

Child Protective Services Intake

<input type="checkbox"/> CINA Intake	<input type="checkbox"/> Child Abuse Intake	Date:	Time:	County Name/County #:
Intake Person:	Assigned Worker:	Incident #:		
Household Name and Address:				
Directions to Home:				
Telephones: (Household)		(Other)		
Current Location of Child Subject:				

Household Composition						
Sex: Male (M), Female (F)						
Name	DOB	Sex	Role	FACS ID	SSN	Comments

Non-Custodial Parent

Name:

Phone:

Relationship:

Name of Child of Non-Custodial Parent:

DOB:

SSN:

Address:

Comments:

Narrative Description/Child Safety ConcernPerson responsible for alleged abuse has access to child? Yes No**Reporter or Referral Source**

Name (Including Title and Agency):

Address:

Phone:

Reporter Type: Mandatory Permissive

Reporter Notification:

 Accepted Rejected

Date of Notice:

Name (Including Title and Agency):

Address:

Phone:

Reporter Type: Mandatory Permissive

Reporter Notification:

 Accepted Rejected

Date of Notice:

Person Reported as Responsible for Alleged Abuse

Name:	DOB:	
Relationship:	SSN:	FACS ID:
Address:	Phone (H):	
Comments:	Phone (Work/Other):	

Collateral Sources

Name:	Phone:	Relationship:
Address:		
Comments:		

Worker Safety Concerns

Allegations Abuse Type

<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Mental injury	<input type="checkbox"/> Sexual abuse
<input type="checkbox"/> Denial of critical care	<input type="checkbox"/> Child prostitution	<input type="checkbox"/> Presence of illegal drugs
<input type="checkbox"/> Manufacturing/possession of dangerous substances with intent to manufacture	<input type="checkbox"/> Bestiality in the presence of a minor	<input type="checkbox"/> Allows access by a registered sex offender
<input type="checkbox"/> None, CINA Intake (cite appropriate 232.6 criteria)		

Disposition (Refer to Intake Decision Tree)

<input type="checkbox"/> CINA intake accepted and assigned to:	Date:	Time:
<input type="checkbox"/> Child abuse report accepted and assigned to:	Date:	Time:
<input type="checkbox"/> Child abuse report rejected by:	Date:	Time:
<input type="checkbox"/> CINA intake report rejected by:	Date:	Time:
<input type="checkbox"/> Supervisor approves rejection:	Date:	Time:

Reason for Rejection

--

System Checks Completed

<input type="checkbox"/> FACS	<input type="checkbox"/> State ID
<input type="checkbox"/> IABC	<input type="checkbox"/> STAR

Additional Information

--

Intake Supervisor Timeframe to Accept or Reject

<input type="checkbox"/> One hour	<input type="checkbox"/> 12 hours
-----------------------------------	-----------------------------------

Supervisor Assignment of Response Time for Observation of the Child

Immediate threat or high risk to child's safety

1 hour

No immediate threat or high risk, but person responsible has access to child

24 hours

No immediate threat or high risk, and person responsible does not have access to child

96 hours

cc: County Attorney

Date: