE IMMEDIATELY PLEASE CALL 277-9063.