

Internal Use Only:	
Referral Date	_____
Referring Agency	_____
Interviewer on trip	_____
MU Driver	_____



Flagstaff Medical Center
Northern Arizona Healthcare

Safe Child Center 928-773-2053
Email to: fmcsafechild@nahealth.com
Fax to: 928-773-2434

Safe Child Center/Childhelp Mobile Unit Request Form

Interviewing child victims is best done as soon as possible to preserve memory, limit contamination, and begin healing. Best practice for conducting forensic interviews with individuals who have disabilities is to provide a stable, quiet environment with few external stimuli. To provide for the well being of the individual(s) and to ensure the best outcome for the investigation, victim(s) with disabilities will be interviewed at Safe Child Center. An overnight Mobile Unit trip may be possible for five or more confirmed forensic interview appointments.

Safety is our utmost priority. Upon inclement weather it will be the responsibility of Childhelp Mobile Unit Driver(s), Bill Laux or Erin Wise, to determine if the roads are safe for travel. If a Mobile Unit trip is cancelled, it will be rescheduled as soon as possible. Children can also be brought to Safe Child Center for services.

Once this request form and intakes are received, available dates will be discussed with all concerned. You will receive an email message confirming the scheduled Mobile Unit trip. Thank you for your help in making the Mobile Unit program a success. If you have any questions about scheduling a Mobile Unit trip, please contact Soraya Padilla, Office Coordinator II, at (928) 773-2053 or email FMCsafechild@nahealth.com.

10 am - Child's name: _____ **Agent observing:** _____

8am for second day of overnight trip **VS or SS attending:** _____

Completed Intake form attached: Yes or No

12pm - Child's name: _____ **Agent observing:** _____

10am for second day of overnight trip **VS or SS attending:** _____

Completed Intake form attached: Yes or No

2pm - Child's name: _____ **Agent observing:** _____

12pm for second day of overnight trip **VS or SS attending:** _____

Completed Intake form attached: Yes or No

Location where mobile unit is to park: _____

Contact name at that location: _____

Contact phone # at location: _____

Directions (if this is a new location for Mobile Unit): _____

Person completing this form: _____ **E-Mail:** _____ **Phone:** _____

Any concern or problems with Mobile Unit, please contact Susann Clinton, FNP, Safe Child Center Lead at cell (928) 600-9079 or Maureen Basenberg, Childhelp Director at (602) 271-4500.