



**Child and Family Services**  
 An Office of the  
 Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services  
 Child and Family Services  
 221 State Street  
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**Mandated Reporter Worksheet**

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 Referent (reporter):** \_\_\_\_\_ Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_ Tel : \_\_\_\_\_  
 \_\_\_\_\_

**Requesting Confidentiality:** Yes No

**Name of primary caregiver:** \_\_\_\_\_ Tel : \_\_\_\_\_  
 Address: \_\_\_\_\_ Work tel.: \_\_\_\_\_  
 \_\_\_\_\_

**Other adults in home:** \_\_\_\_\_  
 \_\_\_\_\_

|                             |                   |                      |
|-----------------------------|-------------------|----------------------|
| <b>Name of child:</b> _____ | <b>Age:</b> _____ | <b>Gender:</b> _____ |
| <b>Name of child:</b> _____ | <b>Age:</b> _____ | <b>Gender:</b> _____ |
| <b>Name of child:</b> _____ | <b>Age:</b> _____ | <b>Gender:</b> _____ |
| <b>Name of child:</b> _____ | <b>Age:</b> _____ | <b>Gender:</b> _____ |

**Out of home parent:** \_\_\_\_\_ Tel : \_\_\_\_\_  
 Address: \_\_\_\_\_ Work tel.: \_\_\_\_\_  
 \_\_\_\_\_

**Visitation/custody arrangement:** \_\_\_\_\_

**Child Care/Educational Status:** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_

**Native American Heritage:** Yes No

**Presenting Issue (Concern):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Presenting Issue (continued)**

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**Domestic Violence Concerns:** \_\_\_\_\_

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**Mental Health Concerns/Diagnoses:** \_\_\_\_\_

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**Substance Abuse Concerns:** \_\_\_\_\_

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**Service Providers:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Agency: \_\_\_\_\_  
Tel : \_\_\_\_\_

Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Agency: \_\_\_\_\_  
Tel : \_\_\_\_\_

Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Agency: \_\_\_\_\_  
Tel : \_\_\_\_\_

**Relative Resources:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
Tel : \_\_\_\_\_

Relative: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
Tel : \_\_\_\_\_

Relative: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
Tel : \_\_\_\_\_