

Child Welfare Emergency Services Intake Form

CWES Contractor Name: _____

Date: _____

Time: _____

☐ AM
☐ PM

Referral Source

Referral Made

☐ HHS

☐ JCS

☐ Law

by:

Enforcement

Placement

☐ Court Ordered Place

for:

☐ 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: _____

Date of Birth: _____

Sex:

☐ Male

☐ Female

Address: _____

City: _____

State: _____

Zip: _____

Parent/Guardian: _____

Email: _____

Phone: _____

County of Residence: _____

(where child currently lives)

County of Financial Responsibility (may differ from residence): _____

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: _____