

Referral Date

## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF PUBLIC WELFARE BUREAU OF SOCIAL SERVICES ADMINISTRATION CHILD PROTECTIVE SERVICES SECTION

194 HERNAN CORTEZ AVENUE, SUITE 309 HAGATÑA, GUAM 96910-5052



For Office Use Only

## CHILD ABUSE AND NEGLECT REFERRAL (PART I)\*

(P.L. 20-209:5, Child Protective Act)

Date Received

**Referral Time** 

	Initial	I Refe	erral				CWS I	No.						
	Follow-up Written Referral						Intake Worker							
	GPD Report								ferral received? (Check Box)					
	Court Order						hone Con	Contact		Office Visit		Drop Off		
	Indiana Managhabia						IV	lail	FAX (Facsimile)					
	Indicate if applicable						New							
	GPD Report	No.					Active							
	Court Case N	No.					Prior (See attached case cross reference check)							
I. RE	PORTING PER	RSON	I (RP)											
	Name/	/Title	and R	Relationshi	ip to Child					-	Address			
Home F	Phone No.			Work P	hone No.				Other (	Contac	t No.			
			071110	,					(	)				
	ASON FOR SU				NEGLECT									
	bserved Abuse Refer To Diagra													
0	bserved Negle	cted	Condi	tion of Ch	ild (specify):									
In	cident of Abus	e / N	eglect	Related T	o Referring Party By Victi	m(s)								
In	cident Related	To R	Referri	ng Party E	By Witness									
III. AL	LEGED VICTIN	/(S)/(	OTH <u>E</u> F	R CHILDRI	EN									
List all c	hildren in the ho	me ar	nd indic	cate with an	"X" if the child is the alleged			_						
Nar	ne(s) of Minor(s)		Victim	DOB	Age	Se	Ethnicit	y S	S#	Sc	chool	Grad	Residential A	Address
Presen	t location of all	leged	ł	<u> </u>						I.				
IV. IN	CIDENT INFOR	MAT	ION (T	YPE OF R	EFERRAL)									
	EATMENT - <u>mus</u> EATMENT:	st be r		With an "X K FACTOR	" where abuse and/or neglect	ıs susp	ected. R				RS (con		icable.	
	otional Abuse			Alcohol						ysical	(601)		Developmental	Disability
Phy	sical Abuse			Drugs	Specify:				Oth	ner		pecify	•	
	ual Abuse Icational			Family Vic					Please	speci	fy partie	s invol	ved in the risk t	factors
	otional Neglect			Homeless Teen Preg										
	sical Neglect			Teen Suic										
				CT ABUSE	E AND/OR NEGLECT									
Use add	itional sheets if r	ieces	sary											

Complete as much information as possible. If you sus	pect the Parent /Guardian to	be the All		ser, put an				
Name			SS#		ABUSE	R DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home I	No.	Work No	-	Other no.	Relations Victim(s)	
Name			SS#		ABUSE	R DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home	No.	Work No		Other no.	Relations	
							Victim(s)	
Name			SS#		ABUSE		Sex	Ethnicity
Address (Residential)	Place of Employment	Home I	No.	Work No		Other no.	Relation: Victim(s)	
VII. ALLEGED ABUSER(S) (Other than the Parent / Guardian)								
Name			SS#		D	DВ	Sex	Ethnicity
Address (Residential)	Place of Employment	Home	No.	Work No	•	Other no.	Relations Victim(s)	
Name			SS#		D	OB .	Sex	Ethnicity
Address (Residential)	Place of Employment	Home	No.	Work No		Other no.	Relations	_
VIII. BODY DRAWINGS	, ,						Victim(s)	•
Show where bruises / injuries are located.	OE WOUND!! ACERATION	\  \\ \/\T\  "	v" EOD (	NIDEDEIC	IAI ANI	) "O" EOD DI	ED	
INDICATE SIZE & LOCATION SHADE FOR BRUISES AND BURN								
						No.		
		1		1		.)		
		7		O	1	P		
	10	_}		1	1	7		
	11	3		1		11		
// //				11		11		
/// (\\				///	•	111		
Gent ( ) La		1	4	wI	Y	12	1	
and the other	5	)			1	"		
100	5 9	/			0	1		
\ \ ( )	41				١٨			
1/16					) ()			
00				6		<b>3</b>		
EXAMINED BY MEDICAL DOCTOR: ( ) Yes ( ) No	) (DDINT	NAME)				(SIGN)	ATURE)	
	(PRINT	NAME)				(SIGNA	ATURE)	
EXAMINED BY SOMEONE OTHER THAN MEDICAL	DOCTOR: (P!	RINT NAI	ΛE)			(SIGNA	ATURE)	
IX. ACTION TAKEN						,	•	
Explain action taken in this matter. (Use additional she	ets if necessary)							
X. OTHER INFORMATION (Use additional sheets if necessary)								
(Ose additional sheets if flecessary)								
XI. SIGNATURE OF REPORTING PERSON (if co	ompleted by Reporting Po	erson)						
Signature			Date					_

DADENT/CV/CHARDIAN/C