

CHILD PROTECTIVE SERVICES INTAKE

SIS \_\_\_\_\_

CASE: \_\_\_\_\_  
OTHER DSS \_\_\_\_\_  
CASES/WORKERS \_\_\_\_\_

TYPE OF REPORT: NEGLECT \_\_\_\_\_ ABUSE \_\_\_\_\_ DEPENDENCY \_\_\_\_\_

INTAKE WORKER: \_\_\_\_\_ DATE: \_\_\_\_\_ ASSIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_ TIME: \_\_\_\_\_

INFORMATION ONLY:  
REQUEST FOR ASSISTANCE FROM \_\_\_\_\_ COUNTY  
REQUEST FOR TRANSFER FROM \_\_\_\_\_ COUNTY

CHECK VICTIMS	NAMES OF CHILDREN	AGE (DOB)	RACE/SEX	SCHOOL	ID#
( )	_____	_____	_____	_____	_____
( )	_____	_____	_____	_____	_____
( )	_____	_____	_____	_____	_____
( )	_____	_____	_____	_____	_____
( )	_____	_____	_____	_____	_____

CUSTODIAL FAMILY: (WHERE CHILD RESIDES):

NAME: \_\_\_\_\_ REL: \_\_\_\_\_ DOB: \_\_\_\_\_ RACE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ REL: \_\_\_\_\_ DOB: \_\_\_\_\_ RACE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

NON-CUSTODIAL FAMILY:

NAME: \_\_\_\_\_ REL: \_\_\_\_\_ DOB: \_\_\_\_\_ RACE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ REL: \_\_\_\_\_ DOB: \_\_\_\_\_ RACE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

PERSON(S) ALLEGED TO BE RESPONSIBLE FOR ABUSE/NEGLECT:  
NAME(S) RELATIONSHIP AGE PHONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF ALLEGED PERPETRATOR IS NOT A CARETAKER, WHAT IS ROLE OF PARENT/CARETAKER IN ALLOWING HARM TO THE CHILD OR PROTECTING CHILD FROM FUTURE HARM \_\_\_\_\_



CASE NAME: \_\_\_\_\_

IS THE FAMILY OR CHILD KNOWN BY ANY OTHER NAME? \_\_\_\_\_

DOES THE REPORTER BELIEVE THE CHILD IS IN IMMEDIATE DANGER? \_\_\_\_\_

WHERE IS THE CHILD(REN) NOW? \_\_\_\_\_

WHEN WAS LAST TIME COMPLAINANT SAW CHILD(REN)? \_\_\_\_\_

WHY IS COMPLAINANT CALLING NOW? \_\_\_\_\_

HOW LONG HAS THE MALTREATMENT BEEN GOING ON? \_\_\_\_\_

HOW DOES THE COMPLAINANT KNOW ABOUT THE CIRCUMSTANCES? \_\_\_\_\_

IS THE FAMILY KNOWN TO BE VIOLENT? YES \_\_\_\_\_ NO \_\_\_\_\_ HOW \_\_\_\_\_

DOES THE FAMILY KNOW A REPORT IS BEING MADE? \_\_\_\_\_

IS THERE ANY OTHER AGENCY KNOWN TO BE HELPING FAMILY? IF SO, WHICH ONE? \_\_\_\_\_

ARE THERE RELATIVES KNOWN TO COMPLAINANT? (NAME, ADDRESS, PHONE) \_\_\_\_\_

WHAT DOES THE COMPLAINANT WANT TO SEE HAPPEN? \_\_\_\_\_

OTHER PERSON WHO CAN BE CONTACTS REGARDING THE CARE OF THE CHILDREN.

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EVIDENCE OF ABUSE AS DEFINED BY GS 7A-517 AT THE TIME OF INTAKE ? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 IF YES, DA AND LAW ENFORCEMENT NOTIFIED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 DATE OF TELEPHONE CONTACT TO DA. \_\_\_\_\_ TO LAW ENFORCEMENT. \_\_\_\_\_  
 DATE OF WRITTEN REPORT TO DA. \_\_\_\_\_ TO LAW ENFORCEMENT. \_\_\_\_\_  
 WHICH LAW ENFORCEMENT AGENCY/INVESTIGATOR \_\_\_\_\_

PERSON MAKING REPORT:

NAME: \_\_\_\_\_ RELATIONSHIP/AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

AVAILABLE FOR FURTHER DISCUSSION: YES \_\_\_\_\_ NO \_\_\_\_\_

HOW REFERRAL MADE: IN PERSON ( ) BY PHONE ( ) IN WRITING ( )

DOES REPORTER WANT TO BE NOTIFIED OF FINDINGS? YES ( ) NO ( )

IF NO, INFORMED OF RIGHT TO APPEAL TO DA YES ( ) NO ( )

INTAKE DISPOSITION AND DOCUMENTATION OF NEED

DOCUMENTATION OF NEED: JUVENILE 0-18 YES ( ) NO ( )

PERPETRATOR PARENT/CARETAKER AS DEFINED YES ( ) NO ( )

ALLEGATIONS MEET STATUTORY DEFINITION YES ( ) NO ( )

JUVENILE RESIDES IN OR IS FOUND IN GUILFORD COUNTY YES ( ) NO ( )

REPORT ACCEPTED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF REPORT IS OR IS NOT ACCEPTED, GIVE REASON: \_\_\_\_\_

DECISION MADE BY: WORKER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

COMPLAINANT NOTIFIED (INCLUDE DATE) AND TOLD OF RIGHT TO APPEAL DECISION NOT TO ACCEPT REPORT? \_\_\_\_\_

IF THIS WAS A "NON-CARETAKER" REPORT WAS DISTRICT ATTORNEY NOTIFIED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, DATE OF VERBAL REPORT: \_\_\_\_\_

DATE OF WRITTEN REPORT: \_\_\_\_\_ COPY ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_

HIGH RISK FACTORS PRESENT \_\_\_\_\_ CENTRAL REGISTRY CHECKED \_\_\_\_\_ (DATE)

CHECK ALL THAT APPLY: NO HISTORY \_\_\_\_\_

PHYSICAL ABUSE OF A CHILD UNDER AGE 3 \_\_\_\_\_ GUILFORD COUNTY HISTORY ONLY \_\_\_\_\_

A CHILD UNDER AGE OF 6 IS LEFT ALONE \_\_\_\_\_ OTHER HISTORY \_\_\_\_\_

CHILD(REN) IS/ARE BEING SEXUALLY ABUSED \_\_\_\_\_

CHILD(REN) IS/ARE BEING TORMENTED OR TORTURED \_\_\_\_\_

A CHILD IS IN A LIFE-THREATENING SITUATION \_\_\_\_\_

A CHILD UNDER 12 IS SELF-REFERRED OR REFUSES TO GO HOME \_\_\_\_\_

COMPUTER PRINTOUT ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_

NONE OF THE ABOVE \_\_\_\_\_

NAME \_\_\_\_\_