**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**

**child abuse and neglect referral (part i)\***

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Referral Date** |  | **Referral Time** |  |
|  | **Initial Referral** |
|  | **Follow-up Written Referral** |
|  | **GPD Report** |
|  | **Court Order** |
| **Indicate if applicable**  |
| **GPD Report No.** |  |  |
| **Court Case No.** |  |
|  |  |  |

|  |
| --- |
| **For Office Use Only** |
| **Date Received** |  | **Time** |  |
|  **CWS No.** |  |
| **Intake Worker** |  |
| **How was referral received? (Check Box)** |
|  | **Phone Contact** |  | **Office Visit** |  | **Drop Off** |
|  | **Mail** |  | **FAX (Facsimile)** |
|  |
|  | **New** |
|  | **Active** |
|  | **Prior (See attached case cross reference check)** |

|  |
| --- |
| 1. **reporting person (RP)**
 |
| **Name/Title and Relationship to Child** | **Address** |
|  |  |
| **Home Phone No.** | **Work Phone No.** | **Other Contact No.** |
| **( )** | **( )** | **( )** |
| 1. **reason for suspecting abuse/neglect**
 |
|  | **Observed Abuse (specify) :****(Refer To Diagram on Reverse Side)** |
|  | **Observed Neglected Condition of Child (specify):** |
|  | **Incident of Abuse / Neglect Related To Referring Party By Victim(s)** |
|  | **Incident Related To Referring Party By Witness** |
| 1. **alleged victim(s)/other children**

**List all children in the home and indicate with an “X” if the child is the alleged VICTIM. (Use Section X if more space is necessary)** |
| **Name(s) of Minor(s)** | **Victim** | **DOB** | **Age** | **Sex** | **Ethnicity** | **SS#** | **School** | **Grade** | **Residential Address** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Present location of alleged victim(s):** |  |
| 1. **Incident information (type of referral)**

**MATLTREATMENT – must be marked with an “X” where abuse and/or neglect is suspected. RISK FACTORS – mark with an “X” if applicable.** |
| **MALTREATMENT:** |  | **RISK FACTORS:** |  | **Risk factors (cont’d):** |
|  | **Emotional Abuse** |  |  | **Alcohol** |  |  | **Physical Disability** |  | **Developmental Disability** |
|  | **Physical Abuse** |  |  | **Drugs** | ***Specify:*** |  |  |  | **Other Disability** | ***Specify:*** |  |
|  | **Sexual Abuse** |  |  | **Family Violence** |  | **Please specify parties involved in the risk factors** |
|  | **Educational Neglect** |  |  | **Homelessness** |  |  |  |
|  | **Emotional Neglect** |  |  | **Teen Pregnancy** |  |  |  |
|  | **Physical Neglect** |  |  | **Teen Suicide** |  |  |  |
| 1. **explain why you suspect abuse and/or neglect**

**Use additional sheets if necessary** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| 1. **Parent(s)/guardian(s)**

**Complete as much information as possible. If you suspect the Parent /Guardian to be the Alleged Abuser, put an “X” in the box marked “Abuser” below.**  |
| Name | SS# | Abuser | DOB | Sex | Ethnicity |
|  |  |  |  |  |  |
| Address (Residential) |  | Place of Employment | Home No. | Work No. | Other no. | Relationship to |
|  |  |  |  |  | Victim(s) |  |
|  |
| Name | SS# | Abuser | DOB | Sex | Ethnicity |
|  |  |  |  |  |  |
| Address (Residential) |  | Place of Employment | Home No. | Work No. | Other no. | Relationship to |
|  |  |  |  |  | Victim(s) |  |
|  |
| Name | SS# | Abuser | DOB | Sex | Ethnicity |
|  |  |  |  |  |  |
| Address (Residential) |  | Place of Employment | Home No. | Work No. | Other no. | Relationship to |
|  |  |  |  |  | Victim(s) |  |
| 1. **alleged abuser(s)**

**(Other than the Parent / Guardian)** |
| Name | SS# | DOBDOB | Sex | Ethnicity |
|  |  |  |  |  |
| Address (Residential) |  | Place of Employment | Home No. | Work No. | Other no. | Relationship to |
|  |  |  |  |  | Victim(s) |  |
|  |
| Name | SS# | DOBDOB | Sex | Ethnicity |
|  |  |  |  |  |
| Address (Residential) |  | Place of Employment | Home No. | Work No. | Other no. | Relationship to |
|  |  |  |  |  | Victim(s)  |  |
| 1. **body drawings**

**Show where bruises / injuries are located.** |
| indicate size & location of wound/laceration with “x” for superficial and “o” for deep.shade for bruises and burns, beside each injurY, indicate color, shape, pattern and texture. |
| person 2.jpg  |
| **examined by medical doctor: ( ) Yes ( ) No**  |  |  |  |  |
| **(PRINT NAME)** |  | **(SIGNATURE)** |  |
| **examined by someone other than medical doctor:**  |  |  |  |  |  |
| **(PRINT NAME)** |  | **(SIGNATURE)** |  |
|  |
| 1. **action taken**

**Explain action taken in this matter. (Use additional sheets if necessary)** |
|  |
|  |
|  |
|  |
|  |
|  |
| 1. **other information**

**(Use additional sheets if necessary)** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 1. **signature of reporting person (if completed by Reporting Person)**
 |
|  |  |  |  |  |
|  | Signature |  | Date |  |