



POST-INTERVIEW ACTION PLAN

Child's Name: _____ DOB: _____

Based upon data collected within the Forensic Interview, Investigative Team input, time spent with the non-offending caregiver(s), and ACCAC Policy the following actions will be taken:

SERVICE	DATE COMPLETED
_____ Contact the non-offending caregiver (NOC) to follow-up/check in/provide resources.	_____
_____ Make a referral to the Victim Witness Assistance Program.	_____
_____ Schedule a medical exam for victim and notify family. Appointment Date/Time: _____.	_____
_____ Make a referral for mental health services to _____. (Provider)	_____
_____ Make a referral for NOC Group and/or NOC Individual treatment. (Please Circle Recommended Service)	_____
_____ Make a referral for advocacy services to Survivors, Inc.	_____
_____ Make a referral for mentoring services to "It Takes a Village".	_____
_____ Make a referral for group support and/or parenting services to PEACE. (Please Circle Recommended Service)	_____
_____ Send Client Survey to the NOC within 15- 30 days of the forensic interview	_____
_____ Other: _____	_____
_____ Other: _____	_____

ACCAC Staff

Date