

TODAY'S DATE



THE NAVAJO NATION
NDSS
INTAKE

TYPE OF REFERRAL		
WRITTEN	TELEPHONE	OFFICE

Reporting Source (Confidential; release only by court order)	Mailing Address (for notice of report decision)	Telephone

REFERRED INDIVIDUAL	M/F	DOB/AGE	CENSUS	SOCIAL SECURITY #

HOME DIRECTIONS OR WHERE REFERRED PERSON CAN BE LOCATED

MAILING ADDRESS:	CHAPTER/COMMUNITY

PHONE CONTACT	SCHOOL	ADDRESS	TELEPHONE

			GRADE:
FAMILY HOUSEHOLD MEMBER	RELATIONSHIP	AGE	OCCUPATION/SCHOOL

ALLEGATION (What, How, When, Where)

WORKERS COMPLETING INTAKE REPORT:

TITLE:

POLICE NOTIFICATION					SCAN
No	Yes	Date:	CC#:	Police Officer or Badge #	MDT
Case Assignment				Prior reports/Deposition	
Case Worker	Protective Services	Response Level			
SUPERVISOR RECOMMENDATION & INTAKE PLAN					
Supervisor Name/Title/Date:					

SUPERVISOR REVIEW, RESPONSE LEVEL AND ASSIGNMENT:

Priority I: *If one of A, B or, C priority I apply. Immediate response is required.*

<input type="checkbox"/>	A	Safety influence 1-13 is present and minor is less than 7 years or an adult who requires 24 hour care
<input type="checkbox"/>	B	Is the alleged incident happening right now?
<input type="checkbox"/>	C	Is there immediate threat of harm?
<input type="checkbox"/>	1	No adult in the home will perform caretaker duties & responsibilities
<input type="checkbox"/>	2	One or both caretaker(s) is/are violent
<input type="checkbox"/>	3	One or both caretaker(s) cannot control behavior
<input type="checkbox"/>	4	Referred individual is perceived in extremely negative terms by one or both caretaker(s)
<input type="checkbox"/>	5	One or both caretaker(s) will fear they will maltreat referred individual(s) and or request placement
<input type="checkbox"/>	6	One or both caretaker(s) to hurt referred individual(s) and do not show remorse.
<input type="checkbox"/>	7	One or both caretaker(s) lack knowledge, skill or motivation in providing proper care which affects the referred individual(s) safety.
<input type="checkbox"/>	8	There is some indication caretaker(s) will flee
<input type="checkbox"/>	9	Referred individual has exceptional needs which caretaker cannot/willnot meet.
<input type="checkbox"/>	10	Living arrangements seriously endanger the physical health of the referred individual.
<input type="checkbox"/>	11	Caretaker's whereabouts is unknown.
<input type="checkbox"/>	12	Allegation of abuse, neglect exploitation in the foster home.
<input type="checkbox"/>	13	Suicidal of homicidal behaviors

Priority II: *(If two or more apply, Respond within 72 hours: If one, respond within five days)*

<input type="checkbox"/>	Referred Individual shows effects of maltreatment, such as serious emotional symptoms & lack of behavioral control
<input type="checkbox"/>	Referred Individual shows effects of maltreatment, such as serious physical symptoms
<input type="checkbox"/>	One or both caretakers overtly reject intervention.
<input type="checkbox"/>	Both caretakers cannot/ do not explain injuries and/or conditions.
<input type="checkbox"/>	Referred individual is fearful of home situation
<input type="checkbox"/>	Referred individual is seen by either caretaker as responsible for the caretaker's problems
<input type="checkbox"/>	Maltreating parent exhibits no remorse or guilt
<input type="checkbox"/>	One or both caretaker's have failed to benefit from previous professional help
<input type="checkbox"/>	Referred individual is 55+ years old and/ or cannot take care of self independently.
<input type="checkbox"/>	Referred individual is 18-54 years of age and/or cannot take care of self independently
<input type="checkbox"/>	Sexual abuse(prior to expiration of the Statues of Limitation)

Priority III: *(response time five working days)*

<input type="checkbox"/>	Moderate Physical Abuse; medical neglect; emotional abuse; Delinquent under 8; inadequate Supervision; Dependent under 12
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Priority IV: *(Response time within ten working days)*

<input type="checkbox"/>	Benign Abuse & Neglect; potential abuse& neglect; Dependent child over 12; Exploitation, non emergent out of home placement for AIC-CWA
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Priority V: *(Not investigated without court request)*

<input type="checkbox"/>	Truancy; Dental neglect; poor hygiene; immunization; Education neglect; Custody dispute TPR- guardianship-adoption; housing; home study; welfare checks; Information only
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