



Request for New Intake on Open Assessment

This form is to be used when a Child Protective Worker (CPW) or Adult Protection Worker (APW) discovers new information requiring new allegations of abuse, a new assessment on a different alleged perpetrator, etc., during an open assessment. Please complete the form below and submit it to CSIU@hhs.iowa.gov. Once the form is processed by the Centralized Intake Unit, you will receive an email response with a new incident number.

- Child Abuse Assessment
- Family Assessment
- Dependent Adult Assessment/ Evaluation

Date & Time HHS became aware of new incident

Date of Intake:	Time of Intake:
Date the Intake was Accepted:	Time the Intake was Accepted:
Name of Accepting Supervisor:	Assigned Time Frame for APW: <input type="checkbox"/> 24 Hours <input type="checkbox"/> 72 Hours
Assigned Time frame for CPW: <input type="checkbox"/> 1 Hour <input type="checkbox"/> 24 Hours <input type="checkbox"/> 72 Hours <input type="checkbox"/> 96 Hours	

CPW or APW Requesting Intake:

Phone Number (Where you can be reached today):

Current Open Assessment Incident Number:

- Please link new assessment to the current open assessment if applicable

New Allegations of Abuse:

Alleged Perpetrator:

Alleged Perpetrator Date of Birth:

Please note any changes that need to be made regarding the household, i.e., people added or taken out of the household, changes to demographic information, etc.

- NOT APPLICABLE**

Please note anything that needs to be added to the additional information or intake information. **NOT APPLICABLE**

Are you requesting additional lookups be completed? YES NO

If YES, what lookups are you requesting?