



**CONFIDENTIAL
SPECIAL CONDITIONS ASSESSMENT SUMMARY (AS)
(without Reporter Information)**

Case Name	Intake Number	Intake Sub-Type	County
Date/Time Intake Received		Protective Investigator	
Date/Time Referral Closed		Protective Investigator Supervisor	

I. Special Condition Intake Narrative(s)

Sequence Type	Date/Time Received	Response Priority	Special Conditions Type
Narrative			

II. Participant(s)

Name	DOB	Age	Gender	Race	Role(s)

III. Request for Assistance Referral Narrative

IV. Services Recommended - Explanation

V. Special Condition Response Summary

VI. Signatures

SIGNATURE – Protective Investigator	Date Signed
SIGNATURE – Protective Investigator Supervisor	Date Signed