

CHILD ABUSE/SAFETY VIOLATION HOTLINE 90-DAY FOLLOW-UP INFORMATION

For use of this form, see AR 608-18; the proponent agency is OACSIM

AUTHORITY: PL 93-247, Child Abuse Prevention and Treatment Act of 1974, DoD Directives 6400.1, 6400.2 and 6400.3 Family Advocacy Program

PRINCIPAL PURPOSE: To identify and record information on reports of child and spouse abuse and provide protection and medical treatment to military members and their families.

ROUTINE USES: The military services use the information for internal management and maintain it by service. Data forwarded to OSD will be aggregated for analysis and void of case identifiers. Incident data is used to evaluate and identify protocols required in the case. Service program managers use the data to identify incidence and prevalence rates and trends; track involved families; justify appropriate resource allocation; and review and control providers of care.

DISCLOSURE: Disclosure is voluntary; however, failure to provide information may delay the provision of appropriate services to the individual.

1. DATE OF CALL (YYYYMMDD)	2. INSTALLATION	3. MACOM
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4. DOD CASE NUMBER	5. DATE OF DOD CALL TO HQDA (YYYYMMDD)	6. TYPE OF INCIDENT
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7. FACILITY (Include CDC or YS Building Number/FCC Provider Name and Address)

8. CRC DETERMINATION	9. DATE OF DETERMINATION (YYYYMMDD)
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10. IS/ARE VICTIM(S) RECEIVING TREATMENT?	11. IS SUSPECT RECEIVING TREATMENT?
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12. VICTIM(S) INFORMATION (If additional space is needed, continue on separate sheet)

a. NO.	b. AGE	c. SEX OF VICTIM(S)	d. TYPE OF ABUSE (Physical, Sexual or Neglect)	e. GRADE/RANK/MILITARY OR CIVILIAN STATUS OF EACH VICTIM'S SPONSOR
1				
2				
3				
4				

13. SUSPECT INFORMATION

a. NAME OF SUSPECT	b. AGE	c. SEX
d. POSITION	e. GRADE/RANK	
f. STATUS (Active duty, Reserve, Civilian, Contract, Volunteer, Other)	g. BRANCH OF SERVICE IF ACTIVE DUTY	

14. SUSPECT SITUATION	15. FCC HOME SITUATION
<input type="checkbox"/> SEPARATED FROM SERVICE/POSITION	<input type="checkbox"/> OPEN
<input type="checkbox"/> REMAINS IN POSITION	<input type="checkbox"/> CLOSED TEMPORARILY
<input type="checkbox"/> TRANSFERRED FROM CHILD CONTACT	<input type="checkbox"/> CLOSED PERMANENTLY

HQDA USE ONLY

16. ENTERED IN DATABASE BY	17. DATE (YYYYMMDD)
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