

CHILD ABUSE/SAFETY VIOLATION HOTLINE INTAKE INFORMATION

For use of this form, see AR 608-18; the proponent agency is OACSIM

AUTHORITY: PL 93-247, Child Abuse Prevention and Treatment Act of 1974, DoD Directives 6400.1, 6400.2 and 6400.3 Family Advocacy Program

PRINCIPAL PURPOSE: To identify and record information on reports of child and spouse abuse and provide protection and medical treatment to military members and their families.

ROUTINE USES: The military services use the information for internal management and maintain it by service. Data forwarded to OSD will be aggregated for analysis and void of case identifiers. Incident data is used to evaluate and identify protocols required in the case. Service program managers use the data to identify incidence and prevalence rates and trends; track involved families; justify appropriate resource allocation; and review and control providers of care.

DISCLOSURE: Disclosure is voluntary; however, failure to provide information may delay the provision of appropriate services to the individual.

1. DATE OF CALL	2. INSTALLATION	3. MACOM	4. DOD CASE NUMBER
5. INTAKE RECEIVED BY		6. FACILITY <i>(Include CDC, YS Building Number/FCC Provider Name and Address)</i>	
7. TYPE INCIDENT		7.c. ACTIVITY <i>(e.g., CDC, FCC, YS)</i>	
7.a. SAFETY		7.d. SETTING	
FIRE	PHYSICAL	ACTIVITY ROOM	
HEALTH	SEXUAL	BATHROOM	
FACILITY	EMOTIONAL	OFFICE	
GENERAL	NEGLECT	YARD	
8. DATE OF INCIDENT/DATE VIOLATION NOTICED		KITCHEN	
		BEDROOM	
		PUBLIC LIVING AREA	
		SPORTS FIELD/FACILITY	
		OTHER <i>(Specify)</i>	
9. DESCRIPTION OF INCIDENT <i>(If additional space is needed, continue on separate sheet.)</i>			

10. VICTIM(s) INFORMATION (If additional space is needed, continue on separate sheet)

a. NO.	b. AGE	c. SEX OF VICTIMS	d. TYPE OF ABUSE (Physical, Sexual or Neglect)	e. GRADE/RANK/MILITARY OR CIVILIAN STATUS OF EACH VICTIM'S SPONSOR
1				
2				
3				
4				

11. PREVIOUSLY REPORTED BY CALLER TO (Enter date reported)

DATE REPORTED		DATE REPORTED	
	CDS		MILITARY POLICE
	CPS		CIVILIAN POLICE/FBI
	FAP		INSTALLATION COMMANDER
	CRIMINAL INVESTIGATORS		SAFETY OFFICE
	MEDICAL		OTHER (Specify)
	YS		

12.a. SUSPECT NAME	12.b. SUSPECT AGE	12.c. SUSPECT SEX
12.d. SUSPECT GRADE/RANK AND MILITARY/CIVILIAN STATUS	12.e. SUSPECT BRANCH OF SERVICE AND COMMAND IF ACTIVE DUTY	

12.f. SUSPECT POSITION

PROVIDER	PARENT	CONTRACT EMPLOYEE
CAREGIVER	ADMINISTRATOR	FAMILY MEMBER
SUPPORT STAFF	COACH	OTHER (Specify)
VOLUNTEER	RECREATION AIDE	

13.a. REPORTER NAME (Optional)	13.b. REPORTER ADDRESS (Optional)	13.c. PHONE NUMBER (Optional)
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HQDA USE ONLY

14. CALL REFERRED TO	15. 7-DAY REPORT DUE	16. 90-DAY REPORT DUE
17. HQDA FAP POC	18. ENTERED IN DATABASE BY	
19. DATE ENTERED IN DATABASE	20. HQDA CASE NO.	