

4. Family composition: _____

Information to be filled out by the person making the DHHS referral

1. Name: _____
Occupation: _____
School: _____

2. Confidentiality of reporter requested: Yes No

3. Other information that the person making the report believes may be helpful:

4. Name of DHHS personnel/intake worker: _____

5. Parental notification of referral: Yes No
Comments:

6. Name of child protective worker assigned to case: _____

7. Any other comments or commitments made by DHHS or School at time of referral:

Lisbon School Policy requires that the principal/designee notify the Superintendent of any referrals/reports made to DHHS. Copies of any written reports are to be sealed, marked CONFIDENTIAL, and given to the Superintendent.

Signature of person who filled out this form: _____
Date: _____

Administrative Rule Adopted: September 09, 2008
Reviewed: January 10, 2011