

# Child Protective Services Intake Form

Referral Date

Referring Party Information  
Name

Relationship to Child

Contact Number

Child Information  
Child Name

Age

Gender

Address

School/Daycare

Parent/Guardian Information  
Name

Relationship

Contact Number

Address

Allegation Details

Type of Abuse/Suspected Harm

**Other Household Members**

**Immediate Safety Concerns**

**Additional Notes**