

**DOCUMENTATION OF REFERRAL TO CHILD PROTECTIVE SERVICES
WV CPS Hotline: 1-800-352-6513**

Name of mandated reporter: _____

Date and time of referral: _____

Child referred: _____

Date of birth: _____ Age: _____ Gender: M F

Address: _____

Date(s) of alleged abuse: _____

Location of disclosure and to whom _____

Parent(s) or Guardian(s)	Relationship to: (mom, dad, grandparent, etc.)	Age: (estimated)	Phone:	Employer:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Siblings:	Gender:	D.O.B. or Age
_____	M F	_____
_____	M F	_____
_____	M F	_____
_____	M F	_____

Type of abuse and/or neglect (check all that apply):

- Physical Injury
 Excessive Corporal Punishment
 Mental or Emotional Injury
 Sale or attempted sale of child
 Abandonment

Failure or Inability to Supply:

- Necessary clothing
 Necessary supervision
 Necessary medical care (including hygiene)
 Necessary education

Information or reason to suspect abuse and/or neglect:

Name of intake worker: _____

Signature of administrator/counselor: _____



Feedback from CPS _____ **Intake letter received** _____ **Date received** _____

Assigned for assessment YES NO

(If not assigned, what is the reason given?)
