

Des Moines Valley Health & Human Services
CHILD PROTECTION INTAKE REPORT/MANDATED REPORT FORM

AGENCY USE ONLY:

<u>Type of Report:</u>	<u>Check One:</u>	<u>Check One:</u>	<u>Check One:</u>
<input type="checkbox"/> Mandatory	<input type="checkbox"/> Face to Face	<input type="checkbox"/> Regular Intake	<input type="checkbox"/> Office
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Phone Call	<input type="checkbox"/> On-Call Emergency	<input type="checkbox"/> Field
<input type="checkbox"/> Anonymous	<input type="checkbox"/> Correspondence	<input type="checkbox"/> I & R	

REPORTER COMPLETE AS MUCH AS POSSIBLE:

Date of Report: _____ Time of Report: _____ am/pm

REPORTER INFORMATION:

Reporter's Name: _____ Reporter's Phone #: _____

Reporter's Address: _____

Relationship of Reporter to Victim: _____

Does the family know this is being reported: yes no unsure

Why is the caller reporting at this time: _____

Does the caller know of other interventions (either previous or current) that the family has received?
(Previous reports, other agencies involved, problems in the family, health, marital, financial, violence etc.)

CHILD/CHILDREN INFORMATION:

Legal Name of Victim: _____

Physical Address of Victim: _____

County of Residence: _____ ph. # _____ Gender: M ___ F ___

DOB: _____ Race: _____ SS# _____ Grade: _____

Indian Heritage Y/N: _____ If Yes, which Tribe?: _____

Primary Language: _____ School: _____ Disability: _____

Where is/are the child/children now: _____

Are they in present / imminent danger now: _____

OFFENDER INFORMATION:

Legal Name of Offender: _____

Physical Address of Offender: _____

Offender's PH #: _____ DOB or estimate age _____ Gender: M ___ F ___

Relationship of Offender to Victim: _____

Disability: _____ Employment: _____ Work Hours _____

Basis for Complaint: Abuse Neglect Sexual Personal Observation
 Word of Mouth Medical Reports Police School Other _____

Nature of the Problem: (Be specific – circumstances leading to the suspicion that the child is abused/neglected; what was seen or heard and by whom; dates & times; if physical injury-nature and extent of injury, is there a mark; location, size of wound). Please clarify if there is more than one child, which children are involved. Where were the parents when this occurred? Are they aware of the abuse/neglect? Screening decisions are often based on negative impact to the child. Please clarify this.

Is there a history of running away? ____ Yes ____ No If yes, please explain _____

Is there a history of sexual or physical violence? ____ Yes ____ No If yes, please explain _____

Are you aware of any friends who may have been sex trafficked? ____ Yes ____ No If yes, please explain _____

Others who have knowledge of the incident: _____

Any other concerns the caller would like to add: _____

FAMILY INFORMATION:

Parents:	Mother	Father
Legal Name:	_____	_____
Address:	_____	_____
DOB/Age:	_____	_____
Home Ph. #	_____	_____
Employment:	_____	_____
Primary Lang.	_____	_____
Interpreter:	_____	_____
Alias:	_____	_____
Prev. Spouse:	_____	_____

OTHERS IN THE HOME (Other than the victim)

Legal Name:	_____	DOB/Age_____	School:_____
Legal Name:	_____	DOB/Age_____	School:_____
Legal Name:	_____	DOB/Age_____	School:_____
Legal Name:	_____	DOB/Age_____	School:_____
Legal Name	_____	DOB/Age_____	School:_____

Please send completed report form by E-mail to either DVHHS location:

<i>Windom Office:</i>	<i>Jackson Office:</i>	
PO Box 9	PO Box 67	
Windom, MN 56101	Jackson, MN 56143	Email: dvhhs-hs-socservintake@dvhhs.org
Phone: 507-831-1891	Phone: 507-847-4000	