



Karuk Child Victim Services
P O Box 1046
Yreka, CA 96097
tccac@karuk.us



Client's Name: _____ DOB: _____

Mailing Address: _____ City, State, Zip: _____

Parent/Guardian: _____ or Other Person: _____

Telephone Number: _____

Tribal Affiliation: _____ Roll #: _____ Live in Karuk Service Area? ☐ Yes ☐ No

Family Size: _____ Gender: ☐ Male ☐ Female ☐ Other Disabled? ☐ Yes ☐ No

AREAS OF IMMEDIATE CONCERN:

- ☐ Educational-youth is a senior and would benefit from assistance in navigating school system, requirements for graduation and educational planning for post-secondary schooling.
- ☐ Medical- youth may benefit from additional support and advocacy services
- ☐ Sexual Abuse
- ☐ Criminal Case\Minor to Testify
- ☐ Assistance with ICWA Case
- ☐ Voluntary Child abuse or prevention case/ Open Referral
- ☐ Exposure to Domestic or Family Violence
- ☐ Placement
- ☐ Psychological- youth may benefit from additional support and advocacy services
- ☐ Other:

Reason for Referral: _____

Additional Information: _____

REFERRED FROM: _____

Referring Signature: _____ Date: _____ Telephone #: _____

CVS STAFF ONLY:

- ☐ Intake Scheduled Date: _____
- ☐ Referral to Another Department/Agency
- ☐ Information/Referral/Follow-up Needed
- ☐ Other: _____