

### UNWED MINOR PARENT ABUSE/NEGLECT CLAIM

HEAplus App ID \_\_\_\_\_ Case Name (*Last, First, M.I.*) \_\_\_\_\_  
AZTECS Case 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 Department of Child Safety 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 Department of Child Safety 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 \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Worker's D-Number \_\_\_\_\_ Mail Drop \_\_\_\_\_

**DCS 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 – DCS, Copy – case record, Copy – Participant

**Completion Instructions for FAA-0259A**

**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 participant and signed by the FAA Worker.
- C. Retention. To be retained in the permanent section of the case record until the record is destroyed.

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