



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services  
Child and Family Services  
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Augusta, Maine 04333-0011  
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Fax (207) 287-5282; TTY (800) 606-0215

**Mandated Reporter Worksheet**

The following is information that will be requested/required at the time a report is made to Child Protective Intake. It is not necessarily expected that you will have all of this information available when you file a report, however this is information that you can anticipate being asked for. The more information you have available, the clearer the decision regarding CPS response.

**Name of Referent (reporter):** \_\_\_\_\_ **Agency:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Tel :** \_\_\_\_\_

**Requesting Confidentiality: Yes No**

**Name of primary caregiver:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Tel :** \_\_\_\_\_  
\_\_\_\_\_ **Work tel.:** \_\_\_\_\_

**Other adults in home:** \_\_\_\_\_

<b>Name of child:</b> _____	<b>Age:</b> _____	<b>Gender:</b> _____
<b>Name of child:</b> _____	<b>Age:</b> _____	<b>Gender:</b> _____
<b>Name of child:</b> _____	<b>Age:</b> _____	<b>Gender:</b> _____
<b>Name of child:</b> _____	<b>Age:</b> _____	<b>Gender:</b> _____

**Out of home parent:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Tel :** \_\_\_\_\_  
\_\_\_\_\_ **Work tel.:** \_\_\_\_\_

**Visitation/custody arrangement:** \_\_\_\_\_

**Child Care/Educational Status:** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_

**Native American Heritage:** Yes No

**Presenting Issue (Concern):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Domestic Violence Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mental Health Concerns/Diagnoses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Substance Abuse Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Providers:** \_\_\_\_\_ Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel : \_\_\_\_\_

Provider: \_\_\_\_\_ Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel : \_\_\_\_\_

Provider: \_\_\_\_\_ Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel : \_\_\_\_\_

**Relative Resources:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel : \_\_\_\_\_

Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel : \_\_\_\_\_

Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel : \_\_\_\_\_

**CONFIRMATION OF REPORT**

(Used for confirming principal or designated agent's report to authorities)

Name of principal or designated agent: \_\_\_\_\_

Agency contacted by telephone: \_\_\_\_\_

Name and title of agency contact: \_\_\_\_\_

Date and time of telephone report: \_\_\_\_\_

Copy of report form sent (include date and addressee): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal/Designated Agent Signature

\_\_\_\_\_  
Date and Time

**EMPLOYEE'S ACKNOWLEDGEMENT OF RECEIPT OF CONFIRMATION**

(To be returned to principal or designated agent)

I have received confirmation that my report has been made to DHHS or the DA by the Principal or other Designated Agent.

\_\_\_\_\_  
Notifying Person/Original Reporter's Signature

\_\_\_\_\_  
Date and Time

(Employee's Signature)