

**Clark County Department of Social Services**  
 Courthouse, 517 Court Street, P.O. Box 190  
 Neillsville, Wisconsin 54456-0190

**ACCESS WORKSHEET**

Case #  
 Date Received  
 Time Received  
 Received By  
 County

**I. Family Information**

Last Name:  
 Address:  
 City/Town:  
 Phone #:  
 Directions:

**A. ADULT INFORMATION**

	Name	DOB/Age	Race	Relationship
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Father Role:  
 Mother Role:  
 Place(s) of Employment:

**B. CHILD INFORMATION**

	Name	School/Day Care	DOB/Age	Sex/Race
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- 1.
- 2.
- 3.
- 4.

- 5.
- 6.

C. OTHER PERSONS LIVING IN HOME

Name	DOB/Age	Race	Relationship
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**II. Absent Parents/Relatives**

Name	Address	Phone #	Relationship
1.			
2.			
3.			

**III. Other Sources of Information About Family**

Name/Source	Address/Phone	Knowledge of Family/Situation
1.		
2.		
3.		

**IV. Referral Information**

A. MALTREATMENT Reporter's Referral:

(Describe the types of maltreatment apparent and the surrounding circumstances accompanying the alleged maltreatment and any actions taken to control maltreatment):

Allegations: Abuse  Neglect  Sexual  Other

Alleged Maltreater:

Child's Whereabouts:

Phone #:

Parent's Whereabouts:

Phone #:

B. CHILD (Describe how the child functions. Include pervasive behaviors, feelings, intellect, physical capacity, and temperament):

C. PARENT (Describe each adult caretaker's parenting practices, disciplinary approaches, general functioning, mental health functioning, use of substances, and childhood history. If nonfamilial maltreatment, describe any parental involvement, knowledge of the incident and action in response to that knowledge):

D. FAMILY (Describe how the family interacts and functions, the quality of extended family support, and formal and informal supports):

E. Files indicate prior or current agency involvement?

No  Yes  (Attach Service Documentation with description.)

**V. Reporter Information**

Name:

Phone #

Address:

Relationship to/knowledge of family and how reporter came to know:

Willingness of reporter to stay involved:

Appropriateness of reporter:

Reporter's opinion about needed actions and child's safety:

**VI. Screening Information**

A. Insufficient identifying information in order to locate family:

Information Does Not Meet Child Maltreatment/Risk Definition:

B. REFERRAL ACCEPTED:  SCREENED OUT:

If screened out, an explanation is required here:

**VII. Present Danger Threats to Safety**

Identified below are examples of influences which, when present and/or interacting, may be considered Threats to Safety.

<p><b>MALTREATMENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Maltreating now</li> <li><input type="checkbox"/> Multiple injuries</li> <li><input type="checkbox"/> Face/head</li> <li><input type="checkbox"/> Serious injury</li> <li><input type="checkbox"/> Premeditated</li> <li><input type="checkbox"/> Several victims</li> <li><input type="checkbox"/> History of reports</li> <li><input type="checkbox"/> Life threatening living arrangements</li> <li><input type="checkbox"/> Bizarre cruelty</li> <li><input type="checkbox"/> Accessible to maltreater</li> <li><input type="checkbox"/> Other</li> </ul>	<p><b>CHILD</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent's viewpoint of child is bizarre</li> <li><input type="checkbox"/> Child is unsupervised/alone (pre-school)</li> <li><input type="checkbox"/> Child age 0 through 6</li> <li><input type="checkbox"/> Child unable to protect self</li> <li><input type="checkbox"/> Child fearful/anxious</li> <li><input type="checkbox"/> Child needs medical care (any age)</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>PARENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parents unable to perform parental responsibility</li> <li><input type="checkbox"/> Bizarre behaviors</li> <li><input type="checkbox"/> Parent described as dangerous</li> <li><input type="checkbox"/> Parent out of control</li> <li><input type="checkbox"/> Parent intoxicated</li> <li><input type="checkbox"/> Other</li> </ul>	<p><b>FAMILY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Family isolated</li> <li><input type="checkbox"/> Spouse abuse present</li> <li><input type="checkbox"/> Family may flee</li> <li><input type="checkbox"/> Family hides child</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>OTHER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Situation may/will change quickly</li> <li><input type="checkbox"/> Services inaccessible or unavailable</li> </ul>	

**VIII. Conclusion**

A. RESPOND WITHIN:

0-2 HRS.  
 SAME DAY

24 HRS.  
 2-5 DAYS

B: DATE OF DECISION:  
DATE ASSIGNED TO INITIAL ASSESSMENT:

ACCESS SUPERVISOR:

Supervisor Signature: \_\_\_\_\_

WORKER ASSIGNED FOR INITIAL ASSESSMENT: