

Child Protection Intake Form

Return form to: pcss.intake@polkcountymn.gov

Date: Time:

Reporter Name: Reporter Phone Number(s):

Reporter Address:

Reporter's relationship to alleged victim(s):

Reporter's relationship to alleged offender(s):

Is the alleged offender(s) aware of this report?: Yes No Unknown

Is the reporter a mandated reporter: Yes No

Members of Household (Include family and non-family relationships)

Name: DOB: M or F Race: Parent/Caretaker/Legal Guardian

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Name: DOB: M or F Race: Grade: School:

Native American Heritage: Yes No Unknown Tribe (if known):

Physical Address:

Current Phone Number(s):

Absent Parent Information:

Child Custody Arrangements:

Alleged Offender(s) Name(s): DOB: Phone #(s):

Physical Address:

Relationship to Alleged Victim: Care giving Role: Yes No Unknown

Names of others who may have information:

Agencies involved or notified:

Family issues with health, marriage, mental health, chemical dependency, violence, etc:

Does the family have anyone who has helped in the past or who could help them in the future with this concern?

Possible risk to Social Worker(s): (History of criminal activity, violence, threats, firearms, vicious dogs, etc.) Yes No
Unknown Descriptions:

Nature and Extent of Abuse or Neglect:

Victim(s):

What happened?

When did it happen?

Where did it happen?

Where is the child(ren) now:

Where is the parent(s) now?

Present Injury: Yes No Unknown

Description of Injury: (size, shape, color, location, etc):

Witnesses to incident(s) or injury(s):

Previous incidents:

What is going well for the family?

What positive interactions have you seen between the parents and children?

What would you want to see happen for this family?