

# Interagency Intake Form: Children's Advocacy Project, Inc.

*Teaming Investigation, Prosecution and Treatment of Child Abuse and Neglect in Natrona County*

**Fax this form when case is assigned to CAP at (307)232-0163 or email to [stacy@childrensadvocacyproject.org](mailto:stacy@childrensadvocacyproject.org), [cheri@childrensadvocacyproject.org](mailto:cheri@childrensadvocacyproject.org), and [deanna@childrensadvocacyproject.org](mailto:deanna@childrensadvocacyproject.org)**

## Initial Intake Process

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_  
Incident initially reported to: ☐ DFS ☐ LE Date of initial report: \_\_\_\_\_  
**Case Number:** \_\_\_\_\_

Is this a Courtesy or Out-of-County Case? ☐ YES ☐ NO

If yes, name of agency requesting services: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

CAP Services Requested: ☐ Interview ☐ Medical Evaluation ☐ Team Consultation

## Investigative Case Team

DFS Person Assigned: \_\_\_\_\_

Law Enforcement Person Assigned: \_\_\_\_\_

## Child's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: ☐ M ☐ F

Disability: ☐ YES ☐ NO

If yes, what: \_\_\_\_\_

Child's primary language if other than English: \_\_\_\_\_

## Parent Information and Present Custody Information

Biological Mother: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_

Biological Father: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_

Child lives with (name): \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of present legal guardian: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Siblings (list names & ages):

**Who/What/When/Where**

Who is the alleged offender?

Relationship to victim:

DOB:

Age:

Does the offender have access to the child? ☐ YES ☐ NO ☐ UNKNOWN

Has the child disclosed to anyone? ☐ YES ☐ NO ☐ UNKNOWN

If yes, to whom?

Who reported the abuse?

Relationship of reporter to alleged victim?

What is the allegation or report? Check all that apply

☐ Sexual abuse ☐ Physical abuse ☐ Neglect ☐ Abduction ☐ Witness

When did the alleged incident(s) occur?

☐ Behaviors by the child ☐ Disclosure by the child ☐ Other (please list)

**What was specifically reported to the agency? (Details)**

Are there any physical signs or symptoms right now? ☐ YES ☐ NO

If yes, please explain:

Has the child had a medical exam related to this concern? ☐ YES ☐ NO

By whom?

When?

Who is the child's primary medical provider?

Is the child currently in counseling? ☐ YES ☐ NO

If yes, with whom?

**DFS History**

**Victim & Family**

Previous reports of: ☐ Neglect ☐ Physical abuse ☐ Sexual abuse ☐ Other

Previous substantiations of: ☐ Neglect ☐ Physical abuse ☐ Sexual abuse ☐ Other

**Suspect & Family**

Previous reports of: ☐ Neglect ☐ Physical abuse ☐ Sexual abuse ☐ Other

Previous substantiations of: ☐ Neglect ☐ Physical abuse ☐ Sexual abuse ☐ Other

**Law Enforcement History**

**Victim & Family**

☐ Criminal history ☐ Sexual abuse ☐ Domestic violence ☐ Substance abuse

☐ Other: Who?

**Suspect & Family**

☐ Criminal history ☐ Sexual abuse ☐ Domestic violence ☐ Substance abuse

Prior sexual abuse convictions? ☐ YES ☐ NO