

THE NC CHILD FORENSIC EVALUATION PROGRAM - MENTAL HEALTH
UNC DEPARTMENT OF PEDIATRICS, CB #3415
UNIVERSITY OF NORTH CAROLINA
CHAPEL HILL, NC 27599-3415
Phone: (919)843-9365 FAX: (919)843-9368
Toll free 1-877-836-2856

AR# _____

AUTHORIZATION REQUEST FOR CHILD/FAMILY EVALUATION

CHILD

Child's Name _____ Age _____ Gender _____ Race _____

Address _____ Birthdate _____

City & State _____ Telephone _____

Recipient I.D.# _____

PARENTS OR GUARDIANS

Name _____ Age _____ Race _____

Address _____ Education _____

City/State/Zip _____ Relationship to Child _____

Telephone _____

Name _____ Age _____ Race _____

Address _____ Education _____

City/State/Zip _____ Relationship to Child _____

Telephone _____

SOCIAL SERVICES

Worker _____ Date of Request _____

County _____ Telephone _____

Worker's Signature _____

REASON FOR EVALUATION

Alleged Physical Abuse _____ Alleged Neglect _____ Other _____

Alleged Sexual Abuse _____ Alleged Emotional Abuse _____

(OVER PLEASE!)

PLEASE TELL US ABOUT THIS CASE—CURRENT ALLEGATIONS/CONCERNS (Add extra page if necessary)

Is this case still in the CPS investigative stage? Yes No

Which of the following have been done as part of the current CPS investigation:

Interview(s) of Child No Yes How many? _____

Interview(s) of parent/caretaker No Yes

Interview(s) of collaterals in case No Yes

Child Medical Exam (CME) No Yes

CME Results _____

SPECIFIC QUESTIONS DSS WOULD LIKE ADDRESSED IN THE EVALUATION (please list in question form):

Name of Examiner for whom you are requesting approval _____

For Central Office Use Only:

Request Approved for Funding: Yes No Date _____

If not, reason:

_____ Hours plus up to one hour for case conference (**per family**)

approved for _____

Examiner

(Contact central office for re-authorization if examiner changes.)