

Report to the **New Hampshire Division for Children, Youth and Families (DCYF) Central Intake:**

CALL: 1 (800) 894-5533 / (603) 271-6562

Central Intake Fax: 603-271-6565

In cases of **current emergency, imminent danger or safety concerns, call 911.**

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|--|-------------|-------------|-------------|--|---------------|
| School - Name of School | | | | Report Form Date & Time: Date: _____ Time: _____ | |
| Child Information: | | | | | |
| Child Name: First: Last: Nickname(s): | DOB: | Age: | Sex: | School Name: | Grade: |
| Additional Information Regarding Special Needs/Considerations: (e.g., communication, developmental delays, IEP, etc.) | | | | | |
| If KNOWN, Provide Sibling Information (or Information of other children in the home). If UNKNOWN, skip. | | | | | |
| Sibling # 1 Name: First: Last: Nickname(s): | DOB: | Age: | Sex: | School Name: | Grade: |
| Sibling # 2 Name: First: Last: Nickname(s): | DOB: | Age: | Sex: | School Name: | Grade: |
| Sibling # 3 Name: First: Last: Nickname(s): | DOB: | Age: | Sex: | School Name: | Grade: |
| Sibling # 4 Name: First: Last: Nickname(s): | DOB: | Age: | Sex: | School Name: | Grade: |
| Sibling # 5 Name: First: Last: Nickname(s): | DOB: | Age: | Sex: | School Name: | Grade: |
| Additional Information Regarding Special Needs/Considerations of Siblings: (e.g., communication, developmental delays, IEP, etc.) | | | | | |
| Legal Parent(s)/Guardian Information: | | | | | |

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| Legal Parent/Guardian Name(s): 1. 2. | Address (Where Child Resides with Parent(s)/Guardian(s): |
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| Phone Number(s): (Provide any KNOWN Phone Number(s) & Work Names): | | | |
|---|--------------|--------------|-------------------|
| Home: | Cell: | Work: | Work Name: |
| 1. | 1. | 1. | 1. |
| 2. | 2. | 2. | 2. |
| Additional Information Regarding Special Needs/Considerations of Parent(s)/Guardian(s): (e.g., communication, developmental delays, mental health, substance use, domestic violence, etc.) | | | |

| Incident Information: | |
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| Reporter Name: First: Last: | Title/Role at School |

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| School Address: |
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| Date of Report to NH DCYF: | Time of Report to DCYF: | Mode of Report: (Check ONE) <input type="checkbox"/> Disclosure Allowed <input type="checkbox"/> Disclosure NOT Allowed <input type="checkbox"/> Anonymous |
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| Person Completing this Report (If different from "Reporter Name" above) | |
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| Name: First: Last: | Title/Role at School: |

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| Reason for Report (e.g., Alleged Perpetrator, Type of Suspected Abuse (Physical/Sexual/Emotional)/Neglect and Date) |
| <small>NOTE: For suspected physical or sexual abuse, do NOT contact the parent(s)/guardian(s) regarding this report. Let DCYF/Law Enforcement be the first point of contact with the parent(s)/guardian(s) to protect the child and any potential evidence.</small> |

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| Did the Child Disclose Information? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| If YES, provide the child's EXACT words and any dialog you had with the child. If NO, please explain what led to your suspicion of child abuse/neglect. Use additional paper as needed. |
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| NH DCYF Response: <input type="checkbox"/> Screened-In <input type="checkbox"/> Screened-Out | Report Number: |
| Additional DCYF Response Directions: | (Provided by NH DCYF Central Intake): |
| | DCYF Central Intake Worker Name: |

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| Name of Principal Informed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If YES, Principal Name: | Check ALL that Apply: <input type="checkbox"/> Verbally Notified <input type="checkbox"/> Provided this Report Form |

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| Police Notification: <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| If YES, Police Department Name: Officer Name/Title: | Check ALL that Apply: <input type="checkbox"/> Verbally Notified <input type="checkbox"/> Provided this Report Form |
| Reporter Degree of Concern Communicated: (Circle ONE) (Low) 1 2 3 4 5 6 7 8 9 10 (High) | |

Reporter Signature: _____ **Date:** _____
Printed Name: _____ **Title:** _____