NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SOCIAL SERVICES CHILD PROTECTIVE SERVICES REPORT REPORT TO CENTRAL REGISTRY/CPS APPLICATION

Form # enter # assigned by system

1. County 2. Cty Case Number 3	. Case Manager Name, Last		FI MI 4. Case	Manager Number
.			,	
5. Date of Initial Report 6. Date	Assessment Initiated 6a.DER	R 7. Date of Case Decision	8. Risk Assess Rating	9. Request for Assistance
			L = Low $M = Medium$ $U = Uich$	n N = N/A
10. Child ID 11. Child Name, Last		Child N	lame, First	MI 12. Social Security Number
13. Date of Birth 14.Sex 15. R	ace 16. Sch 17. Gr 18.Lv Ar 19. S	pecial Areas 20. Source o	f Referral(s) 20a. NF 2	1. Juv 22. Cri 23. Perp Rel 24. Post Svcs
.				
25. Failure to 26. Failure to Report Reason (select all that apply) Rot Source Did not want to get involved/Family matters/Religious beliefs Thought DSS would not respond Fear of Retaliation/Financial distress				
Rpt Source Did not want to get involved/Family matters/Religious beliefs Thought DSS would not respond Fear of Retaliation/Financial distress Did not know how to report Did not know how to report Thought someone else would report it/Better handled by other resource or service				
Thought it would be a breach of confidentiality Did not consider actions inappropriate/Disbelief of possible allegations Other/Refused to say/Unknown				
27. Contributory Factors-Order By Priority (number all the		28. Type Reported	· · ·	30. Type Found 31. Findings Reason
household separately) CARETAKER CHILD	HOUSEHOLD	29. Maltreatment Type Reported apply based on priority of maltreatment		32. Maltreatment Type Found (number all that apply based on priority of maltreatment type reported.)
Alcohol Abuse Alcohol Proble		11.0	NEGLECT	ABUSE NEGLECT
Drug Abuse Drug Problem	Inadequate Housing	Physical II	mproper Supervision	Physical Imp. Supervision
	DOU Financial Problem		mproper Care	Emotional Imp. Care
Mental Retardation Mental Retard	ation Public Assistance	Sexual h	mproper Disc (No Injuries)	Sexual Imp. Disc (No Injuries)
Emotionally Disturbed Emotionally Disturbed		Delinquent In Acts Involving	mproper Disc (Injuries)	Delinquent Imp. Disc (Injuries)
Vis/Hearing Impaired Vis/Hearing Impaired		njurious Environment	Involving Inj. Environment Moral	
Learning Disability Learning Disability		Human h	njurious Environment (DV)	Turpitude Inj. Environment (DV)
Physically Disabled Physically Disabled		(Sexual)	njurious Environment (SA)	Human Inj. Environment (SA)
Other Med Condition Other Med Co	ndition	Human A Trafficking	bandonment	(Sexual)
Lack Child Dev Knwl Behavior Pro	olem	(Labor) No Alledged	Safe Surrender	Human Safe Surrender Trafficking Imp. Med/Rem Care
		Fau This	mproper Med/Rem Care	(Labor) Adopt. Law Violation
33. Perpetrator Name, Last	Perpetrator Name, First	MI 34. Date of B	-	Race 37. Sex 38. Social Security No 39.RIL 40.Mil
			.	
33. Perpetrator Name, Last	Perpetrator Name, First	MI 34. Date of B	irth 35. Age 36.	Race 37. Sex 38. Social Security No 39.RIL 40.Mil
41. Child Care Group Home/Institution				

DSS-5104 (REV CWS 06/20)