

CHILD ABUSE/SAFETY VIOLATION HOTLINE INTAKE 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 8400.1, 8400.2 and 8400.3 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	2. INSTALLATION	3. MACOM	4. DOD CASE NUMBER
5. INTAKE RECEIVED BY		6. FACILITY (Include CDC, YS Building Number/FCC Provider Name and Address)	
7. TYPE INCIDENT		7.c. ACTIVITY (e.g., CDC, FCC, YS)	
7.a. SAFETY	7.b. CHILD ABUSE	7.d. SETTING	
FIRE	PHYSICAL	ACTIVITY ROOM	
HEALTH	SEXUAL	BATHROOM	
FACILITY	EMOTIONAL	OFFICE	
GENERAL	NEGLECT	YARD	
8. DATE OF INCIDENT/DATE VIOLATION NOTICED		KITCHEN	
		BEDROOM	
		PUBLIC LIVING AREA	
		SPORTS FIELD/FACILITY	
		OTHER (Specify)	

9. DESCRIPTION OF INCIDENT (If additional space is needed, continue on separate sheet.)

10. VICTIM(s) INFORMATION (If additional space is needed, continue on separate sheet)				
a. NO.	b. AGE	c. SEX OF VICTIMS	d. TYPE OF ABUSE (Physical, Sexual or Neglect)	e. GRADE/RANK/MILITARY OR CIVILIAN STATUS OF EACH VICTIM'S SPONSOR
1				
2				
3				
4				
11. PREVIOUSLY REPORTED BY CALLER TO (Enter date reported)				
DATE REPORTED			DATE REPORTED	
		CDS	MILITARY POLICE	
		CPS	CIVILIAN POLICE/FBI	
		FAP	INSTALLATION COMMANDER	
		CRIMINAL INVESTIGATORS	SAFETY OFFICE	
		MEDICAL	OTHER (Specify)	
		YS		
12.a. SUSPECT NAME		12.b. SUSPECT AGE	12.e. SUSPECT SEX	
12.d. SUSPECT GRADE/RANK AND MILITARY/CIVILIAN STATUS		12.g. SUSPECT BRANCH OF SERVICE AND COMMAND IF ACTIVE DUTY		
12.f. SUSPECT POSITION				
PROVIDER		PARENT		CONTRACT EMPLOYEE
CAREGIVER		ADMINISTRATOR		FAMILY MEMBER
SUPPORT STAFF		COACH		OTHER (Specify)
VOLUNTEER		RECREATION AIDE		
13.a. REPORTER NAME (Optional)		13.b. REPORTER ADDRESS (Optional)		13.c. PHONE NUMBER (Optional)
HQDA USE ONLY				
14. CALL REFERRED TO		15. 7-DAY REPORT DUE		16. 90-DAY REPORT DUE
17. HQDA FAP POC			18. ENTERED IN DATABASE BY	
19. DATE ENTERED IN DATABASE			20. HQDA CASE NO.	

FAMILY IDENTIFICATION SHEET FOR A CHILD RECEIVING SERVICE						CHILD'S CASE NUMBER			
For use of this form, see AR 608-40 the proponent agency is <i>ACLS/M</i>									
DATA REQUIRED BY THE PRIVACY ACT OF 1974									
AUTHORITY:		Title 5, United States Code, Section 301.				<i>Emergency Placement</i>			
PRINCIPAL PURPOSE:		To provide essential background information to develop a service plan for each child and family involved in the <i>care delivery process</i> .							
ROUTINE USES:		(1) To identify problems the child/family is experiencing; (2) to select a foster home which can best meet the needs of the child; (3) to make long range plans for the child.							
DISCLOSURE:		Providing information is voluntary. No adverse effect on the individual.							
NAME (Child)						SOCIAL SECURITY NO.			
INFORMATION ON PARENTS									
NATURAL FATHER				NATURAL MOTHER					
NAME (Full name, nickname, alias)				NAME (Exclude maiden name)					
ADDRESS (Include ZIP Code)				ADDRESS (Include ZIP Code)					
DATE OF BIRTH (Month, day, year)				DATE OF BIRTH (Month, day, year)					
PLACE OF BIRTH (State, Country, town or city)				PLACE OF BIRTH (State, Country, town, or city)					
RACE AND CITIZENSHIP				RACE AND CITIZENSHIP					
PHYSICAL DESCRIPTION									
HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	SKIN	HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	SKIN
BIRTHMARKS, SCARS				BIRTHMARKS, SCARS					
HANDICAPS				HANDICAPS					
CHRONIC ILLNESS			WEARS GLASSES		CHRONIC ILLNESS			WEARS GLASSES	
			<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
EDUCATION				EDUCATION					
<input type="checkbox"/> GRADE SCHOOL		<input type="checkbox"/> HIGH SCHOOL		<input type="checkbox"/> GRADE SCHOOL		<input type="checkbox"/> HIGH SCHOOL			
<input type="checkbox"/> COLLEGE				<input type="checkbox"/> COLLEGE					
VOCATIONAL AND OTHER TRAINING				VOCATIONAL AND OTHER TRAINING					
SOCIAL SECURITY NUMBER			EMPLOYED		SOCIAL SECURITY NUMBER			EMPLOYED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
OCCUPATION(S)				OCCUPATION(S)					
		UNIT NUMBER AND NAME				UNIT NUMBER AND NAME			

CHILD'S FACE AND WHEREABOUTS SHEET		CASE NUMBER		
For use of this form, see AR 608-1 the proponent agency is DCS PER ACSIM				
DATA REQUIRED BY THE PRIVACY ACT OF 1974				
AUTHORITY:		Title 5, United States Code, Section 301.		
PRINCIPAL PURPOSE:		To provide essential background information to develop a service plan for each child and family involved in the EMERGENCY PLACEMENT care delivery process.		
ROUTINE USES:		(1) To identify problems the child/family is experiencing; (2) To select a EPC home which can best meet the needs of the child; (3) To make long range plans for the child.		
DISCLOSURE:		Providing information is voluntary. No adverse effect on the individual.		
NAME OF CHILD (Last, first, middle)		ALIAS AND/OR NICKNAME		
RACE	SEX	RELIGION	BAPTIZED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
BIRTHDATE (month, day, year)	BIRTHDATE VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE VERIFIED	PHOTO COPY FILED <input type="checkbox"/> YES <input type="checkbox"/> NO	
BIRTHPLACE (Name of hospital, or street, or R.F.D. number, city or town, county and state)				
NAME OF MOTHER (Last, first, middle, maiden)				
ALIAS AND/OR NICKNAME				
RACE	RELIGION			
NAME OF LEGAL FATHER (Last, first, middle)				
ALIAS AND/OR NICKNAME				
RACE	RELIGION			
FAMILY CASE NUMBER		DATE OF PLACEMENT IN EPC		
FAMILY OR AGENCY WITH WHOM CHILD PLACED				
NAME AND ADDRESS		RELATIONSHIP		
APPLICATION (Date) (EPC FAMILY)	ACCEPTANCE (Date) (EPC FAMILY)	FIRST PLACEMENT (Date) (EPC FAMILY)		
COURT (if INVOLVED)				
COURT (Name)				
DOCKET NUMBER	ORDER OF DETENTION (Date)	COMMITMENT (Date(s))		
FINDINGS				
DATE OF PLACEMENT/TRANSFER TO CIVILIAN AGENCY				
DATE	COURT (Name) OR AGENCY			
DATES PLACEMENT REVIEWED				
DATE	DATE	DATE	DATE	DATE
DATE	DATE	DATE	DATE	DATE

DA FORM 5193-R, APR 83
MAY 01

USAPPC V2.00

HEALTH DATA			CASE NUMBER	
For use of this form see AR 608-14 the proponent agency is 066PER. ACSIM				
DATA REQUIRED BY THE PRIVACY ACT OF 1974				
AUTHORITY:		Title 5, United States Code, Section 301.		
PRINCIPAL PURPOSE:		To provide essential background information to develop a service plan for each child and family involved in the foster care delivery process. EMERGENCY PLACEMENT		
ROUTINE USES:		(1) To identify problems the child/family is experiencing; (2) To select a foster home which can best meet the needs of the child; (3) To make long range plans for the child. ETC		
DISCLOSURE:		Providing information is voluntary. No adverse effect on the individual.		
NAME OF CHILD		BIRTHDATE	DATE	
CHRONIC ILLNESS AND HANDICAPS				
IMMUNIZATIONS			COMMUNICABLE AND CHILDHOOD DISEASES	
TYPE	DATE	WHERE GIVEN	TYPE	DATE
SMALL POX			MEASLES	
BOOSTER			MUMPS	
DPT 1ST			CHICKEN POX	
DPT 2ND			OTHER	
DPT 3RD				
SALK 1ST				
SALK 2ND				
SALK 3RD				
BCG				
OTHER			WEAR GLASSES	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIAL TESTS	DATE	RESULT	WHERE GIVEN	
PATCH TEST				
PATCH TEST				
PPD				
PPD				
SCHICK				
STS				
OTHER				
OPERATIONS AND HOSPITALIZATION				
DATE	PLACE	NATURE OF ILLNESS		

DA FORM 5195-R, APR 83
 MAY 01

USAPPC V2.00

DA CHILD / SPOUSE ABUSE INCIDENT REPORT

PRIVACY ACT STATEMENT

AUTHORITY: DoD Directive 6400.1, "Family Advocacy Program"
PRINCIPAL PURPOSE: To identify and record information on incidents of child and spouse abuse and provide protection and medical treatment to military members and their families.
ROUTINE USES: Service Managers use the data to identify incidence and prevalence rates and trends, track involved families, justify resource allocation and review and control providers of care.
DISCLOSURE: Voluntary; however, failure to provide information may delay the provision of appropriate services to the individual.

SECTION I - ADMINISTRATIVE DATA

1a. Case number (YYYYNNNN)	b. Sequence (A-Z)	2. Installation/MTF Code	3. Date Incident Reported (YYYYMMDD)
4. Type of Victim <input type="checkbox"/> a. Child <input type="checkbox"/> b. Spouse	5a. Fatality <input type="checkbox"/> Off: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Vict: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		6. Number of 2nd Offenders
7. Initial Referral to Family Advocacy. a. Source (x one) 1. Military <input type="checkbox"/> (a) Law Enforcement <input type="checkbox"/> (b) Medical/Dental <input type="checkbox"/> (c) Family Center <input type="checkbox"/> (d) Child Care/School <input type="checkbox"/> (e) Command <input type="checkbox"/> (f) Chaplain <input type="checkbox"/> (g) Other 2. Civilian <input type="checkbox"/> (a) Law Enforcement <input type="checkbox"/> (b) Medical/Dental <input type="checkbox"/> (c) Social Services <input type="checkbox"/> (d) Child Care/School <input type="checkbox"/> (e) Clergy <input type="checkbox"/> (f) Other 3. Other <input type="checkbox"/> (a) Neighbor/Friend/Relative <input type="checkbox"/> (b) Self-Referral, Victim <input type="checkbox"/> (c) Self-Referral, Offender <input type="checkbox"/> (d) Defense Logistics Agency <input type="checkbox"/> (e) National Security Agency <input type="checkbox"/> (f) US Army Recruiting Command <input type="checkbox"/> (g) Other b. Type of Maltreatment Initially Reported (x all that apply) Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/>			
8. Relationship of Alleged Offender to Victim (Complete EITHER a or b) a. IntraFamillial (x one) <input type="checkbox"/> (1) Parent (Natural, Step, etc) <input type="checkbox"/> (2) Spouse <input type="checkbox"/> (3) Sibling <input type="checkbox"/> (4) Other Family Member b. ExtraFamillial (x one) <input type="checkbox"/> (1) ExtraFamillial Caregiver <input type="checkbox"/> (a) Military Child Care Center Personnel <input type="checkbox"/> (b) Military Family Child Care Personnel <input type="checkbox"/> (c) Military Youth Program Personnel <input type="checkbox"/> (d) DoD Teacher/Other DoD School Personnel <input type="checkbox"/> (e) Other DoD Caregiver <input type="checkbox"/> (2) Relationship Unknown			
9. Incident Chronology. (Enter CRC Date and Either 'a, c and d' or 'b, c, and d') CRC DATE _____ (YYYYMMDD) a. UNSUBSTANTIATED <input type="checkbox"/> (1) Did Not Occur <input type="checkbox"/> (2) Unresolved (x all that apply) Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> b. SUBSTANTIATED (1) Incident <input type="checkbox"/> (a) Initial <input type="checkbox"/> (b) Subsequent Incident <input type="checkbox"/> (c) Reopen (2) Transfer In <input type="checkbox"/> (a) From MTF: _____ (3) Closure <input type="checkbox"/> (a) Intervention/Treatment No Longer Needed <input type="checkbox"/> (b) Maltreatment Reduced or No Longer Present <input type="checkbox"/> (c) Sponsor and/or Family Members No Longer Eligible for Care <input type="checkbox"/> (d) Victim Died <input type="checkbox"/> (e) Victim/Offender Refused Treatment <input type="checkbox"/> (f) Transfer Out - MTF trf to: _____ c. INVESTIGATIONS <input type="checkbox"/> (1) Child Protective Services <input type="checkbox"/> (2) Military Law Enforcement <input type="checkbox"/> (3) Civilian Law Enforcement <input type="checkbox"/> (4) SWS (Overseas) <input type="checkbox"/> (5) None d. VICTIM PROTECTIVE ACTIONS <input type="checkbox"/> (1) Child Removed for Substitute Care <input type="checkbox"/> (2) Spouse Sheltered <input type="checkbox"/> (3) Offender Removed from Home <input type="checkbox"/> (4) Offender Removed from Activity <input type="checkbox"/> (5) Other Safety Actions <input type="checkbox"/> (6) None			
IF UNSUBSTANTIATED STOP!!		GO NO FURTHER STOP!!	

SECTION II - SPONSOR INFORMATION		CASE NUMBER: ?	
10. SSAN	11. Name (Last, First, MI)	12. Sponsor Role <input type="checkbox"/> a. Alleged Offender <input type="checkbox"/> b. Victim <input type="checkbox"/> c. Neither	
13. Branch of Service <input type="checkbox"/> a. Army <input type="checkbox"/> b. Navy <input type="checkbox"/> c. Air Force <input type="checkbox"/> d. Marine Corps <input type="checkbox"/> e. Coast Guard <input type="checkbox"/> f. US Public Health Service <input type="checkbox"/> g. Nat'l Oceanic Atmos Admin (NOAA) <input type="checkbox"/> h. Retiree (any Uniformed Service) <input type="checkbox"/> i. Federal Civil Servant <input type="checkbox"/> j. Civilian (incl Govt Contr OCONUS)		14. Component <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Reserve <input type="checkbox"/> c. Guard	15. Pay Grade
SECTION III - VICTIM INFORMATION			
16. FMP	17. SSAN	18. Name (Last, First, MI)	19. DoB
21. Race/Ethnicity <input type="checkbox"/> a. White (Not Hispanic) <input type="checkbox"/> b. Black (Not Hispanic) <input type="checkbox"/> c. Hispanic <input type="checkbox"/> d. Asian/Pacific Islander <input type="checkbox"/> e. American Indian/Alaskan Native		22. Alcohol Involvement <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown	20. Sex <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female
23. Drug Involvement <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown		24. Disability <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown	
25. Clinical Intervention Provided by (X all that apply) <input type="checkbox"/> a. FAP Personnel <input type="checkbox"/> b. Other DoD Program <input type="checkbox"/> c. Non-DoD Program <input type="checkbox"/> d. No Treatment Provided		26. Incident Occurred <input type="checkbox"/> a. On Installation <input type="checkbox"/> b. Off Installation	
SECTION IV - ALLEGED OFFENDER INFORMATION			
27. SSAN	28. Name (Last, First, MI)		29. DoB
31. Race/Ethnicity <input type="checkbox"/> a. White (Not Hispanic) <input type="checkbox"/> b. Black (Not Hispanic) <input type="checkbox"/> c. Hispanic <input type="checkbox"/> d. Asian/Pacific Islander <input type="checkbox"/> e. American Indian/Alaskan Native		30. Sex <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female	
32. Alcohol Involvement <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown		33. Drug Involvement <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown	
34. Branch of Service <input type="checkbox"/> a. Army <input type="checkbox"/> b. Navy <input type="checkbox"/> c. Air Force <input type="checkbox"/> d. Marine Corps <input type="checkbox"/> e. Coast Guard <input type="checkbox"/> f. US Public Health Service <input type="checkbox"/> g. Nat'l Oceanic Atmos Admin (NOAA) <input type="checkbox"/> h. Retiree (any Uniformed Service) <input type="checkbox"/> i. Federal Civil Servant <input type="checkbox"/> j. Civilian (incl Govt Contr OCONUS)		35. Component <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Reserve <input type="checkbox"/> c. Guard	36. Pay Grade
37. Marital Status <input type="checkbox"/> a. Single (Never Married) <input type="checkbox"/> b. Married <input type="checkbox"/> c. Divorced <input type="checkbox"/> d. Widowed <input type="checkbox"/> e. Dual Military		38. Clinical Intervention Provided by (X all that apply) <input type="checkbox"/> a. FAP Personnel <input type="checkbox"/> b. Other DoD Program <input type="checkbox"/> c. Non-DoD Program <input type="checkbox"/> d. No Treatment Provided	
39. Type/Severity of Maltreatment (Enter the corresponding severity code for each type of maltreatment alleged in the incident) 1=Mild, 2=Moderate, 3=Severe			
40. Relationship of Offender to Victim (Complete EITHER a or b)			
a. IntraFamiliar (x one) <input type="checkbox"/> (1) Parent (Natural, Step, etc) <input type="checkbox"/> (2) Spouse <input type="checkbox"/> (3) Sibling <input type="checkbox"/> (4) Other Family Member		b. ExtraFamiliar (x one) <input type="checkbox"/> (1) ExtraFamiliar Caregiver <input type="checkbox"/> (a) Military Child Care Center Personnel <input type="checkbox"/> (b) Military Family Child Care Personnel <input type="checkbox"/> (c) Military Youth Program Personnel <input type="checkbox"/> (d) DoD Teacher/Other DoD School Personnel <input type="checkbox"/> (e) Other DoD Caregiver <input type="checkbox"/> (2) Relationship Unknown	
AUTHENTICATING OFFICIAL			
a. NAME and Title of CRC Chairperson (Please Print)		b. SIGNATURE	c. DATE SIGNED

CHILD ABUSE/SAFETY VIOLATION HOTLINE 7-DAY FOLLOW-UP INFORMATION	
<small>For use of this form, see AIR 808-18; the proponent agency is OACSIM</small>	
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	2. INSTALLATION
3. MACOM	4. DOD CASE NUMBER
	5. DATE OF DOD HOTLINE CALL
6. NAME AND TITLE OF CALLER	7. FACILITY (include CDC or YS Building Number/FCC Provider Name and Address)
8. TYPE INCIDENT	9. POTENTIAL FOR PUBLICITY
<i>If additional space is needed for items 10 thru 14, continue on separate sheet.</i>	
10. PRELIMINARY FINDINGS (if applicable)	
11. ACTIONS TAKEN BY FAP (CRC, SWS)	
12. ACTIONS TAKEN BY ACTIVITY (e.g., CDS, YS)	
13. ACTIONS TAKEN BY LAW ENFORCEMENT/CID	
14. ACTIONS TAKEN BY COMMAND (if applicable)	
15. ALLEGED OFFENDER STATUS	CONFIRMED
REASSIGNED WITHOUT CHILDREN	ARRESTED
REMAINS	INDICTED
SEPARATED	REINSTATED
16. PLAN OF ACTION FOR INVESTIGATION	
HQDA USE ONLY	
17. HQDA CASE NUMBER	18. DATE FORWARDED TO DOD
19. RECEIVED AT DOD BY	20. DATE ENTERED IN DATABASE

DA FORM 7317-1-R, JUN 94

CHILD ABUSE/SAFETY VIOLATION HOTLINE 90-DAY FOLLOW-UP INFORMATION				
<small>For use of this form, see AR 608-18; the proponent agency is OACSIM</small>				
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		2. INSTALLATION		3. MACOM
4. DOD CASE NUMBER		5. DATE OF DOD CALL TO HODA		6. TYPE OF INCIDENT
7. FACILITY (Include CDC or YS Building Number/FCC Provider Name and Address)				
8. CRC DETERMINATION				9. DATE OF DETERMINATION
10. IS/ARE VICTIM(S) RECEIVING TREATMENT?			11. IS SUSPECT RECEIVING TREATMENT?	
<small>12. VICTIM(S) INFORMATION (If additional space is needed, continue on separate sheet)</small>				
a. NO.	b. AGE	c. SEX OF VICTIMS	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	
SEPARATED FROM SERVICE/POSITION			OPEN	
REMAINS IN POSITION			CLOSED TEMPORARILY	
TRANSFERRED FROM CHILD CONTACT			CLOSED PERMANENTLY	
<small>JGDA USE ONLY</small>				
16. ENTERED IN DATABASE BY				17. DATE

DA FORM 7317-2-R, JUN 94

INITIAL REPORT OF CHILD ABUSE IN DOD OPERATED OR SANCTIONED ACTIVITIES					
<small>For use of this form, see AR 608-18; the proponent agency is OACSIM</small>					
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. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED FOR ADDITIONAL INFORMATION			2. INSTALLATION		
3. MACOM			4. DATE AND TIME ALLEGED INCIDENT OCCURRED		
5. TYPE OF CHILD ABUSE			6. ACTIVITY AND LOCATION OF ALLEGED ABUSE		
SEXUAL					
PHYSICAL					
NEGLECT					
7. VICTIM(S) INFORMATION (If additional space is needed, continue on separate sheet)					
a. NO.	b. AGE	c. SEX OF VICTIMS	d. TYPE OF ABUSE (Physical, Sexual or Neglect)	e. GRADE/RANK/MILITARY OR CIVILIAN STATUS OF EACH VICTIM'S SPONSOR	
1					
2					
3					
4					
8. DESCRIPTION OF ALLEGED OFFENDER					
a. POSITION/RELATIONSHIP, IF ANY, WITHIN ACTIVITY (e.g., COS Center Teacher, Volunteer, FCC Provider, FCC Family Member)			b. SEX	c. AGE	
d. DATE HIRED/CERTIFIED			e. DATE BACKGROUND CHECKS CONDUCTED AND RESULTS		
9. DESCRIPTION OF INCIDENT (If additional space is needed, continue on separate sheet)					
10. DATE REPORTED TO INSTALLATION RPOC			11. DATE REPORTED TO MILITARY LAW ENFORCEMENT		
12. DATE REPORTED TO FAMILY ADVOCACY PROGRAM MANAGER			13. DATE REPORTED TO CHILD PROTECTIVE SERVICES, IF APPLICABLE		
14.a. DATE REPORTED TO MACOM			14.b. DATE REPORTED TO DA		
15. OFFICIALS/AGENCIES CONDUCTING INVESTIGATION					
16. CURRENT STATUS OF INVESTIGATIONS					
17. ALLEGED OFFENDER STATUS			17. ALLEGED OFFENDER STATUS		
REASSIGNED WITHOUT CHILDREN			CONFINED		
REMAINS ON JOB			ARRESTED		
TERMINATED			INDICTED		
			REINSTATED		
18. CORRECTIVE ACTIONS INITIATED					
19. POTENTIAL FOR PUBLICITY					

DA FORM 7318-R, JUN 94

FOLLOW-UP/INTERIM REPORT OF CHILD ABUSE IN DOD OPERATED OR SANCTIONED ACTIVITIES

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

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 REPORT	2. INSTALLATION		
3. REPORTED BY	4. REPORTED TO		
5. ACTIVITY	6. TYPE OF ABUSE		
7. STATUS OF SUSPECT			
REASSIGNED	CONFINED		
REINSTATED	ARRESTED		
TERMINATED	INDICTED		
RESIGNED	OTHER (Specify)		
B. VICTIM(s) INFORMATION (if additional space is needed, continue on separate sheet)			
a. NO.	b. AGE	c. SEX OF VICTIMS	d. TYPE OF ABUSE (Physical, Sexual or Neglect)
1			
2			
3			
4			
9. MEDIA INTEREST (Attach articles if available)			
10. PARENTAL CONCERN/LAWSUIT			
11. MEDICAL FINDING(s) PER VICTIM			
12. ADMINISTRATIVE LEGAL ACTIONS PENDING			
13. CRC DECISION		14. DATE OF CRC DECISION	

DA FORM 7318-1-R, JUN 94

CLOSE OUT REPORT FOR REPORTS OF CHILD ABUSE IN DOD OPERATED OR SANCTIONED ACTIVITIES			
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. NAME OF INSTALLATION		2. MACOM	
3. ACTIVITY		4. DATE OF ORIGINAL REPORT	
5. TYPE OF CHILD ABUSE		6.a. CRC DETERMINATION	
SEXUAL		UNSUBSTANTIATED	
PHYSICAL		SUBSTANTIATED	
NEGLECT		b. DATE OF CRC DETERMINATION	
7. 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)
1			
2			
3			
4			
8. SUMMARY OF LEGAL ACTIONS THAT HAVE OCCURRED (e.g., employee disciplinary measures, prosecution)			
9. LESSONS LEARNED, INCLUDING RECOMMENDATIONS FOR CHANGES IN ARMY OR MACOM POLICY			
10. CORRECTIVE ACTIONS COMPLETED OR PROGRAMMED			
HQDA USE ONLY			
11. ENTERED IN DATABASE BY			12. DATE

DA FORM 7318-2-R, JUN 94

APPLICATION FOR TRANSITIONAL COMPENSATION							
All information except item 12 is to be entered by Service representative from Service records.							
SECTION I - PAYEE INFORMATION (If more than one eligible dependent, use the Remarks section on back to enter applicable information for each payee.)							
1. PAYEE NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH (YYYYMMDD)		4. SEX (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
5. ADDRESS							
a. STREET (Include apartment number)			b. CITY		c. STATE		d. ZIP CODE
6. RELATIONSHIP TO MEMBER (X one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> FORMER SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> ADOPTED CHILD <input type="checkbox"/> STEPCHILD							
7. CUSTODY (If payee is spouse or former spouse, enter names of dependent children from item 23 who are in payee's custody. If all, enter "ALL")				8. INCAPACITATION YES NO (X Yes or No for each item)		9. IS INCAPACITY: (X one) (If applicable) <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	
				a. IS PAYEE INCAPACITATED? (If Yes, complete items 8.B. and C., and item 9.)		b. IS PAYEE INCAPABLE OF HANDLING FINANCIAL AFFAIRS? (If Yes, complete item 10.)	
				c. IS PAYEE INCAPABLE OF SELF SUPPORT?			
10. LEGAL REPRESENTATIVE (Complete only if legal representative is not the payee.)							
a. NAME (Last, First, Middle Initial)		b. STREET ADDRESS (Include apartment/suite no.)			c. CITY		d. STATE e. ZIP CODE
11. IF PAYEE IS A CHILD: (X Yes or No for each item.) (NOTE: Age of majority for a child is 18 in all states except the following: Alabama, Nebraska and Wyoming: age of majority is 19; Mississippi, West Virginia and Puerto Rico: age of majority is 21.)							
YES NO							
a. WAS INCAPACITY INCURRED BEFORE AGE 18?							
b. IF INCAPACITY WAS INCURRED BETWEEN AGES 18 AND 23, WAS THE CHILD A FULL-TIME STUDENT?							
c. IS CHILD UNDER THE AGE OF MAJORITY? (See NOTE. If Yes, complete item 10.)							
d. WAS CHILD DEPENDENT ON FORMER MEMBER FOR OVER ONE-HALF OF SUPPORT?							
12. PAYEE CERTIFICATION (Payee must sign and date to certify that the statements below are correct. Lines (2)-(4) apply only to spouse or former spouse.)							
(1) I am not cohabiting with the former member. If status changes, I will notify DFAS within 30 days.							
(2) I have not remarried. If status changes, I will notify DFAS within 30 days.							
(3) I have custody of the dependent children listed in item 7.							
(4) I was married to the member in item 14 at the time of the dependent abuse offense resulting in his conviction/administrative separation.							
(5) I claim payment of transitional compensation under Section 1059, Title 10, U.S.C.							
(6) I understand that I may not receive payments under both Section 1059 and Section 1408(h) of Title 10, U.S.C., and that, if eligible for both, I must elect which to receive. I elect payment of transitional compensation under Section 1059.							
a. SIGNATURE (Applicant acknowledges that acceptance of payments if the offender regains household is punishable under the law.)						b. DATE SIGNED (YYYYMMDD)	
SECTION II - MEMBER IDENTIFICATION							
13. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY				14. MEMBER NAME (Last, First, Middle Initial)		15. PAY GRADE (Prior to conviction or separation)	
16. SOCIAL SECURITY NUMBER				17. DATE OF BIRTH (YYYYMMDD)		18. SEX (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
19. OBLIGATED SERVICE DATES (YYYYMMDD)							
a. ACTIVE DUTY SERVICE ENTRY DATE			b. EXPIRATION OF ACTIVE OBLIGATED SERVICE (Enlisted only)		c. ESTABLISHED DATE OF SEPARATION AT TIME OF CONVICTION/ADMINISTRATIVE SEPARATION (Officer only) (If none, so state)		
20. DATE OF APPROVAL OF THE COURT-MARTIAL SENTENCE/ ADMINISTRATIVE SEPARATION (YYYYMMDD) (If court-martial, verify date with approving official. If administrative separation, use date of initiation of separation.)				21. PAYMENT DATES (YYYYMMDD) (Start date is date in item 20. Length of payment is 36 months except as follows: Subtract date in item 19.B. or 19.C. from the date in item 20. If less than 36 months, length of payment is that period or 12 months, whichever is greater.)			
				a. START		b. STOP	
22. APPROVING OFFICIAL CERTIFICATION. I certify that the offense resulting in court-martial conviction or involved in administrative separation is a dependent-abuse offense in accordance with DoD regulations. If married, the spouse was not a participant in the abuse offense.							
a. SIGNATURE		b. DATE SIGNED (YYYYMMDD)		c. TITLE		d. TELEPHONE (Include area code)	
e. STREET ADDRESS (Include apartment or suite number)				f. CITY		g. STATE h. ZIP CODE	

DD FORM 2698, JAN 95 (EG)

Designed using Perform Pro, WGL/DOR, Jan 95

23. DEPENDENT CHILDREN AT THE TIME OF THE ABUSE <i>(Continue in Remarks if necessary)</i>			
NAME <i>(Last, First, Middle Initial)</i> a.	SOCIAL SECURITY NUMBER b.	DATE OF BIRTH <i>(YYYYMMDD)</i> c.	
SECTION III - REMARKS <i>(Use this area to continue items as necessary. Reference each entry by item number.)</i>			
SECTION IV - APPROPRIATION DATA			
24. DFAS-DE IS AUTHORIZED TO CITE THE FOLLOWING APPROPRIATIONS FOR PAYMENT:			
25. FUND CITE APPROVING OFFICIAL			
a. SIGNATURE	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. TITLE	d. TELEPHONE <i>(include area code)</i>
e. STREET ADDRESS <i>(include apartment or suite number)</i>	f. CITY	g. STATE	h. ZIP CODE

DD FORM 2898 (BACK), JAN 95

MCHO-CL-H (608-18a)

MEMORANDUM THRU

FOR Commander, Enlisted Personnel Management Directorate,
U.S. Army Total Personnel Command,
ATTN: EPC-S, 2461 Eisenhower Avenue,
Alexandria, VA 22331-0450

SUBJECT: Request for Deferment/Deletion of Moderate or Severe
Child/Spouse Abuse Cases

1. Reference:

a. AR 608-18, The Army Family Advocacy Program, 1 Sep 95,
paragraph 3-32.

b. MEDCOM Pamphlet 608-1, Family Advocacy Program,
2 Mar 98, paragraph 16.

2. In accordance with AR 608-18, the subject request is made on
behalf of _____.

3. Stabilizing families in treatment is an important FAP issue.
It is possible for BSS stress to exacerbate the family's problems
and the gaining installation may not have all services the family
requires in order to complete the treatment plan.

4. Enclosures:

a. Enclosure 1 is the initial Case Review Committee (CRC)
memorandum to the commander substantiating the case of
_____.

b. Enclosure 2 is MEDCOM Form 626-R, the CRC prescribed
treatment plan for _____.

c. Enclosure 3 is DA Form 3739, Application for
Compassionate Actions on _____.

5. Note scheduled treatment is scheduled to end on or about
_____ and the service member is then available to
proceed to new duty station.

MCHO-CL-H

SUBJECT: Request for Deferment/Deletion of Moderate or Severe
Child/Spouse Abuse Cases

6. It is the recommendation of the CRC that the commander complete DA Form 3739, check 1c with an availability date of _____ and forward this correspondence and enclosures to addressee. Commander must ensure the soldier understands and is aware of the recommended action.

7. Our point of contact is _____

3 Encls

SIGNATURE
Chairperson, CRC

Sample