

## Family Advocacy Program Referral Form

Check only one box:  Maltreatment  NPSF  FAST

Date of Referral: \_\_\_\_\_ Referent Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Only complete the appropriate sections for the type of referral checked above.

### Incident ID (Maltreatment Only)

Date of Incident: \_\_\_\_\_

Received By: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Provider Assigned: \_\_\_\_\_

Type of Victim:  Child  Adult Partner

Type of Maltreatment Suspected:  Physical  Neglect  Sexual  Emotional

HIGH INTEREST:  No  Yes      If yes:  Death  Out-of-Home Child Sexual Abuse

### Sponsor

\*SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Sex:  M  F

\*DoD ID: \_\_\_\_\_

Name: \_\_\_\_\_

Role in Incident:  Alleged Abuser  Victim  Neither

Marital Status: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employment Status:  Uniform (Overseas Only)  Civil Service  Civ/Retiree/Contract

Pay Grade: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Squadron: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Special Status:  PRP

Flying  PSP

\*SSN: \_\_\_\_\_

### Adult Partner

DOB: \_\_\_\_\_

Sex:  M  F

\*DoD ID: \_\_\_\_\_

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employment Status:  Uniform  Civil Service  Civ/Retiree/Contract  Family Member  Non-Beneficiary

Pay Grade: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Squadron: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Special Status:  PRP

Flying  PSP

\*SSN: \_\_\_\_\_

### Alleged Abuser (Maltreatment Only)

DOB: \_\_\_\_\_

Sex:  M  F

\*DoD ID: \_\_\_\_\_

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Dual Military Marriage/Relationship:  Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employment Status:  Uniform  Civil Service  Civ/Retiree/Contract  Family Member  Non-Beneficiary

Pay Grade: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Squadron: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Special Status:  PRP

Flying  PSP

Alleged Abuser's Relationship to Victim: \_\_\_\_\_

\*SSN: \_\_\_\_\_

### Victim (Maltreatment Only)

DOB: \_\_\_\_\_

Sex:  M  F

\*DoD ID: \_\_\_\_\_

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employment Status:  Uniform  Civil Service  Civ/Retiree/Contract  Family Member  Non-Beneficiary

Pay Grade: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Squadron: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Special Status:  PRP

Flying  PSP

CUI (when filled in)

**Summary of Alleged Maltreatment or NPSP/FAST Presenting Problem**

Weapons Involved in Incident: Yes No

Substance Involved in Incident: Yes No  
If yes, list type of Substance:

Description:

Immediate Safety Plan for Victim:

Incident Occurred: On Base Off Base

**Notifications (Maltreatment Only)**

Agency	N/A	Phone	Time	Date	Person Contacted
Child Protection Agency					
AFOSI					
Security Forces					
Photography					
ER/Physician					
Commander					
Other					

OPRs Ordered/MHS Genesis Review for All Family Members (Maltreatment Only): Yes No

Background Check Completed (Maltreatment Only): Yes No Background Check Results:

Police Report Requested: Yes No N/A If Yes, date requested: SFS POC:

Follow-Up Referral Plan with Family Advocacy/Other Clinic or Agency:

**Personal Data of Others In Home (Maltreatment/NPSP/FAST)**

Name	SSN	DoD ID	DOB	Sex	Relation to Sponsor	Location

Person Receiving Referral: \_\_\_\_\_ Date: \_\_\_\_\_

FATM/FAIS or FAO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Privacy Act Statement. Authority: Section 552a of title 5, United States Code, as amended (also known as "The Privacy Act"); AFI 33-332, Air Force Privacy and Civil Liberties Program. Information is collected to establish engagement in Family Advocacy Program (FAP) services, background checks, and referrals across the DoD and civilian sector. Routine Use: Information may be disclosed for any of the Standard Routine Uses. Limitations of confidentiality apply; refer to Informed Consent. Your SSN and/or DoD Identification Number may be used as one of the primary identifiers across DoD services and civilian sectors to safeguard personal health information (PHI), in the Family Advocacy System of Record (FASOR) and/or New Parent Support Program (NPSP) records for confirmation of identity, confirmation of employment eligibility, background checks and internal record reviews. Requests for FAP information from sources outside the DoD will normally not be honored unless the client gives written permission for the release of information. Disclosures: Voluntary; however, failure to provide the requested information may limit the ability for FAP to provide necessary services and referrals. Disclosure of your SSN and/or DoD ID is voluntary; however, if not provided it may limit primary identifiers within the applicable System of Records. System of Records Notice: This data collection will become part of FASOR and NPSP records.

\*The information herein is Controlled Unclassified Information (CUI) which must be protected under the Freedom of Information Act (Title 5 United States Code Section 552) and/or the Privacy Act of 1974. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.