**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:**

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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**