

# Child Welfare Emergency Services Intake Form

CWES Contractor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

AM  
 PM

## Referral Source

<b>Referral Made by:</b> <input type="checkbox"/> HHS Enforcement <input type="checkbox"/> JCS <input type="checkbox"/> Law	<b>Placement for:</b> <input type="checkbox"/> Court Ordered Place <input type="checkbox"/> Temporary Hold (47 Hrs)
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Yes    No   Is referral from another Service Area?  
 If yes, identify which one:    Western    Northern    Eastern    Cedar Rapids    Des Moines

<b>Referring Worker:</b> Name: _____ E-mail: _____ Phone: _____ Service Area: _____	<b>Referring Worker Supervisor:</b> Name: _____ E-mail: _____ Phone: _____
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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: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	State: _____ Zip: _____
Parent/Guardian: _____	County of Residence: _____ <small>(where child currently lives)</small>
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: \_\_\_\_\_