**Newport News Department of Human Services**

**Child Protective Service Intake Document**

**CPS Hotline Number: 757-926-6600 CPS Fax Number 757-926-6292**

**6060 Jefferson Avenue, 23605-3014**

**Attention: CPS Intake**

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| **Date:**  | **Alleged Victim Child’s Name:**  |
| **School:**  |

**Type:** **[ ]  Neglect** **[ ]  Physical Abuse** **[ ]  Mental Abuse** **[ ]  Sexual Abuse** **[ ]  Other:**

**Reporter/Caller Information:**

|  |  |
| --- | --- |
| **Name** | **Address** |
|  |  |
| **Position:**  | **Agency:**  |
| **Telephone #**  | **Cellphone #**  | **Fax #**  |

**Household Information:**

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| **Home Address:**  |
| **Home Telephone #:**  | **Work Telephone #:**  |
| **Cell #:**  |

**Demographics: include alleged victim, household members, and alleged abuser/neglector:**

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| --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **Gender****F/M** | **DOB/Age** | **Race** | **Relationship to alleged Victim(s)** | **Hispanic****Y/N** | **Alleged Abuser/****Neglector****Y/N** |
|  |  |  |  | **Alleged Victim** |  |  |
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**Name, address & telephone number of alleged abuser/neglector not living in the home of the alleged victim:**

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| **Name:**  |
| **Address:**  |
| **Home telephone #:**  | **Other telephone#:**  |
| **Name:**  |
| **Address:**  |
| **Home telephone #:**  | **Other telephone#:**  |

**What are the details of the alleged abuse/neglect of the children? Indicate the date(s) the incident occurred?**

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| **Is Substance Abuse a Factor? (check one)** | **[ ]  YES**  | **[ ]  NO** | **[ ]  Unable to Determine** |

***Does this child have injuries now? If so, describe the injuries? (how many, size, color and location of injuries)***

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**When was the child last seen and by whom?**

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**Where are the child/children located now and how long will they be there? (include address and city)**

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**If the situation involves mental abuse or inadequate basic care such as hygiene, shelter, clothing and food, explain how it interferes with the child’s normal daily functioning?**

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**Who else was told or knows of the situation? (name, telephone and/or address if known)**

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**Is non-involved caretaker’s response appropriate and protective of child? (Describe response.)**

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**Additional Information: (if needed)**

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**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_­­­­­­­­­­­­­­­ Date**

**Position**

**[ ]  Report was made to the following Social Worker at NNDHS**

**[ ]  Report was made the VA State Child Abuse Hotline**