Date: Name of	of individual taking down informat	ion:	
<b>Reporter Information:</b>			
Reporter Name:	Relationship to Subject(s)	of Report:_	
Reporter Phone Number:	Best time(s) to be reached:		
Reporter Address:			
Eligibility for Protective Services:			
Adults and Child	lren over 1 year of age:		
1) Is the Subject of this report an enrolled member o	f a federally recognized tribe:	$\Box$ Y	□ N*
2) Does the Subject of this report live in a designated	d service area:	$\Box$ Y	□ N*
*If one or more questions are checked "No" the Sub	pject of this report is not eligible fo	<u>r services.</u>	
Is the Subject of this report eligible for services:		$\Box$ Y	$\square$ N
Unenrolled newbo	orns up to 1 year of age:		
1) Is the Subject of this report eligible for enrollmen	t?	$\Box$ Y	□ N**
2) Are the parents tribal members?		$\Box$ Y	□ N**
3) Is the Subject of this report identified as drug affe	ected or in need of protection?	$\Box$ Y	□ N**
4) Does the Subject of this report live in a designated	d service area:	$\Box$ Y	□ N**
**If one or more questions are checked "No" the Suls the Subject of this report eligible for services:	ubject of this report is not eligible f		<u>s.</u> □ N
If determined in Refer reporter to appropriate contacts to make the re	neligible for services: port. Document which service(s) y	ou referred	d the reporter
to:			1
☐ Montana Child Abuse Hotline: 866-820-5437	0.1		
☐ Montana Adult Protective Services: 800-551-319			
☐ Montana Public Assistance Helpline: 888-706-1:	))))		
THE CHIPPY			

ms Keport (Addit of Cin					
Address (include specific information that would help caseworker find the house)	Age	Sex	Enrolled in school (if applicable)	School	Grade
newacy,					
			□ Y □ N		
			□ Y □ N		
			□ Y □ N		
	Address (include specific information that would	Address (include specific   Age information that would help caseworker find the	Address (include specific Age Sex information that would help caseworker find the	Address (include specific information that would help caseworker find the house)  Age Sex Enrolled in school (if applicable)  Y N  Y N  Y N  Y N	Address (include specific information that would help caseworker find the house)  Age Sex Enrolled in school (if applicable)  Y N  Y N  Y N  Y N  Y N  Y N  Y N

### **Household Composition and Person(s) Responsible for Care:**

Name	Age	Sex	Relationship to Subject(s) of Report	Phone Number	Is this person responsible for the care of Subject(s) of Report?
					□ Y □ N
					□ Y □ N

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Ancecu	Ontinu		

Name:	Relationship to Subject(s) of Report:		
Address:	Phone Number:		
Name:	Relationship to Subject(s) of Report:		
Address:	Phone Number		

Nature and Ex Date of Incident:	U		erns: incident:		
			ses:		
			If yes, how often?:		
			curred?:		
Are any injuries obse					
Description of injuri	os/ concerns				
Additional Info	ormation (	any inform	ation the agency	or nerson v	sho made the
				_	
report believes	to be impor	rtant to the	investigation and	d disposition	of the alleged
abuse):					
Nature of Repo	orted Conc	erns:			
Physical Neglect:			Drug Exposure:	$\square$ Y	$\square$ N
Domestic Violence:	$\square \ Y  \square \ N$		Physical Abuse:		□N
Sexual Abuse:	$\square \ Y  \square \ N$		Other:	\ \ \ \ \ \ \	$\square$ N

Cross Referral	to Local Law E	nforcement:		
Date:	Time:	Name of individual sending	cross referral:	
Supervisor or casewo	rker to contact for follo	ow-up:	Phone number:	
Cross Referral to Federal Bureau of Investigation (FBI):				
Date:	Time:	Name of individual sending	cross referral:	
Supervisor or casewo	rker to contact for follo	ow-up:	Phone number:	