Confederated Tribes of the Chehalis Reservation

MANDATORY INTAKE FORM FOR YOUTH

Date of Report:

_____

HOUSEHOLD INFORMATION- (if unknown, please leave blank)

Victim Name:_____

Victim date of birth/age (if known): _____

Parents Name, Address & phone number: (if known)

_____

_____

TYPE OF HARM	Check
Physical Abuse	☐
Sexual Abuse	☐
Psychological/emotional abuse	☐
Threat of physical abuse	☐
Threat of physical neglect	☐
Threat of psychological harm	☐
Unknown/Other	☐

EVIDENCE OF HARM	Check
Subdural/multiple skin bruising/internal bleeding (Any obvious bruising)	☐
Injury causing substantial bleeding	☐
Injury causing substantial bleeding	☐
Malnutrition	☐
Failure to thrive	☐
Burns	☐
Any fracture	☐
Long sleeve clothing in hot weather (may be hiding bruises)	☐
Extreme pain	☐
Extreme mental illness	☐
Not engaging with people when talked to	☐
Death	☐
Physical or medical evidence of sexual abuse	☐
Injury to the psychological capacity/impairment in child's functioning	☐
Intentional Drugging	☐
Failure to provide adequate care or supervision to children	☐

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Unknown/Other	☐
No evidence visible	☐

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NARRITIVE INFORMATION: (Please provide as much information as possible).

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Alleged Perpetrator:

☐ Mother	☐ Stepmother	☐ Maternal Grandmother	☐ Current placement
☐ Father	☐ Step- Father	☐ Maternal Grandfather	☐ Other:_____
☐ Brother	☐ Step-Brother	☐ Cousin	
☐ Sister	☐ Step- Sister	☐ Foster Sibling	

Name: _____ Age: _____

Relationship to victim: _____ ☐ Unknown

Address (if known):

_____

Mandated reporter Information: *(Information will be kept confidential unless a court filing occurs. In this case, agency/Name may need to be shared*):

☐ Behavioral Health Staff	☐ Chehalis Tribal Head Start
☐ Wellness Center Staff (including dental)	☐ Oakville School (Elementary/middle/ High)
☐ Youth/ Community Center (Including education)	☐ Grand Mound Elementary
☐ Family Member	☐ Rochester Primary
☐ Chehalis Tribal Housing Authority	☐ Rochester Middle School
☐ Other : _____	☐ Rochester High School

Reporter's name: _____

Telephone: (_____) - _____-_____ Ext: _____ ☐ Personal Cell ☐ Desk phone ☐ Work Cell

Do you know the address of where the harm occurred? ☐ Yes ☐ No

If yes, please describe:

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