



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](#).

## CRM INTAKE REPORT

Intake Name	Intake Number	County	Secondary County
Date and Time Intake Received	Program Type	Investigative Sub-Type	Provider Name
Call Record Number	Worker Safety Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Response Time	Name – Worker	Name – Supervisor	

### I. Family Information

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

#### A. Participants

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

#### B. Address and Phone Information

Name	Type	Address	Telephone Number

#### 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	



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## II. Narratives

### A. Allegation Narrative

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#### a. Provider Detail

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### B. Narrative for Worker Safety Concerns

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## 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		

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## IV. Maltreatment Questions

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