



**CHILD PROTECTIVE SERVICES
INTAKE REPORT
FAXED REFERRAL**

CMCSS Employees who suspect child abuse must report that suspicion directly to the Department of Children's Services Child Protective Services. Referrals may be made by calling Central Intake at 1-877-237-0004 OR by faxing this form to Central Intake (see Fax numbers below). Principals will maintain a copy of the faxed referral form, as well as the verification that the fax was received, in a secure location.

	Date _____ In-take Number _____ (To Be Assigned by CPS)																																																																					
Category																																																																						
1. WHO	<p>CHILD(REN)'S INFORMATION (Include as much information as known)</p> <table border="0"> <tr> <td>Name</td> <td>Age/DOB</td> <td>Sex</td> <td>Race</td> <td>School/Daycare</td> <td>Relationship to Alleged Perpetrator</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>PARENT/CARETAKER'S INFORMATION (Include as much information as known)</p> <table border="0"> <tr> <td>Name</td> <td>Age/DOB</td> <td>Sex</td> <td>Race</td> <td>Employment/School</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>ALLEGED PERPETRATOR'S INFORMATION (Include as much information as known)</p> <table border="0"> <tr> <td>Name</td> <td>Age/DOB</td> <td>Sex</td> <td>Race</td> <td>Employment/School</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>OTHER HOUSEHOLD MEMBERS (Include as much information as known)</p> <table border="0"> <tr> <td>Name</td> <td>Age/DOB</td> <td>Sex</td> <td>Race</td> <td>Employment/School</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>Address and phone number of all household members, including the length of time at current address:</p> <p>_____ Phone No. _____</p> <p>_____ Work No. _____</p>	Name	Age/DOB	Sex	Race	School/Daycare	Relationship to Alleged Perpetrator	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Name	Age/DOB	Sex	Race	Employment/School	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Name	Age/DOB	Sex	Race	Employment/School	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Name	Age/DOB	Sex	Race	Employment/School	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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	<p>Driving Directions: _____ _____</p> <p>Others who may have knowledge of the situation (include name, address, phone number): _____ _____</p> <p>Do you have any information about the children's other relatives? (Include name, address, and phone number, if known). _____ _____ _____</p> <p>Has the family ever been involved with this DCS? Yes _____ No _____ Unknown _____</p>
2. WHAT	<p>What happened to the child(ren)? Please describe simple terms. Be as specific as possible. _____ _____ _____ _____ _____ _____</p> <p>Did you see physical evidence of abuse or neglect? If yes, please describe in simple terms. Be as specific as possible as to size, shape, color of any injuries as well as whether skin is broken, raised or flat. _____ _____ _____</p>
3. WHEN	<p>Approximately when did the incident occur? _____</p>



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	When is the last time you saw the child? _____
4. WHERE	Where is the child right now? _____ Where is the alleged perpetrator right now? _____ Where is the parent/caretaker right now? _____
5. HOW	How do you know what happened to the child/family? _____ _____ How long has this been going on? _____

Referent: Name: _____

Address: _____

Phone Number _____

Note: It is very important that the individual making the report includes the above listed information so that a member of the Department of Children’s Services can contact the referent directly in the event they need to obtain additional information.

Department of Children’s Services
Central Intake
1284 Foster Avenue
Nashville, Tennessee 37243

Fax Numbers: 615-361-7041
615-361-7189
615-361-7221
615-361-7261
615-361-7461

Associated Document:

[HUM-G001](#) Employee Guidelines Reporting Suspected Child Abuse and Accommodating DCS Investigations