THE NC CHILD/FAMILY EVALUATION PROGRAM - MENTAL HEALTH

UNC DEPARTMENT OF PEDIATRICS, CB #3415

UNIVERSITY OF NORTH CAROLINA

CHAPEL HILL, NC 27599-3415

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AR#

**AUTHORIZATION REQUEST FOR CHILD/FAMILY EVALUATION**

**CHILD**

Child's Name Age Gender Race

Address Birthdate

City & State Telephone

SIS 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 E-mail

Worker's Signature

R**EASON FOR EVALUATION**

Alleged Physical Abuse \_Alleged Neglect \_\_\_Other

Alleged Sexual Abuse Alleged Emotional Abuse \_\_

**(OVER PLEASE!)**

Nature of Complaint:

**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 date Examiner

CME Results

Based on review of your agency-specific system, and a (post-screening) Central Registry check, have there been previous CPS investigations? No Yes

If yes, name of child/children who were the subject(s) of the investigation:

Child’s name: DOB:

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**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.)