

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
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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:

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SIGNATURE OF PROTECTIVE SERVICE WORKER \_\_\_\_\_ DATE \_\_\_\_\_

EXHIBIT APPROVED: April 13, 2005

