



PO Box 167, Statesville, NC 28687
 Phone 704-878-2227 Fax 704-873-9672

Intake Referral Form

- Parenting Classes
 Parent Aide
 Coaching to Permanence
 Carolina's Children
 Family Connections
 Info or Referral only

Date _____ Time _____ Caller's Name _____ Phone _____

CPS Worker: _____ Phone _____

Are services court-ordered? Yes No

Mother _____

Address _____

_____ ZIP CODE _____

Phone _____

Date of Birth _____

Race: White-Black-Asian-Native American-Multi-Racial-Unknown

Employed _____

Father _____

Address _____

_____ ZIP CODE _____

Phone _____

Date of Birth _____

Race: White-Black-Asian-Native American-Multi-Racial-Unknown

Employed _____

Children DOB Age Gender

Others in Home Age Relationship

Intake Signature _____

Revised 12/12/2016

Disposition of Case _____



Intake Referral Form

Any SCAN referrals previously made? Yes No

Any previous reports made to CPS? Yes No

How many reports? _____ How many substantiated? _____

History of prior reports?

Type of Referral: Abuse Neglect Dependency Failure To Thrive Mental Health

Domestic Violence Substance Abuse Lack of Supervision At Risk for: _____

What happened to initiate this new report?

State specific areas that DSS or the referring agency would like SCAN to address.

Any court involvement? Yes No Up-coming court dates: _____

Have parents been involved with CPS as a child? Yes No

Have parents been in Foster Care as a child? Yes No

What has family been told about SCAN? _____

Others involved with family? _____

Directions to Home: _____
