

# CHILD WELFARE REPORT

Case Name	Case Number	
Date and Time Access Report Received	Primary Worker Assigned	Date Worker Assigned

**IDENTIFIED CHILD INFORMATION**

Name	Date of Birth	Age

**HOUSEHOLD MEMBER INFORMATION**

Name	Role	Relationship	Date of Birth	Age

**CONTACT**  
 Document the contacts and meetings related to the completion of the Child Welfare Report

Date / Time	Participant	Note Type	Location	Result	Case Note ID

**II. NARRATIVE FIELDS**

**A. Summary of Referral**

**B. Present Situation**

**C. Summary / Conclusion and Plan**

**III. POSITION**

**Case Closed**

- No Additional Services Necessary
- Referred to Community Services
- Clients Unavailable or Cannot be Located
- Family Refuses Services - No Court Jurisdiction
- Other:

**Case Opened**

- Case opened for on-going services: Voluntary
- Case opened for on-going services: Petitioned
- Case currently open for on-going services: Voluntary
- Case currently open for on-going services: Petitioned
- Other:

**IV. CLOSING SUMMARY / SUPERVISOR COMMENTS**

Include any referral to community resources that were made:

**V. SIGNATURES**

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\_\_\_\_\_  
Name - Worker

\_\_\_\_\_  
**SIGNATURE** - Worker

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name - Supervisor



\_\_\_\_\_  
**SIGNATURE** - Supervisor

\_\_\_\_\_  
Date Signed

