

## SERVICES REPORT

Case Name	Worker Safety Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Number
Date and Time Report Received		Services Report Type
Name - Worker	Name - Supervisor	County
Specific Services Requested		

### I. Family Information

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

#### A. Household Members

Name	Role	Relationship	DOB	Age	Gender	Race

HM = Household Member IC = Identified Child NM = Non-Household Member PN = Parent / Parental Role RN = Report Name	A = Asian or Pacific Islander B = Black I = American Indian / Alaskan Native P = Native Hawaiian / Other Pacific Islander U = Unable to Determine W = White
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Information that the child may have American Indian heritage; including names of tribe(s) if known.

#### B. Parent(s) Not in Home / Other Non-Household Members

Name	Relationship	Address	Telephone No.	DOB	Gender	Race

#### C. Contacts / Others with Information About Family

### II. Narrative

### III. Agency Response

#### A. Supervisor Screening Decision

Decision	Date / Time Decision was Made

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Explain

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**B. Other Information**

Yes     No    After Hours Report  
 Yes     No    Referral Packet Received?  
 Yes     No    Court Ordered Study?

Date Packet Received:  
Date Report Due in Court:

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**IV. Signatures**

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**SIGNATURE** - Worker

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Date Signed

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**SIGNATURE** - Supervisor

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Date Signed