

Child Welfare Emergency Services Intake Form

CWES Contractor Name: _____

Date: _____

Time: _____

☐ AM
☐ PM

Referral Source

Referral Made by:

☐ HHS ☐ JCS ☐ Law
Enforcement

Placement for:

☐ Court Ordered Place
☐ Temporary Hold (47 Hrs)

☐ Yes ☐ No Is referral from another Service Area?

If yes, identify which one: ☐ Western ☐ Northern ☐ Eastern ☐ Cedar Rapids ☐ Des Moines

Referring Worker:

Name: _____
E-mail: _____
Phone: _____
Service Area: _____

Referring Worker Supervisor:

Name: _____
E-mail: _____
Phone: _____

List other Service Provider(s) currently providing service to child:

Organization Name	Staff Name	Staff Email	Staff Phone
-------------------	------------	-------------	-------------

Child Information

Legal Name: _____	Address: _____
Date of Birth: _____ State ID: _____	City: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	State: _____ Zip: _____
Parent/Guardian: _____	County of Residence: _____ (where child currently lives)
Email: _____	County of Financial Responsibility (may differ from residence): _____
Phone: _____	

Intake Detail

Check if document was received at intake: ☐ Court Order ☐ Placement Agreement

Grade level: _____ Current School: _____

School District: _____

List the reasons for referral and concerns regarding safety, permanency, and well-being that need to be addressed:

Identify specific needs of the child (medical, dietary and educational needs):

What referral and resources are needed to address the needs of the child at discharge? (BHIS, therapy, and community services)

Name of staff completing Intake: _____