



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](#).

### INTAKE REPORT WITH REPORTER NARRATIVE

Intake Name	Intake Number	County	Secondary County
Date and Time Intake Received	Program Type	Investigative Sub-Type	Provider Name
Background Checks Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason	Call Record Number	3 Hits Reviewed <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Worker Safety Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Involvement <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Send Florida Administrative Message to Law Enforcement <input type="checkbox"/> Yes <input type="checkbox"/> 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: <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

a. Provider Detail:

### B. Narrative for Worker Safety Concerns

## III. Agency Response

### A. Probationary Worker 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
Explain:		

## IV. CI Unit Documentation

First Call Attempted Date/Time	Completed Call Date/Time
Call Log:	
Called Out By	Called To



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## REPORTER NARRATIVE

Name – Worker		
Name – Reporter		Reporter Type
Badge Number		Case Number
Reporter Caller ID	Reporter Requests Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Method
Home Phone	Work Phone	Other Phone
Email Address		Language
Reporter Narrative		

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Source Information

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Background Summary

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