

Blue Sky Bridge
ADDITIONAL CHILD INTAKE FORM

1. Additional Victim To Be Interviewed

Name: _____ Age: _____ DOB: _____ Gender Identity: _____ Sex: _____

Language Spoken at Home: _____ IEP: Yes No Unk Race: _____

Mental Health Issues/Diagnosis: Yes No Unk History of Sexually Reactive Behaviors: Yes No Unk

Notes (Relevant Information- Education, Behaviors, Diagnosis, Mental Health, Accommodation need for FI):

2. Additional Victim To Be Interviewed

Name: _____ Age: _____ DOB: _____ Gender Identity: _____ Sex: _____

Language Spoken at Home: _____ IEP: Yes No Unk Race: _____

Mental Health Issues/Diagnosis: Yes No Unk History of Sexually Reactive Behaviors: Yes No Unk

Notes (Relevant Information- Education, Behaviors, Diagnosis, Mental Health, Accommodation need for FI):

3. Additional Victim To Be Interviewed

Name: _____ Age: _____ DOB: _____ Gender Identity: _____ Sex: _____

Language Spoken at Home: _____ IEP: Yes No Unk Race: _____

Mental Health Issues/Diagnosis: Yes No Unk History of Sexually Reactive Behaviors: Yes No Unk

Notes (Relevant Information- Education, Behaviors, Diagnosis, Mental Health, Accommodation need for FI):

NON-OFFENDING CAREGIVER(S) INVOLVED:

Same as caregivers on Intake Form? Yes No If no, please fill out:

Name: _____ Age: _____ DOB: _____ Relationship: _____

Language: _____ Gender Identity: _____ Sex: _____ Phone: _____ Text: Yes / No

CASE INFORMATION (per referral source at time of scheduling)

Additional information regarding the alleged incident for these victims? _____

This form does not substitute the FI Intake Form and will not be accepted as a standalone request for an FI.

Edited 5/2021