



# Tennessee Department of Children's Services

## Child Protective Services Intake

<b>1.</b>						<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<i>Name of Mother</i>	<i>Race</i>	<i>Social Security No</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Alleged Perpetrator</i>				
	<i>Street Address</i>		<i>City</i>	<i>State</i>		<i>Zip Code</i>				
	<i>Home Telephone No.</i>	<i>Cellular Telephone No.</i>	<i>Work Telephone No.</i>		<i>Alternate Telephone No.</i>					
	<i>Place/Address of Employment</i>					<i>Work Hours</i>				
						<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<i>Name of Father</i>	<i>Race</i>	<i>Social Security No.</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Alleged Perpetrator</i>				
	<i>Street Address</i>		<i>City</i>	<i>State</i>		<i>Zip Code</i>				
	<i>Home Telephone No.</i>	<i>Cellular Telephone No.</i>	<i>Work Telephone No.</i>		<i>Alternate Telephone No.</i>					
	<i>Place/Address of Employment</i>					<i>Work Hours</i>				
<b>2.</b>	<i>Person(s) Victim Living With</i>					<i>Relationship</i>				
<b>3.</b>	<i>Directions to Home</i>									
<b>4.</b>	<i>Intake Case Worker</i>		<b>5.</b>	<i>County</i>	<b>6.</b>	<i>Referral Date</i>				
					<b>7.</b>	<i>Time</i>				
<b>8.</b>	<b>Assigned Response Priority:</b>		<input type="checkbox"/> P1	<input type="checkbox"/> P2	<input type="checkbox"/> P3	<i>Date</i>				
						<i>Time</i>				
<b>9.</b>	<b>Name(s) of Other Persons Involved:</b>									
	<i>Name</i>	<i>Address/Telephone</i>	<i>Age</i>	<i>Gender</i>	<i>Relation to Victim</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
						<i>Alleged Perpetrator</i>				
	<i>Name</i>	<i>Address/Telephone</i>	<i>Age</i>	<i>Gender</i>	<i>Relation to Victim</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
						<i>Alleged Perpetrator</i>				
	<i>Name</i>	<i>Address/Telephone</i>	<i>Age</i>	<i>Gender</i>	<i>Relation to Victim</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
						<i>Alleged Perpetrator</i>				
	<i>Name</i>	<i>Address/Telephone</i>	<i>Age</i>	<i>Gender</i>	<i>Relation to Victim</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
						<i>Alleged Perpetrator</i>				
	<i>Name</i>	<i>Address/Telephone</i>	<i>Age</i>	<i>Gender</i>	<i>Relation to Victim</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
						<i>Alleged Perpetrator</i>				
	<i>Name</i>	<i>Address/Telephone</i>	<i>Age</i>	<i>Gender</i>	<i>Relation to Victim</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
						<i>Alleged Perpetrator</i>				
	<i>Name</i>	<i>Address/Telephone</i>	<i>Age</i>	<i>Gender</i>	<i>Relation to Victim</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
						<i>Alleged Perpetrator</i>				
	<i>Name</i>	<i>Address/Telephone</i>	<i>Age</i>	<i>Gender</i>	<i>Relation to Victim</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
						<i>Alleged Perpetrator</i>				
<b>10.</b>	<b>Name(s) of Children in the Home:</b>									
	<i>Name</i>	<i>DOB</i>	<i>Age</i>	<i>Race</i>	<i>Gender</i>	<i>School</i>	<i>Grade</i>	<input type="checkbox"/>	<i>Victim</i>	<i>Allegations</i>
	<i>Name</i>	<i>DOB</i>	<i>Age</i>	<i>Race</i>	<i>Gender</i>	<i>School</i>	<i>Grade</i>	<input type="checkbox"/>	<i>Victim</i>	<i>Allegations</i>
	<i>Name</i>	<i>DOB</i>	<i>Age</i>	<i>Race</i>	<i>Gender</i>	<i>School</i>	<i>Grade</i>	<input type="checkbox"/>	<i>Victim</i>	<i>Allegations</i>

Name	DOB	Age	Race	Gender	School	Grade	Victim	Allegations
							<input type="checkbox"/>	
Name	DOB	Age	Race	Gender	School	Grade	Victim	Allegations
							<input type="checkbox"/>	
Name	DOB	Age	Race	Gender	School	Grade	Victim	Allegations
							<input type="checkbox"/>	
Name	DOB	Age	Race	Gender	School	Grade	Victim	Allegations
							<input type="checkbox"/>	
Name	DOB	Age	Race	Gender	School	Grade	Victim	Allegations
							<input type="checkbox"/>	
Name	DOB	Age	Race	Gender	School	Grade	Victim	Allegations
							<input type="checkbox"/>	

11. Name of Person Making Referral:

Telephone No:

Address:

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*Relationship to Family or Victim*

*Time and Date of Alleged Incident*

List agencies that know, have known, or are working with the family or persons who can confirm abuse/neglect:

12. Referral: (Refer to Intake Interview Guide for Information Needed Here):

<b>13. Screening Decision:</b>	<input type="checkbox"/> Assigned	<b>Not Assigned: (Explain)</b>			
<b>14.</b>					
<i>Assigned To</i>	<i>Investigating Case Wkr. Signature</i>	<i>Date</i>	<i>Time</i>	<i>Intake Tm Leader's Signature</i>	<i>Date</i>