



Department of Social and Health Services
CHILDREN'S ADMINISTRATION

Telephone: Toll Free:
Fax: TDD:

CONFIDENTIAL

Date: _____ Number of Pages: _____

TO: NAME AND ADDRESS OF TRIBE _____ FROM: _____

Name of child(ren): _____

Children's Administration received Intake number _____ (attached) regarding the above referenced family or facility. Information received indicates the related child(ren) has a reported affiliation with your tribe/band.

Based on the information received, the Intake has been:

- Screened in for Child Protective Services (CPS) Response
 - 24 hour response Investigation
 - 72 hour response Investigation
 - 72 hour response Family Assessment Response
- Screened out to Information Only.
- Screened out as Third Party Intake and will be sent to law enforcement.
- Screened in non-CPS Intake, requesting services or payment only.
- Screened in for Division of Licensed Resources investigation for child abuse / neglect or licensing infraction on licensed facility.

If you need additional information about this report, please contact the following person at the e-mail address or telephone number contained below.

| | | |
|-------------------------|------------------|---------------|
| SOCIAL WORKER OR OFFICE | TELEPHONE NUMBER | EMAIL ADDRESS |
|-------------------------|------------------|---------------|

- E-mail
- US Mail
- Certified Mail
- Fax

THIS TRANSMISSION MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF YOU RECEIVE THIS FAX IN ERROR, PLEASE DO NOT SHARE WITH ANYONE AND NOTIFY THE SENDER IMMEDIATELY.