



A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. [39.205](#).

INTAKE REPORT

| | | | | |
|---|--|---|---|------------------|
| Intake Name | | Intake Number | County | Secondary County |
| Date and Time Intake Received | Program Type | Investigative Sub-Type | Provider Name | |
| Background Checks Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Reason | Call Record Number | 3 Hits Reviewed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | |
| Worker Safety Concerns <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Prior Involvement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Law Enforcement Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Send Florida Administrative Message to Law Enforcement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | | | | |
| Response Time | Name – Worker | | Name – Supervisor | |

I. Family Information

| | | | | |
|---------------------|---|-------------------------|-------------|----------|
| Name – Family | | Telephone Number – Home | | |
| Address – Street | Unit Designator | City | State FL | Zip Code |
| Primary Language: | Interpreter Needed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Directions to House | | | | |

A. Participants

| Name | | ID Number | Role | Gender | DOB |
|---|-----------|---|---|--------|-----|
| Est. Age | Ethnicity | Race | Disability <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Device Needed: | | | | | |
| Est. Age | Ethnicity | Race | Disability <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Device Needed: | | | | | |
| Est. Age | Ethnicity | Race | Disability <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Device Needed: | | | | | |
| Est. Age | Ethnicity | Race | Disability <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Device Needed: | | | | | |



A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. [39.205](#).

A. Provider Detail

B. Narrative for Worker Safety Concerns

III. Agency Response

A. Recommendation

| System Screening Recommendation | Counselor Screening Recommendation | Counselor Screening Reason |
|---------------------------------|------------------------------------|----------------------------|
| | | |
| Counselor Name | Counselor Screening Date/Time | |
| | | |

Reason for Override:

| System Response Priority Recommendation | Counselor Response Priority Recommendation | Date/Time Decision Made |
|---|--|-------------------------|
| | | |

Reason for Override:

B. Decision

| Decision | Date/Time Decision Made | Reason |
|-----------|-------------------------|--------|
| Screen In | | |
| Worker: | | |
| Explain: | | |

IV. CI Unit Documentation

| First Call Attempted Date/Time | Completed Call Date/Time |
|--------------------------------|--------------------------|
| | |



A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. [39.205](#).

Call Log

| Called Out By | Called To |
|---------------|-----------|
| | |
