

Mandated Reporter Worksheet
Maine Child Protective Intake Unit 800-452-1999

The following is information that will be requested/required at the time a report is made to Child Protective Intake. It is not necessarily expected that you will have all of this information available when you file a report, however this is information that you can anticipate being asked for. The more information you have available, the clearer the decision regarding CPS response.

Name of Reporter: _____ Agency: _____

Address: _____ Telephone: _____

Requesting Confidentiality: Yes No

Name of child: _____ Age: _____ Gender: _____

Name of primary caregiver: _____

Address: _____ Tel: _____ Work tel.: _____

Out of home parent name: _____

Address: _____ Tel: _____ Work tel.: _____

Visitation/custody arrangement: _____

Other adults in home: _____

Child Care/Educational Status: _____

Primary Language: _____

Native American Heritage: Yes No

Presenting Issue (Concern): _____

Domestic Violence Concerns: _____

Mental Health Concerns/Diagnoses: _____

Substance Abuse Concerns: _____

Service Providers

Agency:	Service:	Contact:	Number:
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Relative Resources

Name:	Relationship:	Number:
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