

Janet T. Mills  
Governor

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Commissioner



Maine Department of Health and Human Services  
Child and Family Services  
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### **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.

When the worksheet is complete with information that the reporter has available; the next step is to call Maine Child Protective Intake @ 1-**800-452-1999**.

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

Agency: \_\_\_\_\_  
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:** \_\_\_\_\_

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

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

**Native American Heritage:** Yes      No

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

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**Presenting Issue (continued)**

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

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

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

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**Service Providers:**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency: \_\_\_\_\_  
Tel : \_\_\_\_\_

Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Agency: \_\_\_\_\_  
Tel : \_\_\_\_\_

Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Agency: \_\_\_\_\_  
Tel : \_\_\_\_\_

**Relative Resources:**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
Tel : \_\_\_\_\_

Relative: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
Tel : \_\_\_\_\_

Relative: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
Tel : \_\_\_\_\_