# Select HSZ from drop down list

**FRAME #** Enter

**Assessment #** Enter

**Report #** Enter

**Case Name** Enter

*Tool 1*

*If Other, Specify:* Enter agency

Child Protection Services Intake Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Report Received** | Select date | **Time Report Received** | HH:MM / AM or PM | **Report Received by** | Choose one |
| **Suspected Maltreatment** | Enter text | | | **Assessment Location** | Choose one |
| **Is there Present Danger?** | Choose one | **If yes, which Present Danger?** | Choose one | | |
| **Report Response Time** | Choose one | | **Assessment Type** | Choose one | |
| **Intake Status** | Enter text | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FAMILY DEMOGRAPHICS** | | | | | | | |
| **Child** | First and last name | **DOB / Age** | DOB/Age | **Gender** | Choose one | **Race / Ethnicity** | Choose one |
| **Suspected Victim?** | Choose one |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent / Caregiver** | First and last name | **DOB / Age** | DOB/Age | **Gender** | Choose one | **Race / Ethnicity** | Choose one |
| **Relationship to Child(ren)** | Enter text | **Contact Info** | Phone #/email address | | | **Subject?** | Choose one |

|  |  |  |  |
| --- | --- | --- | --- |
| **Permanent Address for Child(ren) & Primary Parent/Caregiver** | Street address/city/state/zip | **Has family lived in any other state(s)?** | Choose one |
| *If Yes, list state(s):*  Enter text |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current Location of Child(ren)**  *(if different from above)* | Street address/city/state/zip | **Is Family Native American?** | Choose one  *If yes, list Tribe(s):*  Tribal affiliation | | |
| **School / Childcare for Child(ren)** | Name/street address/city/state/zip | | **Parent/Caregiver Employment & Work Hours** | Enter text |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SUBJECT INFORMATION**  *(Person suspected of causing maltreatment)* | | | | | | | |
| "A person responsible for the child's welfare"means an individual who has responsibility for the care or supervision of a child and who is the: 1) Child's parent, an adult family member of the child, any member of the child's household; 2) Child's guardian or foster parent; or Employee of, or any person providing care for, the child in a childcare setting. | | | | | | | |
| **Subject’s Name** *(if different from above)* | First and last name | **DOB / Age** | DOB/Age | **Gender** | Choose one | **Race / Ethnicity** | Choose one |
| **Relationship to Child(ren)** | Enter text | | **Subject Contact Information** | | Phone #/mailing address | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **REPORTER INFORMATION** | | | | | | |
| **Reporter Name** | First and last name | | | **Mandated Reporter?** | Choose one | |
| **Relationship to Child(ren) & Family** | Enter text | | | **Reporter Contact Information** | Phone #/email address/mailing address | |
| **QUESTIONS FOR REPORTER** | | | | | | |
| **NATURE & EXTENT**  **Describe the nature and extent of the suspected child abuse or neglect, including any available information about active danger, threats to the children’s safety, and current and prior injury to the child or siblings.** | | | | | | |
| Enter text | | | | | | |
| **HARM/IMPACT**  **How is this harming/impacting the children? What did the child(ren) communicate? How did they react to what took place?** | | | | | | |
| Enter text | | | | | | |
| **INJURY**  **If there is an injury, describe in detail (i.e. size, color, location, etc.) What does it look like? Did the child communicate / demonstrate pain?** | | | | | | |
| Enter text | | | | | | |
| **WHEN**  **When did the incident happen?** | | | | | | |
| Enter text | | | | | | |
| **FREQUENCY**  **How frequently is the suspected child abuse and neglect occurring?** | | | | | | |
| Enter text | | | | | | |
| **ADULTS IN THE HOME**  **What adults live in the home? Do you have any concerns about their ability/willingness to provide safe care and protect the children from harm?** | | | | | | |
| Enter text | | | | | | |
| **OTHERS PRESENT**  **Who else was present? Who else knows about the situation? Who else might have useful information? What information might this person have?** *(Include contact information for these individuals.)* | | | | | | |
| Enter text | | | | | | |
| **WHY REPORT**  **What made you call today? What do you think would help this family right now?** | | | | | | |
| Enter text | | | | | | |
| **FAMILY KNOWLEDGE OF THIS REPORT**  **Have you told the family you have these concerns? If so, what was their reaction? Have you told the family you're making this report?** *(Include information regarding any other actions taken by the reporter.)* | | | | | | |
| Enter text | | | | | | |
| **LAW ENFORCEMENT**  **Has there been any law enforcement involvement?** | | | | | | |
| Choose one | | **If “Yes,” When?** | Select date Enter time | | **If “Yes,” Where?** | Enter location |

|  |
| --- |
| **FAMILY SUPPORTS** |
| **Do you have any knowledge of supports/services/professionals involved with the family (i.e., relatives, friends, neighbors, etc.)? If so, what and for whom?** |
| Enter text |
| **Do you know if there are any hardships/stressors impacting the family? Are there things you see that are going well for them (i.e., positives, strengths, etc.)?** |
| Enter text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PREGNANT WOMAN / SUBSTANCE EXPOSED NEWBORN** | | | | |
| **What were the toxicology results for the substance exposed newborn?** | Enter text | **Is this a confirmed toxicology report?** | | Choose one |
| **What is the impact of substance(s) to the newborn?** | | | | |
| Enter text | | | | |
| **What is the newborn’s discharge plan?** | | | | |
| Enter text | | | | |
| **Is the mother currently receiving Medication Assisted Therapy?** | | | Choose one | |
| **Are there any concerns with diminished protective capacities?** | | | | |
| Choose one  ***If “Yes,” explain:***  Enter text | | | | |

|  |
| --- |
| **ADVISEMENT TO REPORTER** |
| **“I am required to provide you with the following advisements:**  *For All Reporters:*  **Your name will be kept confidential unless/until the matter you reported enters a legal process or release of the information is required by state law. Under North Dakota law any person who makes a false report or provides false information may be also charged with a Class B misdemeanor for which a maximum penalty of thirty days' imprisonment, a fine of one thousand five hundred dollars, or both and may be also liable for civil damages suffered by the person reported.**  *For Mandated Reporters:*  **Mandated reporters are required to provide all requested information unless you do not have access to the information. Mandated reporters must also provide a written report within 48 hours, when requested. A mandated reporter who willfully fails to report or to supply information concerning a known or suspected case of child abuse or neglect or death resulting from abuse or neglect may be charged with a Class B Misdemeanor for which a maximum penalty of thirty days' imprisonment, a fine of one thousand five hundred dollars, or both, may be imposed.”** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INTAKE WORKER TASKS** | | | | | |
| **Intake Worker’s Name** | | First and last name | **Intake Worker’s Contact Information** | | Phone #/email |
| **FRAME records check completed** | | | | | |
| *In the table below: Document any 1) SR/Confirmed history (****BOLD*** *all SR/Confirmed decisions); 2) Previous 3 years for No Services Required/Unconfirmed/ATP/Unable to Determine; and 3) Summarize last 6 months of any Administrative Assessments and Administrative Referrals.* | | | | | |
| **Date of Report** | **Maltreatment Type(s) Reported** | | | **Subject** | **Case Decision** |

|  |  |  |  |
| --- | --- | --- | --- |
| Choose date | Enter text | Enter text | Enter text |
| *Summary of last 6 months of any Administrative Assessments and Administrative Referrals:*  Enter text | | | |

|  |  |
| --- | --- |
| **LOG OF CONTACTS** | |
| **Contact** | First and last name |
| **Date** | Enter date |
| **Purpose** | Enter text |