



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

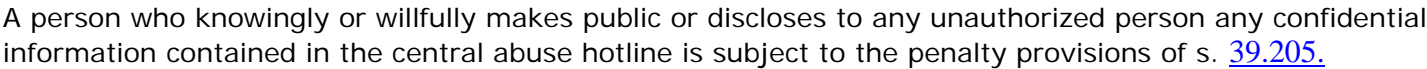
Intake Name		Intake Number	County	Secondary County
Date and Time Intake Received	Program Type	Investigative Sub-Type	Provider Name	
Background Checks Required	Reason	Call Record Number	3 Hits Reviewed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
Worker Safety Concerns	Prior Involvement	Law Enforcement Notified		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Send Florida Administrative Message to Law Enforcement		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A		
Response Time	Name – Worker	Name – Supervisor		

I. Family Information

Name – Family		Telephone Number – Home		
Address – Street	Unit Designator	City	State FL	Zip Code
Primary Language:	Interpreter Needed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Directions to House				

A. Participants

Name		ID Number	Role	Gender	DOB
Est. Age	Ethnicity	Race	Disability		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Device Needed:		
Est. Age	Ethnicity	Race	Disability		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Device Needed:		
Est. Age	Ethnicity	Race	Disability		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Device Needed:		
Est. Age	Ethnicity	Race	Disability		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Device Needed:		
Est. Age	Ethnicity	Race	Disability		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Device Needed:		



AP = Alleged Perpetrator PC = Parent/Caregiver JS = Alleged Juvenile Sexual Offender
CH = Child In Home IN = Intake Name IC = Identified Child
HM = Household Member SO = Significant Other RN = Referral Name / SC Referral Name
NM = Non-Household Member V = Victim

[illegible]

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C. Relationships

Subject	Relationship	Subject

D. Alleged Maltreatment

Alleged Victim	Maltreatment Code

E. Location of Incident

Address – Street		Apt.	City	State	Zip Code
Telephone Number – Home	Telephone Number – Work		Telephone Number - 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:

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