

CAC – Interview Report
(Report should be on Provider Letterhead)
Report Period: _____
Date to Date

Parent(s) Name	
Child(ren)	
Referral Agency: (____ County DCS	
Family Case Manager:	

Contact Date	Time	Duration	Method	Location	Those Present

*Method includes such things as Face to Face(ff), Phone(ph), Collateral Contacts(cc), DCS Contacts(dcs), CFTM Attendance (cftm), Court Testimony (ct), Add more lines as appropriate.

Reason for Referral and Presenting Issues:

Safety Concerns:

Protective Capacities:

Family Functional Strengths:

Identified Needs of Family:

Overall Summary and Outcome of the Forensic Interview:

Signature

Date