

CONFIDENTIAL

School Administrative Unit #18
Franklin School District – Hill School District
119 Central Street
Franklin, NH 03235

REFERRAL FORM
CHILD ABUSE AND NEGLECT

Information to be filled out by the reporting party:

Child's name

Child's D.O.B.

Street

Child's gender

Town/City

Telephone

Parent/Guardian's name

Nature and extent of suspected abuse or neglect, including a description of injuries and any explanation given for them

Name address and telephone number of the person allegedly responsible for the abuse and neglect if known

Has there been consultation with school nurse regarding the report? YES NO

Name of school representative making the referral to DCYF _____

Date and Time of report _____

Name of intake worker/DCYF personnel _____

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Follow up information

Person assigned from DCYF _____

Contact information _____

Other comments and follow up