

Instructions for Form CS-0680 Child Protective Services Intake

Note: If information is being typed electronically on this form, most cells will wrap text and expand permitting additional information to be typed in the spaces. If information is being written on the form than allowable spaces to write in more names and information, this form may be copied for that purpose or information may be written on a separate sheet of paper and attached to the original form.

PURPOSE: Use form *CS-0680 Child Protective Services Intake* when TNKids CPS Intake Screens are not available.

Specific Instructions

Complete all spaces on the form so adequate information is available to the Case Worker initiating the child protective service investigation (if using the template, move from line to line by using the tab key).

1. **Identifying information:** Includes the complete name, address, and telephone contact numbers of the parents of the child(ren) listed in the referral. The place of employment, work hours, Social Security number, race, and age of the parent(s) should be recorded whenever possible. (Please note: The "race" field is a drop down list to choose race/ethnicity types.)
2. Name of person with whom the victim(s) is living and his/her relationship to the victim(s).
3. Specific directions to the victim's home. This section is particularly important in rural counties.
4. Name of Case Manager completing the referral form.
5. Name of county where child(ren) lives.
6. Date the referral is received.
7. Time of day referral is received.
8. Team Leader/designee enter date and time of assignment and appropriate response priority.
9. Name and address of other persons living in the home or involved with the family and his/her relationship to the family. Check the box if this person is an alleged perpetrator. (Please note: The "gender" field is a drop down list to choose gender types.)
10. **Information on Children**

List the names, ages, sex, school attended, and grade of all children in the home. Indicate which each child that has been identified as a victim in the referral. (Please note: The "gender" field is a drop down list to choose gender types.) Please indicate all types of abuse or neglect alleged for each child by filling in the allegation codes. The possible allegation codes are as follows:

PHA	Physical Abuse
ENN	Environmental Neglect
NUN	Nutritional Neglect
LOS	Lack of Supervision
ABN	Abandonment
MDM	Medical Maltreatment
SEE	Sexual Abuse
ABD	Abuse Death
NGD	Neglect Death
DEC	Drug Exposed Child
DEI	Drug Exposed Infant
PYA	Psychological Harm
EDN	Educational Neglect

11. Information on Person Making Referral

List name, address, and phone number of person making the referral. Also, explain this persons relationship to the family that is the subject of the report. Give names of other persons who have knowledge of the abuse or neglect or other professionals/agencies that have knowledge of the family.

12. Referral Information

Describe the specific allegations of child abuse and/or neglect. Attempt to get specific details on the present condition of the child, who is possibly responsible for this condition, and how the referent knows of this information.

13. Intake Decision

Please indicate if the referral was or was not assigned. Briefly explain decisions to not assign. If referred to another County or State then enter date referring phone call was made and who took the information.

14. Signatures

The investigating case manager and team leader must sign and date the form. If not assigned then the team leader should sign the form.