

Foster Home: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: \_\_\_\_\_

Date of Report: \_\_\_\_\_



1468 E. Katella Avenue  
 Anaheim, CA 92805  
 (714) 385-1510  
 Lic# 306001812

**INCIDENT REPORT**

**Minor(s) Involved:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ DOP: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ DOP: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ DOP: \_\_\_\_\_

**Incident Location:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Adults Present: \_\_\_\_\_

**Type of Incident (check as many as applicable):**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Runaway/Missing    | <input type="checkbox"/> Suicide Attempt           | <input type="checkbox"/> Severe Acting Out | <input type="checkbox"/> Medical Attention |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Sexually Related Incident | <input type="checkbox"/> Illness           | <input type="checkbox"/> Obtained From     |
| <input type="checkbox"/> Physical Violence  | <input type="checkbox"/> School Incident           | <input type="checkbox"/> Injury            | <input type="checkbox"/> Doctor/Hospital   |
| <input type="checkbox"/> Other: _____       |  |  |  |

**Describe Incident (What happened, to whom, where, how; Method of intervention):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature/Title**

**Please complete the following:**

AFFA Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

County Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Police (If notified): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian (If notified): \_\_\_\_\_ Phone: \_\_\_\_\_

Community Care Licensing: \_\_\_\_\_ Date Sent: \_\_\_\_\_

**PLEASE SEND ORIGINAL COPY TO ADVANTAGE FOSTER FAMILY AGENCY**

**FOR OFFICE USE ONLY:** Supervisor: \_\_\_\_\_ Coordinator: \_\_\_\_\_ Date Sent to CSW: \_\_\_\_\_

Follow-Up Action Taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_