

**FAMILY ADVOCACY REPORT**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC 301; 14 USC 632; 44 USC Chapters 29, 31 and 33; 10 USC 1058 and 1059; COMDTINSTs 1752.1 (series) and 1754.16 (series)

**PRINCIPAL PURPOSE:** To identify and record information on incidents of child and intimate partner maltreatment and ensure that appropriate services are provided.

**ROUTINE USES:** Incident data, risk assessments, safety and treatment plans are used to determine what course of action is needed to ensure that the right services and treatment are provided to FAP clients. Information is also used for quality assurance purposes to improve FAP services. FAP personnel use the data to identify incidence and prevalence rates and trends, track involved families, and to justify appropriate resource allocation. Information provided on this form will not be disclosed externally except in accordance with DHS/USCG-028 Family Advocacy Case Records Systems of Records, 73 FR 77782 (December 19, 2008).

**DISCLOSURE:** Voluntary; however, failure to provide information may delay the provision of appropriate services to the individuals involved.

<b>1. Electronic Record Incident Number</b>	<b>2. Reporting FAS</b>	<b>3. Date of Maltreatment (MM/DD/YY)</b>
<b>4. IDC Determination Date (MM/DD/YY)</b>	<b>5. Name of Unit</b>	<b>6. Date CG Central Registry Checked (MM/DD/YY)</b>

**7. SOURCE OF INITIAL REFERRAL TO FAMILY ADVOCACY SERVICES (x as applicable)**

<p>a. MILITARY</p> <p>Law Enforcement</p> <p>CG Medical/Dental</p> <p>DOD Facility</p> <p>(NAME: _____ )</p> <p>Child Care/School/Recreation Center</p> <p>Command</p> <p>Chaplain</p> <p>Other (Specify): _____</p>	<p>b. CIVILIAN</p> <p>Law Enforcement</p> <p>Medical/Dental</p> <p>Social Services</p> <p>Child Care/School/Recreation Center</p> <p>Clergy</p> <p>Other (Specify) _____</p>	<p>c. NON-AFFILIATED</p> <p>Neighbor/Friend/Relative</p> <p>Self-Referral, Victim</p> <p>Self-Referral, Offender</p> <p>Other (Specify)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<b>8. TYPE OF ALLEGATION (x as applicable)</b>	<b>9. NOTIFICATION FORWARDED TO CHILD PROTECTIVE SERVICES (x one)</b>								
<table> <tr> <td>Child Physical</td> <td>Intimate Partner Physical</td> </tr> <tr> <td>Child Sexual</td> <td>Intimate Partner Sexual</td> </tr> <tr> <td>Child Emotional</td> <td>Intimate Partner Emotional</td> </tr> <tr> <td>Child Neglect</td> <td>Neglect of Spouse</td> </tr> </table>	Child Physical	Intimate Partner Physical	Child Sexual	Intimate Partner Sexual	Child Emotional	Intimate Partner Emotional	Child Neglect	Neglect of Spouse	<p>Yes                      No</p> <p>Name of Agency: _____</p> <p>Date of Notification: _____</p>
Child Physical	Intimate Partner Physical								
Child Sexual	Intimate Partner Sexual								
Child Emotional	Intimate Partner Emotional								
Child Neglect	Neglect of Spouse								

**10. INCIDENT STATUS DETERMINATION (x below as applicable; check here if RESTRICTED.)**

<p>a. Meets Criteria for:</p> <table> <tr> <td>Child Physical</td> <td>Intimate Partner Physical</td> </tr> <tr> <td>Child Sexual</td> <td>Intimate Partner Sexual</td> </tr> <tr> <td>Child Emotional</td> <td>Intimate Partner Emotional</td> </tr> <tr> <td>Child Neglect</td> <td>Neglect of Spouse</td> </tr> </table>	Child Physical	Intimate Partner Physical	Child Sexual	Intimate Partner Sexual	Child Emotional	Intimate Partner Emotional	Child Neglect	Neglect of Spouse	<p>b. Does Not Meet Criteria for:</p> <table> <tr> <td>Child Physical</td> <td>Intimate Partner Physical</td> </tr> <tr> <td>Child Sexual</td> <td>Intimate Partner Sexual</td> </tr> <tr> <td>Child Emotional</td> <td>Intimate Partner Emotional</td> </tr> <tr> <td>Child Neglect</td> <td>Neglect of Spouse</td> </tr> </table>	Child Physical	Intimate Partner Physical	Child Sexual	Intimate Partner Sexual	Child Emotional	Intimate Partner Emotional	Child Neglect	Neglect of Spouse
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**11. SPONSOR of VICTIM ( Same as Victim      Same as Alleged Offender)**

a. NAME (Last, First, Middle Initial)	b. EMPLID	c. Rate/Rank
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**12. VICTIM (use Remarks section to identify additional child victims in child cases)**

a. NAME (Last, First, Middle Initial)	b. DATE OF BIRTH (MM/DD/YY)	c. SEX
d. EMPLID (if applicable)	e. RATE/RANK (if applicable)	f. IF CIVILIAN, MILITARY DEPENDENT? Yes                      No
g. # OF CHILDREN IN HOME		

**13. ALLEGED OFFENDER**

a. NAME (Last, First, Middle Initial)	b. EMPLID (if applicable)	c. DATE OF BIRTH (MM/DD/YY)	d. SEX
e. RATE/RANK (if applicable)	f. IF CIVILIAN, MILITARY DEPENDENT? Yes                      No	g. RELATIONSHIP TO VICTIM (x one) Natural Parent      Step Parent      Intimate Partner Adoptive Parent      Other (Specify): _____	

**14. BRIEF INCIDENT DESCRIPTION** *(include Acts, Impact, any applicable Exclusions, and Severity Level)*

**15. CLINICAL CASE STAFF MEETING** – “Meets Criteria” Cases Only *(include Date, Treatment Plan, and Risk Level)*

**16. COMMAND SUPPORT**

- a. Command Concurs with Treatment Plan                      b. Command Does Not Concur with Treatment Plan

**17. REMARKS**

**18. PERSONNEL RECORD FLAG**

- a. Applied on \_\_\_\_\_ (MM/DD/YY)    b. Removed on \_\_\_\_\_ (MM/DD/YY)    c. HSWL SC notified on \_\_\_\_\_ (MM/DD/YY)

**19. FAMILY ADVOCACY SPECIALIST**

a. NAME *(Last, First, Middle Initial)*

b. SIGNATURE

c. DATE SIGNED