



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Office of Client Advocacy Intake Referral



Part 1. Alleged victim(s):

Names - alleged victim(s) last first	Social Security number	Age	Date of birth	Sex	Race	Hissom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody	Injury <input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Briefly describe injuries, if any:

Supervision level for each victim:

Were photos taken? Yes No If yes, who has the photos?

Part 2. Accused caretaker(s): If there was more than one accused caretaker, please list the one causing the greatest injury or greatest risk of injury first.

Names - accused caretaker - last, first	Sex	Date of birth	Shift 1	Job title/caretaker status

Facility: _____

Contact person: _____

Telephone: _____

NOTE: If any of the alleged perpetrators or alleged victims are no longer at the facility/provider agency, please record how to locate them in Part 6 of the referral.

Part 3. Allegation:

Referred by (Who called Office of Client Advocacy (OCA)?)		Reported by (Who initially disclosed the incident?)	
Last name	First name	Last name	First name
Relationship	Telephone	Relationship	Telephone

Witnesses? If so list below.

 Yes No Don't know

Law enforcement involvement?

 Yes No Don't know

Exact date of incident	Exact time of incident	Approx. date and time of incident	Exact location of incident	County where incident occurred
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Allegation summary:

Part 4. Witnesses to the alleged incident:**Part 5. Collateral witnesses:****Part 6. Other information:**