

SACWIS-INTAKE FORM

*****MUST BE FILLED IN**

***Date and Time Referral Received	Intake ID#:	Taken By:	Screening Decision Maker (SDM):	Processed by:
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***Method (Please circle): Fax Phone Email Mail In-Person Other Electronic Method

Case Name (Case Reference Person- CRP): _____

AKA: _____

Family Address: _____

City: _____ Zip: _____

Phone: _____ **Home** **Cell** **Work** **Other**
Please circle one

BASIC

***Intake Category (please circle one):

- CA/N Report
- Dependency Report
- Family in Need of Services
- Information and/or Referral

***Intake Type (please circle one):

<u>CA/N Report</u>	<u>Dependency</u>	<u>Information and/or Referral</u>
Baby Doe/Disabled Infant	Dependent Child	Additional Non-CA/N Information on an open case
Emotional Maltreatment		Directed to contact non-PCSA service provider in county
Medical Neglect		Directed to contact non-PCSA service provider out of county
Neglect		Information Only
Physical Abuse		Licensing Rule Violation
Physical Abuse Shaken Baby		
Sexual Abuse		

Family in Need of Services (FINS)

Adoption Subsidy Only	Post-Finalized Adoption Services
Child Fatality (non-child abuse/neglect)	Postnatal Placement Services to Infant of Incarcerated Mother
Courtesy Supervision	Preventative Services
Emancipated Youth	Required Non-Lead PCSA Interviews
Home Evaluation/Visitation Assessment	Safe Haven/Deserted Child
ICAMA	Stranger Danger
ICPC	Unruly Delinquent
Permanent Surrender	

Living arrangement at time of intake: (Please circle):

- Group home setting
- Married two parent household (biological or adoptive)
- Married two parent household (one biological & one step parent)
- Non-parent relative caregiver household (includes relative foster care)
- Non-relative caregiver household (includes non-relative foster care)
- Other setting (hospital, secure facilities, etc.)
- Residential treatment setting
- Single parent household mother w/other adult (related or unrelated adult)
- Single parent household, father only
- Single parent household, father w/other adult (related or unrelated adult)
- Single parent household, mother only
- Two parent household, marital status unknown
- Unknown
- Unmarried two parent household (one biological or adoptive & one cohabiting partner)
- Unmarried two parent household (two biological or adoptive)

PARTICIPANTS ****Letters used to complete information on next page****

Interpreter Needed (found under Demographics), y/n _____ **Language** _____

Roles Include:

<u>Adult</u>	<u>Child</u>
Alleged Perpetrator (AP)	Alleged Child Victim (ACV)
Caretaker	Child subject of non-CA/N Intake
Other Involved Adult (OIA)	Other Involved Child (OIC)
Custodian	
Child Daycare Provider	
Group Home Staff	

Race Includes:

Alaskan Native	Unable to determine
Black/African American	White
Native Hawaiian	American Indian
Other Pacific Islander	Asian

	ADULTS IN HOUSEHOLD (List CRP first) (First Name, Last)	Role (See chart on previous page)	Sex	Race (See chart)	DOB or Appr. Age	SS#
G						
H						
I						
J						
	OTHER INVOLVED ADULTS (First Name, Last)	Role (See chart on previous page)	Sex	Race (See chart)	DOB or Appr. Age	SS#
K						
L						
	CHILDREN IN HOUSEHOLD (First Name, Last)	Role (See chart on previous page)	Sex	Race (See chart)	DOB or Appr. Age	SS#
A						
B						
C						
D						
E						
F						

Alleged Child Victim (ACV)

CHILD FUNCTIONING

Current Behavior and Level of Functioning: (Consider the child's Physical/Cognitive and Social Development and the child's Emotional and Behavioral Functioning)

Actions Taken to Reduce Risk in Own Home or Out of Home Care Setting:

Child's Current Condition:

Are There Prior Suspected Incidents of Abuse or Neglect? (y/n/unknown; if yes, where?)

Is the Child Safe? (y/n/unknown; must give narrative for Y or N response)

CARETAKER'S ABILITY TO PROTECT:

CUSTODY/LOCATION

Current Location of Child: (Circle One)

Own Home Hospital PCSA
Babysitter Other (see no Court/Detention
Daycare Relative Correctional Facility
School Police Statio Unknown

If Other give location: _____

Address:

Phone:

(Home) _____

(Work) _____

(Cell) _____

Location Duration:

Alleged Perpetrator (AP)

Current Location of AP: (Circle One)

Own Home Hospital PCSA
Babysitter Other Court/Detention
Daycare Relative Correctional Facility
School Police Statio Unknown

If Other give location: _____

Address:

Phone:

(Home) _____

(Work) _____

(Cell) _____

Location Duration:

Access to Alleged Child Victim: Unknown to referral source

Behavior and Functioning of Alleged Perpetrator: _____

Safety Hazard **Only mark YES if the concerns below would place a caseworker at risk**

	NO	YES	If Yes, circle and explain:
Mental Health/Not Taking Medication			Convicted of a Violent Crime
Drug Activity			Sexual Predator
Contagious Disease			Explosive Behavior
Domestic Violence			Involved in Gang Activity
Prior Threats to Agency Employee			
Explain: _____			

ALLEGATIONS

Settings

SETTING TYPE: (Circle One)

Daycare Home/Center	Other: (see below)	PCSA Foster Home
Health Care Facility	Other CRC	Pre-Finalized Adoption Home
Home of Relative	Other Foster Home	Private School
Institution State Owned/Leased	Own Home	Public School
Nursing Home	PCSA CRC	Unknown

Description if Other: _____

Address: _____

Allegation Description for Law Enforcement Reporting:

Date of Abuse/Neglect: _____

Time of Abuse/Neglect: _____

Comments: _____

REPORTER

Reporter Information

- Anonymous Reporter
 Non-Mandated Reporter
 Mandated Reporter

The mandated reporter was informed of the information He/She is entitled To Receive
 The mandated reporter requested the information

Reporter Type (Please circle one)

Alleged Perpetrator	Friend/Neighbor	Parent
Attorney	Home Babysitter	PCSA Employee
Children's Residential Center	Law Enforcement	Pre/Nursery School Employee
Clergy	Mental Health Professional	Principal
Clinic or Hospital Physician	Nurse	Private Physician
Coroner	Other	School Nurse
Court Personnel	Other Family Member/Relative	Social Worker
Day Care Center Employee	Other Medical Personnel	Teacher
Day Care Provider	Other School Personnel	Victim
Family Foster Caregiver	Other Social Services Personnel	

Reporter Name: First _____ Last _____

Reporter Gender: Male Female Unknown

Address: _____

Reporter Phone: _____

Contact Info: _____

Organization Name: _____

Location Details: _____

Relationship to Alleged Victim: _____

Reporter Additional

- Observed
 Told by Another Party

Date: _____

Other Party Name, Contact Information: _____

The Reporter has Addressed Concern with the Parent/Caretaker

Narrative: _____

Last Date and Time Reporter had Contact with the ACV'

Name and Contact Information of Others with Knowledge of the Situation:

SCREENING DECISION

Accepted Supervisor Signature: _____ Date: _____ Time: _____

Priority (**circle one**) Emergency Non-Emergency Other

Not Accepted _____ Date: _____ Time: _____

***If the referral is not accepted as a report, document the reasons why below:

Referred to Community Resources (Law Enforcement, Juvenile Court, Attorney, DJFS, etc.)

Referred to other PCSA _____ Contacted Person _____

Notes: _____

NON Referral Added Info, CW _____

Copy to CW _____ Copy to Unit Supervisor _____

***IF THERE IS OHC/THIRD PARTY INVOLVEMENT OR ADDITIONAL INFORMATION, GO ON TO NEXT 2 PAGES, IF NOT STOP HERE**

OHC/THIRD PARTY INVOLVEMENT

Third Party Information

Third Party Involvement

Type of Third Party: (please circle one)

- Employee of/representing ODJFS
- Employee of/representing ODJFS (Intrafamilial)
- Employee of/representing PSCA
- Conflict of Interest
- Employee of/representing PSCA (Intrafamilial)
- Facility
- Institution
- ODJFS Foster Home
- ODJFS Pre-Finalized Adoptive Home
- ODJFS Pre-Finalized Adoptive Home (Intrafamilial)
- Type B Family Day Care Home (DJFS/PSCA Combined Agency)

Out of Home Care Information

Out of Home Care Setting Type: (please circle one)

- Approved Foster Care Organization
- Certified Foster Home
- Certified Organization
- Child Day Care Center
- Children's Residential Center
- Day Camp
- Detention Facility
- Foster Home
- Hospital
- Institution
- Group Home
- Medical Clinic
- Non-Public School
- Public School
- Prefinalized Adoptive Placement
- Residential Camp
- Residential Care Facility
- Residential Facility
- Respite Home
- Shelter Facility
- State Institution
- Type A Family Day Care Home
- Type B Family Day Care Home

Number of Children Alleged Perpetrator has Access to:

CARETAKER'S CURRENT BEHAVIOR AND LEVEL OF FUNCTIONING:

NAMES OF CHILDREN ALLEGED PERPETRATOR HAS ACCESS TO:

Provider ID: _____

Facility Administrator: _____

Facility Name: _____

Licensing Authority

Address: _____

ODJFS ODMH ODMR/DD

Contact Info: _____

ODH ODYS CDJFS

ADDITIONAL

Additional Information

Involvement

Law Enforcement Involvement

Other Designations:

- | | |
|--|---|
| <ul style="list-style-type: none">● Death of a Parent● Domestic Violence● Educational Neglect● Environmental Neglect● Homeless● Homeless or Destitute Child● Insufficient Financial Resources● Mental/Physical Condition of Parent● Mentally Ill Child | <ul style="list-style-type: none">● Mentally Ill Parent● Methamphetamines Lab● Minor Pregnant Parent● Overwhelmed Parent● Physical Neglect● Physically Ill Parent● Positive Toxocology● School Bus Child● School Social Work Services |
|--|---|

Drug Type:

Alcohol	Methadone	Tetrahydrocannabinol (THC)
Amphetamines	Methamphetamine	
Barbiturates	Morphine	
Benzodiazepines	Phencyclidine	

Disabled Infant:

Complete the following section for cases involving alleged withholding of appropriate nutrition, hydration, medication or medically indicated treatment from disabled infants with life-threatening conditions:

- Not Receiving Proper Nutrition
 Not Receiving Proper Hydration
 Not Receiving Proper Medication
 Not Receiving Medically Indicated Treatment

Health Care Facility Name: _____

Address: _____

Phone: _____

Attending Physician: _____

Facility Staff: _____