



**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					
IV. Special Condition Response Summary					
V. Signatures					
SIGNATURE – Protective Investigator			Date Signed		
SIGNATURE – Protective Investigator Supervisor			Date Signed		

- Comment [ks1]:** The Case Name prefills with the name of the Case that is displayed on the header of the Special Condition Referral and is not editable on the template.
- Comment [ks2]:** The Intake Report Number is system derived and view only in the Header on the Special Condition Referral page and is not editable on the template.
- Comment [ks3]:** The Investigative Sub-Type is system derived and view only in the Header on the Special Condition Referral page and is not editable on the template.
- Comment [ks4]:** The County is prefilled with the name of the county of the worker displayed as the Primary Investigator on the Referral Information Tab of the Special Condition Referral and is not editable on the template.
- Comment [ks5]:** The Date/Time the Intake Received field prefills from the Date and Time the Initial Intake Received fields on the Referral Information tab and is not editable on the template.
- Comment [ks6]:** The Protective Investigator is prefilled with the name of the worker displayed as the Primary Investigator on the Referral Information Tab of the Special Condition Referral and is not editable on the template.
- Comment [ks7]:** The Date/Time Investigation Closed is the date/time of the investigation is ...
- Comment [ks8]:** The Protective Investigator ...
- Comment [ks9]:** The Special Condition Intake ...
- Comment [ks10]:** The Sequence Type is ...
- Comment [ks11]:** The Date/Time intake ...
- Comment [ks12]:** The Response Priority is ...
- Comment [ks13]:** The Special Conditions ...
- Comment [ks14]:** The Narrative is prefilled ...
- Comment [ks15]:** The Name is prefilled with ...
- Comment [ks16]:** The DOB is prefilled from ...
- Comment [ks17]:** The Age is prefilled from ...
- Comment [ks18]:** The Gender is prefilled ...
- Comment [AB19]:** This will now pre-filled ...
- Comment [ks20]:** The Race is prefilled from ...
- Comment [ks21]:** The Role is prefilled with ...
- Comment [ks22]:** The system will prefill th ...
- Comment [ks23]:** The system will prefill th ...
- Comment [ks24]:** The system will prefill th ...

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the Florida Safe Families Network is subject to the penalty provisions of s. [39.202](#).