

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

INTAKE REPORT

Intake Name				Intake Number			County			Second		ry County		
Date and Time Intake Received Program Type			Туре	Investigative		St.	Sub-Type Provid		ovider Name					
Background Checks Required Reason				Call R		Record Number		3 Hits	3 Hits Reviewed					
	No .									☐ Ye	s 🛛 N	I/A		
Worker Safety	Concerns		•		Prior Involvement L			La	w Enforc	ement N	otified			
	No													
Send Florida A		e Mess	age to Lav	v Enfor										
Response Time Name – Worker					Name – Supervisor									
I. Family In	formation													
Name – Family					Telepho			hon	ne Numbe	er – Hom	е			
Address - Stre	et			Unit D	Designator City				State FL			Zip Code		
Primary Langua	age:			Interp	reter Need	led:	Yes	\boxtimes	No					
Directions to Ho				•										
A. Participants														
Name					ID Number				Role		Gende	r	DOB	
Est. Age Ethnicity				Race D			Dis	Disability						
										⊠ No				
Hearing Impair			No		24 Acces	ss 📙	Yes	\boxtimes	No					
Device Needed	<u> : </u>												T	
F-(A F()	T=0.00				Doos I				linghility.					
Est. Age Etl	Ethnicity				Race				Disability □ Yes ⊠ No					
								Ш	res	⊠ NO				
Hearing Impaire	aring Impaired: Yes No				24 Access Yes			\boxtimes	No					
Device Needed:														
Est. Age Et	hnicity				Race			Dis	Disability					
J									Yes 🛛 No					
Hearing Impaired: Yes No					24 Access Yes			\boxtimes	No					
Device Needed:														
Est. Age Ethnicity			Race			Dis	Disability							
							Щ	☐ Yes ⊠ No						
					24 Acces	ss 📙	Yes	\boxtimes	No					
Device Needed:														
	hnioit.				Door		1	D:-	oobilit.					
Est. Age Etl	hnicity				Race			וט	sability	⊠ No				
Hearing Impaired: Yes No				24 Access Yes					⊠ No					
	Device Needed:													



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Est. Age	Ethnicity		Race	 Disability	
Lot. 7 tgo	Lamony		raco	☐ Yes ☐ No	
Hearing Imp	paired: 🗌 Yes 🛛 No) :	24 Access Yes	⊠ No	
Device Nee					
				V	
Est. Age	Ethnicity		Race	Disability	
I la a si a a I las a	aireal DVaa DNa		04 A	Yes No	
Hearing Imp) [.	24 Access Yes	⊠ No	
Device Nee	ueu.			IN-PC	Female
Est. Age	Ethnicity		Race	Disability	Terriale
				☐ Yes ☐ No	
Hearing Imp	oaired: 🗌 Yes 🛛 No		24 Access 🗌 Yes	⊠ No	
Device Nee	ded:				
CH = Child HM = House NM = Non-F	d Perpetrator In Home Phold Member Household Member and Phone Information	PC = Parent/C IN = Intake Na SO = Significa V = Victim	me IC =	= Alleged Juvenile Sexual : Identified Child = Referral Name / SC Re	
Name	and i none information	Туре	Address		Telephone Number
Ttamo		1,700	71441000		Totophone Hamber



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C. Relationships									
Subject	Rela	ationship				Subject			
,									
D. Alleged Maltreatment Alleged Victim									
Alleged Victim		Ма	Itreatment (Code					
E. Location of Incident			1						
Address – Street			Apt.		City		State	Zip Code	
Telephone Number – Home Telephone Number – V			Work			Telephone N	lumber - (Cell	
II. Narratives									
A Allegation Narrative									



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A. Provider Detail						
B. Narrative for Worker Safety Concerns						
III. Agency Response A. Recommendation						
System Screening Recommendation	Counselor Screening Recommendation	Counselor Screening Reason				
Counselor Name	Counselor Screening Date/Time					
Reason for Override:						
System Response Priority Recommendation	Counselor Response Priority Recommendation	Date/Time Decision Made				
Reason for Override:						
P. Doninian						
B. Decision Decision Date/Time [Decision Made Reason					
Screen In						
Worker:						
Explain:						

IV. CI Unit Documentation	
First Call Attempted Date/Time	Completed Call Date/Time



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Call Log	
Called Out By	Called To
- Came a Cat 2,	0404 10