



# JLF-F Child Abuse and/or Neglect Reporting Form

Report to the **New Hampshire Division for Children, Youth and Families (DCYF) Central Intake:**

**CALL: 1 (800) 894-5533 / (603) 271-6562**

**Central Intake Fax: 603-271-6565**

In cases of **current emergency, imminent danger or safety concerns, call 911.**

<b>School or Organization:</b> <i>(Check One)</i> <input type="checkbox"/> <b>Timberlane Regional High School</b> <input type="checkbox"/> <b>Atkinson Academy</b> <input type="checkbox"/> <b>Timberlane Regional Middle School</b> <input type="checkbox"/> <b>Danville Elementary School</b> <input type="checkbox"/> <b>Performing Arts Center</b> <input type="checkbox"/> <b>Pollard School</b> <input type="checkbox"/> <b>Sandown North Elem. School</b> <input type="checkbox"/> <b>TLC at Sandown Central</b> <input type="checkbox"/> <b>Timberlane District Office</b>	<b>Report Form Date &amp; Time:</b> Date: _____ Time: _____
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<b>Child Information:</b>					
<b>Child Name:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Sex:</b>	<b>School Name:</b>	<b>Grade:</b>
First:					
Last:					
Nickname(s):					

<b>Additional Information Regarding Special Needs/Considerations:</b> <i>(e.g., communication, developmental delays, IEP, etc.)</i>

<b>If KNOWN, Provide Sibling Information (or Information of other children in the home). If UNKNOWN, skip.</b>					
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<b>Sibling # 1 Name:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Sex:</b>	<b>School Name:</b>	<b>Grade:</b>
First:					
Last:					
Nickname(s):					
<b>Sibling # 2 Name:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Sex:</b>	<b>School Name:</b>	<b>Grade:</b>
First:					
Last:					
Nickname(s):					
<b>Sibling # 3 Name:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Sex:</b>	<b>School Name:</b>	<b>Grade:</b>
First:					
Last:					
Nickname(s):					
<b>Sibling # 4 Name:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Sex:</b>	<b>School Name:</b>	<b>Grade:</b>
First:					
Last:					
Nickname(s):					
<b>Sibling # 5 Name:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Sex:</b>	<b>School Name:</b>	<b>Grade:</b>
First:					
Last:					
Nickname(s):					

**Additional Information Regarding Special Needs/Considerations of Siblings:** (e.g., communication, developmental delays, IEP, etc.)

**Legal Parent(s)/Guardian Information:**

<b>Legal Parent/Guardian Name(s):</b> 1. 2.	<b>Address</b> (Where Child Resides with Parent(s)/Guardian(s):
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**Phone Number(s):** (Provide any KNOWN Phone Number(s) & Work Names):

<b>Home:</b>	<b>Cell:</b>	<b>Work:</b>	<b>Work Name:</b>
1.	1.	1.	1.
2.	2.	2.	2.

**Additional Information Regarding Special Needs/Considerations of Parent(s)/Guardian(s):** (e.g., communication, developmental delays, mental health, substance use, domestic violence, etc.)

**Incident Information:**

<b>Reporter Name:</b> First: Last:	<b>Title/Role at School/District:</b>
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**School/District Address:**

<b>Date of Report to NH DCYF:</b>	<b>Time of Report to DCYF:</b>	<b>Mode of Report:</b> (Check ONE) <input type="checkbox"/> Disclosure Allowed <input type="checkbox"/> Disclosure NOT Allowed <input type="checkbox"/> Anonymous
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**Person Completing this Report** (If different from "Reporter Name" above)

<b>Name:</b> First: Last:	<b>Title/Role at Timberlane Regional School District:</b>
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**Reason for Report** (e.g., Alleged Perpetrator, Type of Suspected Abuse (Physical/Sexual/Emotional)/Neglect and Date)

**NOTE:** For suspected physical or sexual abuse, do NOT contact the parent(s)/guardian(s) regarding this report. Let DCYF/Law Enforcement be the first point of contact with the parent(s)/guardian(s) to protect the child and any potential evidence.

**Did the Child Disclose Information?**  Yes  No

**If YES, provide the child's EXACT words and any dialog you had with the child. If NO, please explain what led to your suspicion of child abuse/neglect. Use additional paper as needed.**

<b>NH DCYF Response:</b>		<input type="checkbox"/> <b>Screened-In</b>	<input type="checkbox"/> <b>Screened-Out</b>	<b>Report Number:</b>
<b>Additional DCYF Response Directions:</b>				<i>(Provided by NH DCYF Central Intake):</i>
				<b>DCYF Central Intake Worker Name:</b>
<b>Timberlane Regional School District Principal/Administrator Informed:</b>				<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>If YES, Principal/Administrator Name/Title:</b>			<b>Check ALL that Apply:</b>	
			<input type="checkbox"/> <i>Verbally Notified</i>	
			<input type="checkbox"/> <i>Provided this Report Form</i>	
<b>Police Notification:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
<b>If YES, Police Department Name:</b>			<b>Check ALL that Apply:</b>	
<b>Officer Name/Title:</b>			<input type="checkbox"/> <i>Verbally Notified</i>	
			<input type="checkbox"/> <i>Provided this Report Form</i>	
<b>Reporter Degree of Concern Communicated:</b> <i>(Circle ONE)</i>				
<b>(Low) 1 2 3 4 5 6 7 8 9 10 (High)</b>				

**Reporter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_