



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](#).

INTAKE REPORT

Intake Name	Intake Number	County	Secondary County
Date and Time Intake Received	Program Type	Investigative Sub-Type	Provider Name
Background Checks Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason	Call Record Number	3 Hits Reviewed <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Worker Safety Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Involvement <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Send Florida Administrative Message to Law Enforcement <input type="checkbox"/> Yes <input type="checkbox"/> N/A			
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. CI Unit Documentation

First Call Attempted Date/Time	Completed Call Date/Time
Call Log	
Called Out By	Called To