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. Maine Child Protective Intake Unit 800-452-1999

Name of Referent (reporter): ____________________________ Agency: ________________
Address: _____________________________________________ Tel: ________________

Requesting Confidentiality: Yes No

Name of primary caregiver: ____________________________
Address: _____________________________________________
Tel: ____________________________
Work tel.: ____________________

Other adults in home: ____________________________
________________________________________
________________________________________
________________________________________
________________________________________

Name of child: ____________________________ Age: ___ Gender: ____________________
Name of child: ____________________________ Age: ___ Gender: ____________________
Name of child: ____________________________ Age: ___ Gender: ____________________
Name of child: ____________________________ Age: ___ Gender: ____________________

Out of home parent: ____________________________ Age: ___
Address: _____________________________________________
Tel: ____________________________
Work tel.: ____________________

Visitation/ custody arrangement: ___________________________________________

Child Care/ Educational Status: ____________________________________________

Primary Language: ____________________________________________

Native American Heritage: Yes No

Presenting Issue (Concern): ________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Presenting Issue (continued)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Domestic Violence Concerns: ________________________________________________________________

Mental Health Concerns/ Diagnoses: ________________________________________________________

Substance Abuse Concerns: ______________________________________________________________

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Relative Resources:  Relationship:__________________________
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