## Interagency Intake Form: Children's Advocacy Project, Inc. Teaming Investigation, Prosecution and Treatment of Child Abuse and Neglect in Natrona County

Fax this form when case is assigned to CAP at (307)232-0163

## **Initial Intake Process**

Today's Date: Your Name: Incident initially reported to: DFS LE Date of initial report:				
Is this a Courtesy or Out-of-County Case If yes, name of agency requesting service Address:  Contact Name:  CAP Services Requested: ☐Interview	<del>_</del>	n \ \textstyle Team Consultatio		
orn services requestedmerview		п Пости соправания		
Investigative Case Team				
DFS Assigned:	Law Enforcement Assigned:			
Child's Information				
Name:				
Address:				
Phone #: Alternate Phone:				
	Race:	Gender: M F		
Date of Birth: Age:  Disability: YES NO	Nace.	GenderIVII		
If yes, what:				
Child's primary language if other than En	nglish:			
		0		
Parent Information and Present Custody Information				
Biological Mother:	DOB:	Phone #:		
Biological Father:	DOB:	Phone #:		
Child lives with (name):	Relationship:			
Name of present legal guardian:				
Address (if different from child's):				
Siblings (list names & ages):				

## Who/What/When/Where

Who is the alleged offender?				
Relationship to victim:	DOB:		Age:	
Does the offender have access to the c	hild?   YES	□NO	□UKNOWN	
Has the child disclosed to anyone? [	□YES □NO	UN	KNOWN	
If yes, to whom?				
Who reported the abuse? Relationship of reporter to alleged victim?				
What is the allegation or report? Chec	k all that apply			
Sexual abuse Physical abu	se Neglect	Abduction	Other:	
When did the alleged incident(s) occur	r?			
What is the report based on?				
Behaviors by the child Discl	osure by the child	Other (plea	ase list)	
What was specifically reported to the agency?				
Are there any physical signs or sympto	oms right now?	□YES	□NO	
If yes, please explain:	C			
Has the child had a medical exam rela	ted to this concern?	YES	□NO	
By whom? When?				
Who is the child's primary medical pr	ovider?			
Is the child currently in counseling? [				
If yes, with whom?	<u> </u>			
• .				
Victim & Family	<b>DFS History</b>			
Victim & Family Previous reports of: ☐Neglect Previous substantiations of: ☐Neglec	☐Physical abuse t ☐Physical abuse	Sexual abu	=	
Suspect & Family Previous reports of: Neglect Previous substantiations of: Neglect	☐Physical abuse et ☐Physical abus	□Sexual abu e □Sexual abu	=	
Law Enforcement History				
Victim & Family         □ Criminal history       □ Sexual abuse         □ Other:       Who?	Domestic v	violence	Substance abuse	
Suspect & Family Criminal history Sexual abuse Prior sexual abuse convictions? YE		violence	Substance abuse	