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|  | **Tennessee Department of Children’s Services****Child Protective Services Intake** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Marilyn Steward
 |  |  | 415-77-6543 |  | 3/20/1981 |  | 41 |  | [x]  **YES** | [ ]  **NO** |
| ***Name of Mother*** | ***Race*** |  | ***Social Security No*** |  | ***Date of Birth*** |  | ***Age*** |  | ***Alleged Perpetrator*** |
| 416 Rambling Road |  | Your City |  | TN |  | 37954 |
| ***Street Address*** |  | ***City*** |  | ***State*** |  | ***Zip Code*** |
| 615-564-8785 |  | 615-444-6515 |  | 615-877-8777 |  | NA |
| ***Home Telephone No.*** |  | ***Cellular Telephone No.*** |  | ***Work Telephone No.*** |  | ***Alternate Telephone No.*** |
| Smythe Home Health Services 5414 Wego Lane Hartford, TN 37954 |  | M-F 8-4:30pm |
| ***Place/Address of Employment*** |  | ***Work Hours*** |
| Richard Collins |  |  | 406-95-1234 |  | 9/27/1980 |  | 42 |  | [ ]  **YES** | [x]  **NO** |
| ***Name of Father*** | ***Race*** |  | ***Social Security No.*** |  | ***Date of Birth*** |  | ***Age*** |  | ***Alleged Perpetrator*** |
| 894 Summer Circle  |  | Bovine |  | VA |  | 22193 |
| ***Street Address*** |  | ***City*** |  | ***State*** |  | ***Zip Code*** |
| 276-547-2341 |  | 276-673-2798 |  | 276-474-9417 |  | NA |
| ***Home Telephone No.*** |  | ***Cellular Telephone No.*** |  | ***Work Telephone No.*** |  | ***Alternate Telephone No.*** |
| Parker 411 High Street Haggerty, VA 23464  |  | M-F 7:30-3:30 pm |
| ***Place/Address of Employment*** |  | ***Work Hours*** |
| 1. Marilyn Steward
 |  | Mother |
| ***Person(s) Victim Living With***  |  | ***Relationship*** |
| 1. Take exit 111 off Interstate 74, turn right and immediately turn left onto Crossway Street. Follow approximately 3 miles and turn left onto Rambling Road. The house is the fifth house on the right.
 |
| ***Directions to Home*** |
| 1. New Hire
 |  | 1. Your County
 |  | 1. Today
 |  | 1. 10:00 am
 |
| ***Intake Case Worker*** |  | ***County*** |  | ***Referral Date*** |  | ***Time*** |
| 1. **Assigned Response Priority:**
 |  | **[ ]**  **P1** | **[x]  P2** | **[ ]  P3** |  | Today |  | 11:00 |
|  |  |  |  |  ***Date*** |  | ***Time*** |
| 1. **Name(s) of Other Persons Involved:**
 |
| Paula Collins | 894 Summer Circle Bovine, VA 22193 | 36 |  | Step-mother | **[ ]  YES** | **[x]  NO** |
| ***Name*** | ***Address/Telephone*** | ***Age*** | ***Gender*** | ***Relation to Victim*** | ***Alleged Perpetrator*** |
| Emma Collins | 894 Summer Circle Bovine, VA 22193 |    |  | Half-Sibling | **[ ]  YES** | **[x]  NO** |
| ***Name*** | ***Address/Telephone*** | ***Age*** | ***Gender*** | ***Relation to Victim*** | ***Alleged Perpetrator*** |
| Andrew Newel | 147 Stage Rd Dugger,TN 37546 | 22 |  | Half-Sibling | **[ ]  YES** | **[x]  NO** |
| ***Name*** | ***Address/Telephone*** | ***Age*** | ***Gender*** | ***Relation to Victim*** | ***Alleged Perpetrator*** |
| Phillip Wilson | 5609 Warden Gate Hilton, TN 37546 | 65 |  | Maternal Grandfather | **[ ]  YES** | **[x]  NO** |
| ***Name*** | ***Address/Telephone*** | ***Age*** | ***Gender*** | ***Relation to Victim*** | ***Alleged Perpetrator*** |
| Evelyn Wilson | 5609 Warden Gate Hilton, TN 37546 | 60 |  | Maternal Step-Grandmother | **[ ]  YES** | **[x]  NO** |
| ***Name*** | ***Address/Telephone*** | ***Age*** | ***Gender*** | ***Relation to Victim*** | ***Alleged Perpetrator*** |
| Grace Wilson | 1212 Lincoln Rd Polk, TN 37546  | 64 |  | Materal Grandmother | **[ ]  YES** | **[x]  NO** |
| ***Name*** | ***Address/Telephone*** | ***Age*** | ***Gender*** | ***Relation to Victim*** | ***Alleged Perpetrator*** |
|       |       |    |  |       | **[ ]  YES** | **[ ]  NO** |
| ***Name*** | ***Address/Telephone*** | ***Age*** | ***Gender*** | ***Relation to Victim*** | ***Alleged Perpetrator*** |
|       |       |    |  |       | **[ ]  YES** | **[ ]  NO** |
| ***Name*** | ***Address/Telephone*** | ***Age*** | ***Gender*** | ***Relation to Victim*** | ***Alleged Perpetrator*** |
|       |       |    |  |       | **[ ]  YES** | **[ ]  NO** |
| ***Name*** | ***Address/Telephone*** | ***Age*** | ***Gender*** | ***Relation to Victim*** | ***Alleged Perpetrator*** |
|       |       |    |  |       | **[ ]  YES** | **[ ]  NO** |
| ***Name*** | ***Address/Telephone*** | ***Age*** | ***Gender*** | ***Relation to Victim*** | ***Alleged Perpetrator*** |
| 1. **Name(s) of Children in the Home:**
 |
| Travis Collins | 5/04/06 | 16 |  |  | Grand High School | 11 | **[x]**  | LOS |
| ***Name*** | ***DOB*** | ***Age*** | ***Race*** | ***Gender*** | ***School*** | ***Grade*** | ***Victim*** | ***Allegations*** |
| Michael Collins | 6/27/08 | 14 |  |  | Grand High School | 9 | **[ ]**  | NA |
| ***Name*** | ***DOB*** | ***Age*** | ***Race*** | ***Gender*** | ***School*** | ***Grade*** | ***Victim*** | ***Allegations*** |
|       |       |    |  |  |       |    | **[ ]**  |       |
| ***Name*** | ***DOB*** | ***Age*** | ***Race*** | ***Gender*** | ***School*** | ***Grade*** | ***Victim*** | ***Allegations*** |
|       |       |    |  |  |       |    | **[ ]**  |       |
| ***Name*** | ***DOB*** | ***Age*** | ***Race*** | ***Gender*** | ***School*** | ***Grade*** | ***Victim*** | ***Allegations*** |
|       |       |    |  |  |       |    | **[ ]**  |       |
| ***Name*** | ***DOB*** | ***Age*** | ***Race*** | ***Gender*** | ***School*** | ***Grade*** | ***Victim*** | ***Allegations*** |
|       |       |    |  |  |       |    | **[ ]**  |       |
| ***Name*** | ***DOB*** | ***Age*** | ***Race*** | ***Gender*** | ***School*** | ***Grade*** | ***Victim*** | ***Allegations*** |
|       |       |    |  |  |       |    | **[ ]**  |       |
| ***Name*** | ***DOB*** | ***Age*** | ***Race*** | ***Gender*** | ***School*** | ***Grade*** | ***Victim*** | ***Allegations*** |
|       |       |    |  |  |       |    | **[ ]**  |       |
| ***Name*** | ***DOB*** | ***Age*** | ***Race*** | ***Gender*** | ***School*** | ***Grade*** | ***Victim*** | ***Allegations*** |
|       |       |    |  |  |       |    | **[ ]**  |       |
| ***Name*** | ***DOB*** | ***Age*** | ***Race*** | ***Gender*** | ***School*** | ***Grade*** | ***Victim*** | ***Allegations*** |
|       |       |    |  |  |       |    | **[ ]**  |       |
| ***Name*** | ***DOB*** | ***Age*** | ***Race*** | ***Gender*** | ***School*** | ***Grade*** | ***Victim*** | ***Allegations*** |
| 1. **Name of Person Making Referral:**
 | Courtney Shores | **Telephone No**: | 615-564-6260 |
|  |  |  |  |
| New Life Counseling 754 Shady Ave Hartford, TN 37954 | CCFT worker | 9:10 am | Yesterday |
| ***Address*** | ***Relationship to Family or Victim*** | ***Time and Date of Alleged Incident*** |
|  |  |  |
| **List agencies that know, have known, or are working with the family or persons who can confirm abuse/neglect:**New Life Counsleing |
| 1. **Referral: (Refer to Intake Interview Guide for Information Needed Here):**

The referent reports about a month ago, Travis was admitted to a psychiatric hospital for seven days for stabilization and treatment of depression. Travis was cutting himself and his mother, Marilyn, had found a poem stating he intended to commit suicide in his room. When he was released from the hospital, he began receiving Comprehensive Child and Family Treatment (CCFT) services. The referent reported the family has not been following through with the safety plan, in that, Travis continues to have access to harmful objects and is unsupervised for extended amounts of time. It is difficult to make contact with the family to schedule appointments; therefore, his attendance in treatment has been sporadic. When the referent speaks with the mother, it appears she minimizes the seriousness of the situation. The mother has made statements that she feels Travis is just “wanting attention and needs to grow up”. The referent reports the times when they were able to be in the home, they witnessed disagreements among family members, and is concerned things will continue to escalate.  |
| 1. **Screening Decision:**
 | **[x]  Assigned** | **[ ]  Not Assigned: (Explain)**       |
| 1. New Hire
 |  | Today | 10:30 am |  | Today |
| ***Assigned To*** | ***Investigating Case Wkr. Signature*** | ***Date*** | ***Time*** | ***Intake Tm Leader’s Signature***  | ***Date*** |