



**CHILD PROTECTIVE SERVICES
INTAKE REPORT
FAXED OR ON-LINE 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 1-855-209-4226 or 1-877-237-0004, reporting online (<https://apps.tn.gov/carat>), OR by faxing this form to Central Intake (615-361-7041). Principals will maintain a copy of the faxed referral form, as well as the verification that the fax was received, in a secure location. If you wish to track the status of a DCS referral, enter the referral ID number @ <https://apps.tn.gov/carat>

	Date _____ In-take Number _____ (To Be Assigned by CPS)
Category	
1. WHO	CHILD(REN)’S INFORMATION (Include as much information as known) Name Age/DOB Sex Race School/Daycare Relationship to Alleged Perpetrator _____ _____ _____ _____
	PARENT/CARETAKER’S INFORMATION (Include as much information as known) Name Age/DOB Sex Race Employment/School _____ _____ _____
	ALLEGED PERPETRATOR’S INFORMATION (Include as much information as known) Name Age/DOB Sex Race Employment/School _____ _____
	OTHER HOUSEHOLD MEMBERS (Include as much information as known) Name Age/DOB Sex Race Employment/School _____ _____ _____
	Address and phone number of all household members, including the length of time at current address: _____ _____ Phone No. _____ _____ Work No. _____



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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>
<p>2. WHAT</p>	<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>



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<p>3. WHEN</p>	<p>Approximately when did the incident occur? _____</p> <p>When is the last time you saw the child? _____</p>
<p>4. WHERE</p>	<p>Where is the child right now? _____</p> <p>Where is the alleged perpetrator right now? _____</p> <p>Where is the parent/caretaker right now? _____</p>
<p>5. HOW</p>	<p>How do you know what happened to the child/family? _____ _____</p> <p>How long has this been going on? _____</p>

Referent: Name: _____

Address: _____

Phone Number _____

Completed form must be faxed or emailed to the HR Department: FAX 931-920-9913 or email jeanine.johnson@cmcss.net.

Note: It is very important that the individual making the report include 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.



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If a non-emergency situation:

Department of Children's Services

Fax Numbers: 615-361-7041

Central Intake

1284 Foster Avenue

Nashville, Tennessee 37243

Online reports made at <https://apps.tn.gov/carat>

Associated Document:

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