



CONFIDENTIAL INVESTIGATION PARTICIPANT PROFILE WITH REPORTER

I. INTAKE INFORMATION

FSFN Case Number:	Intake Number:	Intake Name:	Received Date:	Received Time:
Prior Intakes In FSFN:			Worker Safety Concerns:	
Screening Decision:		Command Center Counselor:	Response Time:	
Child Protective Investigator:		County:	Screening Decision Date/Time:	
Primary Language:		Interpreter Needed: <input type="checkbox"/>		

Current Location Details

Address – Street	Apt.	City	State	Zip Code
Telephone Number [Home]:	Telephone Number [Work]:	Telephone Number [Cell]:		

Directions to victim/child's current location or home

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Worker Safety Concerns:

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Intake Participants Composition/Address

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Person ID	Name	DOB	Estimated Age	SSN	Sex	Race	Ethnicity	Initial Role(s)
Address – Street					Apt.	City	State	Zip Code
Telephone Number [Home]:			Telephone Number [Work]:		Telephone Number [Cell]:			

Relationships

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Intake Alleged Maltreatments

Alleged Victim(s)	Maltreatment Category - Type

Intake Allegation Summary

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Reporter Information

Reporter Name:	Reporter Type:	Badge Number:
Case Number (Non-FSN):	Caller ID:	Email Address:

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](#).



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Telephone Number [Home]:	Telephone Number [Work]:	Telephone Number [Other]:
Reporter Narrative:		
Source Information:		

II. LEGAL STATUS HISTORY (OPEN CASES)

Participant Name	FSFN Case ID	Legal Case Status	Legal Custody Status	Effective Date

III. OUT-OF-HOME PLACEMENT HISTORY

Participant Name	Rmvl Begin Date	Initial Removal Reason(s)	Plcmnt Begin Date	Plcmnt End Date	Placement End Reason	Placement Category	Placement Type	FSFN Case ID	Primary Worker

IV. LIVING ARRANGEMENT HISTORY

Participant Name	Living Arrangement Begin Date	Living Arrangement End Date	Living Arrangement Type

V. PREVIOUS HISTORY OF INTAKES/INVESTIGATIONS

Intake ID:	Intake Name:	Intake Received Date/Time:	Screening Decision:
Alleged Perpetrator	Alleged Victim	Maltreatment	Finding

VI. PREVIOUS HISTORY OF SPECIAL CONDITIONS INTAKES/REFERRALS

Intake ID:	Referral Name:	Intake Received Date/Time:	Special Conditions Type:	Screening Decision:
	Alleged Victim/Identified Child		Alleged Juvenile Sexual Offender	