

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 the information that will be asked when you call Child Protective Intake. The more information you have available, the clearer the decision the Child Protective Intake workers and supervisors will then be able to act upon.

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.

DATE: _____

Name of Reporter: _____

Agency: _____

Address: _____

Tel : _____

Requesting Confidentiality: **Yes** **No**

Name of DHHS worker:

Name of primary caregiver: _____

Address: _____

Tel : _____

Work tel.: _____

Other adults in home: _____

Name of child: _____ **Age:** _____ **Gender:** _____

Name of child: _____ **Age:** _____ **Gender:** _____

Name of child: _____ **Age:** _____ **Gender:** _____

Name of child: _____ **Age:** _____ **Gender:** _____

Out of home parent: _____

Address: _____

Tel : _____

Work tel.: _____

Visitation/custody arrangement: _____

Child Care/Educational Status: _____

Primary Language: _____ **Native American Heritage:** Yes No

Presenting Issue (Concern):

Presenting Issue (continued):

Domestic Violence Concern:

Mental Health Concerns/Diagnoses: _____

Substance Abuse Concerns: _____

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 : _____