

Lancaster Community School District

Students

CHILD ABUSE/NEGLECT INFORMATION FORM

FROM: Grant County Department of Social Services
P.O. Box 111
Lancaster, WI 53813
(608) 723-2136

TO:

CHILDREN IN HOME if relevant to the case: (Place an * by the name of the child/children involved in report and/or services).

NAME	DATE OF BIRTH	GENDER
------	---------------	--------

PERSON(S) RESPONSIBLE FOR CHILD:

PARENT/GUARDIAN

ADDRESS _____ PHONE _____

COUNTY _____

PROTECTIVE SERVICES WORKER ASSIGNED

DECISION OF REFERRAL: (Check one)

_____ NO PROTECTIVE SERVICES NEEDED

_____ NEGLECT/ABUSE AS REPORTED (Check one)

_____ SERVICES OFFERED AND ACCEPTED

_____ SERVICES REFUSED, BUT INVOLVEMENT CONTINUING

_____ COURT REFERRAL

_____ OTHER:

SUGGESTED FOLLOWUP:

SIGNATURE OF PROTECTIVE SERVICE WORKER

DATE

EXHIBIT APPROVED: April 13, 2005

