

Blue Earth County Child Protection Referral Form

Please do not email as Blue Earth County cannot ensure the confidentiality of the information.

Please complete and return to CP Intake at the Blue Earth County Government Center, 410 S. Fifth Street, PO Box 3526, Mankato, MN 56002-3526, or fax to **(507) 304-4305**. Oral reporting: dial (507) 304-4444, Option 1. Mandated Reporting Law, M.S. 626.556, requires reports to be phoned in immediately orally and forwarded in written form within 72 hours.

Date:	Time:
Reporter:	
Agency:	Phone:
Address:	
Relationship to Child(ren):	
Want to Know Screening Outcome: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Setting: <input type="checkbox"/> Phone <input type="checkbox"/> Walk-In <input type="checkbox"/> Email <input type="checkbox"/> Police <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fax <input type="checkbox"/> On-Call <input type="checkbox"/> Mail Remind for Written Report to Follow in 72-Hours <input type="checkbox"/>
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Children in the Home:

Name (first/middle/last):	DOB/Age:	Race:	Native American: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Alleged Perpetrator:
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosis/Needs:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Victim: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name (first/middle/last):	DOB/Age:	Race:	Native American: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Alleged Perpetrator:
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosis/Needs:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Victim: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name (first/middle/last):	DOB/Age:	Race:	Native American: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Alleged Perpetrator:
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosis/Needs:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Victim: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name (first/middle/last):	DOB/Age:	Race:	Native American: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Alleged Perpetrator:
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosis/Needs:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Victim: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent or Guardian Information:

First Name:	Middle Name:	Last Name:	Alleged Perpetrator: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: <input type="checkbox"/> Cell / <input type="checkbox"/> Home / <input type="checkbox"/> Work	Phone: <input type="checkbox"/> Cell / <input type="checkbox"/> Home / <input type="checkbox"/> Work	DOB/Age:	Race: Native American: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
Custody Arrangements With Child(ren):			

First Name:	Middle Name:	Last Name:	Alleged Perpetrator: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: <input type="checkbox"/> Cell / <input type="checkbox"/> Home / <input type="checkbox"/> Work	Phone: <input type="checkbox"/> Cell / <input type="checkbox"/> Home / <input type="checkbox"/> Work	DOB/Age:	Race: Native American: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
Custody Arrangements With Child(ren):			

