



A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. [39.205](#).

CRM INTAKE REPORT WITH REPORTER NARRATIVE

Intake Name	Intake Number	County	Secondary County
Date and Time Intake Received	Program Type	Investigative Sub-Type	Provider Name
Call Record Number	Worker Safety Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Response Time	Name – Worker	Name – Supervisor	

I. Family Information

Name – Family		Telephone Number – Home		
Address – Street	Unit Designator	City	State	Zip Code
Primary Language:	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Directions to House				

A. Participants

Name	ID Number	Role	Gender	DOB
Est. Age	Ethnicity	Race	Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No		24 Access <input type="checkbox"/> Yes <input type="checkbox"/> No		
Device Needed :				

AP = Alleged Perpetrator PC = Parent/Caregiver JS = Alleged Juvenile Sexual Offender
 CH = Child In Home IN = Intake Name IC = Identified Child
 HM = Household Member SO = Significant Other RN = Referral Name / SC Referral Name
 NM = Non-Household Member V = Victim

B. Address and Phone Information

Name	Type	Address	Telephone Number

C. Relationships

Subject	Relationship	Subject

D. Alleged Maltreatment

Alleged Victim	Maltreatment Code

E. Location of Incident

Address – Street	Apt.	City	State	Zip Code
Telephone Number – Home	Telephone Number – Work		Telephone Number – Cell	



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II. Narratives

A. Allegation Narrative

a. Provider Detail

B. Narrative for Worker Safety Concerns

III. Agency Response

A. Recommendation

System Screening Recommendation	Counselor Screening Recommendation	Counselor Screening Reason
Counselor Name	Counselor Screening Date/Time	
Reason for Override		
System Response Priority Recommendation	Counselor Response Priority Recommendation	Date/Time Decision Made
Reason For Override		

B. Decision

Decision	Date/Time Decision Made	Reason
Explain		

IV. Maltreatment Questions



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REPORTER NARRATIVE

Name – Worker			
Name – Reporter		Reporter Type	
Badge Number		Case Number	
Reporter Caller ID	Reporter Requests Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Method	
Home Phone	Work Phone	Other Phone	
Email Address		Language	
Reporter Narrative			

Source Information

Background Summary
