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INTAKE REPORT

Intake Name		Intake Number	County	Secondary County

Date and Time Intake Received	Program Type	Investigative Sub-Type	Provider Name

Background Checks Required ☐ Yes ☐ No   **Reason**   **Call Record Number**   **3 Hits Reviewed** ☐ Yes ☐ N/A

Worker Safety Concerns ☐ Yes ☐ No   **Prior Involvement** ☐ Yes ☐ No   **Law Enforcement Notified** ☐ Yes ☐ No

Send Florida Administrative Message to Law Enforcement ☐ Yes ☐ N/A

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: ☐ Yes ☐ No

Directions to House

A. Participants

Name	ID Number	Role	Gender	DOB

Est. Age	Ethnicity	Race	Disability
			☐ Yes ☐ No

Hearing Impaired: ☐ Yes ☐ No   24 Access ☐ Yes ☐ No

Device Needed:

Name	ID Number	Role	Gender	DOB

Est. Age	Ethnicity	Race	Disability
			☐ Yes ☐ No

Hearing Impaired: ☐ Yes ☐ No   24 Access ☐ Yes ☐ No

Device Needed:

AP = Alleged Perpetrator   PC = Parent/Caregiver
CH = Child In Home   RN = Report Name
HM = Household Member   SO = Significant Other
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

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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

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

Worker:

Explain:

IV. CI Unit Documentation

First Call Attempted Date/Time	Completed Call Date/Time

Call Log

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Called Out By	Called To