

UNWED MINOR PARENT ABUSE/NEGLECT CLAIM

HEA ID _____ Case Name (Last, First, M.I.) _____

AZTECS Number _____ Address (No., Street) _____

City _____ State _____ ZIP Code _____

Phone Number (Include Area Code) _____

I hereby affirm that I and/or my dependent child(ren) have suffered abuse and/or neglect while residing in the home of my parent(s), or other legally responsible adult(s). I understand that my claim will be referred to Child Protective Services for investigation.

NAMES OF ALL VICTIMS

Name (Last, First, M.I.) _____ Date of Birth _____

Name (Last, First, M.I.) _____ Date of Birth _____

Name (Last, First, M.I.) _____ Date of Birth _____

KNOWN INFORMATION ON ABUSIVE PERSONS (PARENT(S) OR OTHER LEGALLY RESPONSIBLE ADULT(S))

Name (Last, First, M.I.) _____ Date of Birth _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

Phone Number (Include Area Code) _____

Name (Last, First, M.I.) _____ Date of Birth _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

Phone Number (Include Area Code) _____

Please give approximate dates/description of alleged abuse and/or neglect while residing in the home of your parent(s) or other legally responsible adult(s).

Has there been previous contact with Child Protective Services and/or the police in regard to this matter?

Yes No Provide supporting documentation, if available.

Are there other children residing in the home of the parent(s) or other legally responsible adult(s)? Yes No

Name (Last, First, M.I.) _____ Date of Birth _____

Name (Last, First, M.I.) _____ Date of Birth _____

Client's Signature _____ Date _____

Worker's D-Number _____ Mail Drop _____

CPS RESPONSE

Assigned to _____ Mail Drop _____ Phone Number *(Include Area Code)* _____
 Referred to Military Base Tribal Services Date Referred _____ Date Completed _____
 Investigation Findings Substantiated (SB) Undetermined (UD) Unsubstantiated (US)
 Additional Information SB UD US No Action Taken
 Routing: Original – CPS, Copy – case record, Copy – client

Completion Instructions for FA-259

UNWED MINOR PARENT ABUSE/NEGLECT CLAIM

- A. Purpose. To provide a method for the minor parent to provide information regarding allegations of abuse and/or neglect when living with the parent(s) or other legally responsible adult relative(s).
- B. Completion. To be completed by the client and signed by the Eligibility Interviewer.
- C. Retention. To be retained in the permanent section of the case record until the record is destroyed.

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