DA CHILD/SPOUSE ABUSE INCIDENT REPORT For use of this form, see AR 608-18; the proponent agency is OACSIM.											
		· · · · · · · · · · · · · · · · · · ·									
AUTHORITY:	DATA REQUIRED BY THE PRIVACY ACT OF 1974 5 U.S.C. 301, Department Regulations; 10 U.S.C. 3013, Secretary of the Army; 42 U.S.C. 10606 et seq.; Victims' Rights as implemented by the Department of Defense Instruction 1030.2, Victim and Witness Assistance Program; DoD Directive 6400.1, Family Advocacy Program (FAP); Army Regulation 608-18, The Family Advocacy Program; and E.O. 9397 (SSN)										
PRINCIPAL PURPOSE:	To provide essential background information to develop a service plan for each child and family involved in emergency placement.										
ROUTINE USES:	To federal, state, or local government agencies when it is deemed appropriate to use civilian resources in counseling and treating individuals of families involved in child abuse or neglect or spouse abuse; or when appropriate or necessary to refer a case to civiliar authorities for civil or criminal law enforcement; or when a state, county, or municipal child protective service agency inquires about prior record of substantiated abuse for the purpose of investigating a suspected case of abuse.										
	Information may be disclosed to departments and agencies of the Executive Branch of government in performance of their official duties relating to coordination of family advocacy programs, medical care and research concerning child abuse and neglect, and spouse abuse.										
DISCLOSURE: Voluntary. However, failure to provide the requested information may delay the provision of the appropriate services to the individual.											
SECTION I - ADMINISTRATIVE DATA											
1a. CASE NUMBER	(YYYYNNNN)	1b. SEQUENCE (A-Z)	2. INSTALLATION/I	MTF CODE	3. DATE INCIDENT REPORTED (YYYYMMDD)						
4. TYPE OF VICTIM		5. FATALITY	6. PREVIOUSLY KN	7. NUMBER OF 2ND OFFEND			2ND OFFENDERS				
CHILD SPOUSE		YES NO	OFFENDER:	OFFENDER: YES		NO					
O INITIAL DEFENDA	I TO FAMILY	ADVOCACY (C	VICTIM:	YES	NO						
8. INITIAL REFERRAL TO FAMILY ADVOCACY (Source) (Choose One)											
a. MILITARY	OEN AENIT	b. CIVILIAN	DOCEMENT		c. OTHE		1 A T I \ / F				
LAW ENFOR			DRCEMENT		NEIGHBOR/FRIEND/RELATIVE						
MEDICAL/DE		MEDICAL/I			SELF-REFERRAL, VICTIM						
			ERVICES	SELF-REFERRAL, OFFENDER							
CHILD CARE	SCHOOL		RE/SCHOOL		DEFENSE LOGISTICS AGENCY						
COMMAND		CLERGY		NATIONAL SECURITY AGENCY							
CHAPLAIN		OTHER			US ARMY RECRUITING COMMAND						
OTHER					OTH	ER					
9. TYPE OF MALTREATMENT INITIALLY REPORTED (Choose all that apply) PHYSICAL SEXUAL EMOTIONAL NEGLECT											
10. RELATIONSHIP	OF ALLEGED C	OFFENDER TO VICTIM (Ca	omplete EITHER a or l)							
a. INTRAFAMILI			b. EXTRAFAMILIA		Onel						
	tural, Step, etc.	·	EXTRAFAMILI		,						
SPOUSE	turui, Otop, etc.	,	<u> </u>			R PERSONNEL					
SIBLING			 			PERSONNEL					
 	U V NAENADED		 								
OTHER FAM	ILY MEMBER			YOUTH PRO			-,				
						CHOOL PERSONNI	EL .				
				D CAREGIV							
			RELATIONSHI	P UNKNOW	N						
11. INCIDENT CHRO	ONOLOGY (Ente	er CRC Date and complete	e either a, c and d or	b, c and d)		CRC DATE (YYYYMMDD)				
a. UNSUBSTANTIA	TED										
DID NOT OCC	UR										
UNRESOLVED	(Choose all tha	t apply) PHYS	SICAL	SEXUAL	E	MOTIONAL	NEGLECT				
b. SUBSTANTIATED)										
INCIDENT	INITIAL	SUBSEQUE	ENT INCIDENT	REOPE	N						
TRANSFER IN	FROM M	TF:									
CLOSURE	INTERVE	NTION/TREATMENT NO	LONGER NEEDED	VICT	IM DIED						
	MALTRE	ATMENT REDUCED OR N	IO LONGER PRESENT	VICT	IM/OFFEN	NDER REFUSED T	REATMENT				
SPONSOR AND/OR FAMILY MEMBER NO LONGER TRANSFER OUT - MTF TRANSFER TO:											
	ELIGIBLE	FOR CARE									
c. INVESTIGATIONS	3		d. VICTIM PRO	TECTIVE AC	TIONS						
CHILD PROTEC	S SWS (Oversea	MOVED FOR	O FOR SUBSTITUTE CARE OTHER SAFETY								
MILITARY LAV	V ENFORCEMEN	NT NONE					ACTIONS				
CIVILIAN LAW ENFORCEMENT OFFENDER REMOVED FROM HOME NONE							NONE				
	55			R REMOVED							
IE LINGLIBOTANI	TIATED	STOD				CHUTHED					

SECTION II - SPONSOR INFORMATION											
12. SOCIAL SECURITY NUMBER	14. SPONSOR ROLE										
12. SOCIAL SECURITY NUMBER 13. NAME (Last, First, MI)					ALLEG	ED OFFEND	DER NEITHER				
	VICTIM										
15. BRANCH OF SERVICE				16	COMPONE		17. RANK/PAY GRADE				
ARMY	IIC DIIRII	C HEALTH SER	VICE	10.	COMI ONE		IT. HANK/LAT GRADE				
I - 	—				DECLU A	D .					
NAVY	<u> </u>		ADMIN (NOAA)	REGULAR							
AIR FORCE		Any Uniformed			RESERV	E					
MARINE CORPS	FEDERAL	CIVIL SERVAN	Γ		GUARD						
COAST GUARD	CIVILIAN	(Incl Govt Conti	r OCONUS)								
		SECTION III	- VICTIM INFORMATION	ON							
18. FMP 19. SOCIAL SECU	JRITY NUMBER	20. NAME (L	ast, First, MI)			21. BIRTHD					
					1	YYYYMMDI	D) MALE				
							FEMALE				
23. RACE/ETHNICITY		24. ALCOH	IOL INVOLVEMENT	25.	DRUG INVO	DLVEMENT	26. DISABILITY				
WHITE (Not Hispanic)											
BLACK (Not Hispanic)		YE	ES		YES		YES				
HISPANIC		NO	NO NO				NO				
ASIAN/PACIFIC ISLANDER		-	NKNOWN		NO UNKN	OWN	UNKNOWN				
AMERICAN INDIAN/ALASK	ΔΝ ΝΔΤΙ\/Ε				Orticar	O 1111	on a control of the control of				
27. CLINICAL INTERVENTION PF		acco all that ann	ahd	20	INCIDENT (OCCURRED					
FAP PERSONNEL		ON-DOD PROGF	•	20.		STALLATIO	NI				
	├										
OTHER DOD PROGRAM		O TREATMENT				ISTALLATIO	JN				
			GED OFFENDER INFO	1							
29. SOCIAL SECURITY NUMBER	30. NAME (L	ast, First, MI)		31.	BIRTHDATE	E (YYYYMM	·				
							MALE				
							FEMALE				
33. RACE/ETHNICITY			34. ALCOHOL INVO	OLVEN	/IENT	35. DRUG	SINVOLVEMENT				
WHITE (Not Hispanic)											
BLACK (Not Hispanic)			YES			Y	YES				
HISPANIC			NO	NO							
ASIAN/PACIFIC ISLANDER	N UNKNOWN										
AMERICAN INDIAN/ALASK	AN NATIVE										
36. BRANCH OF SERVICE				37	COMPONE	NT 3	38. RANK/PAY GRADE				
ARMY	LIS PURLIC	HEALTH SERVI	C E	07.	OOM ONE		50. 10 tt tt 711 G1715E				
NAVY		ANIC ATMOS A			REGULA	D					
I 		ny Uniformed Se	•	RESERVE							
AIR FORCE		•	ervice)								
MARINE CORPS		IVIL SERVANT	2001110		GUARD						
COAST GUARD	CIVILIAN (II	ncl Govt Contr C	<u> </u>								
39. MARITAL STATUS			CLINICAL INTERVENT	HON I	PROVIDED						
SINGLE (Never Married)	├	IVORCED					NON-DOD PROGRAM				
MARRIED DUAL MIL		IDOWED	OTHER DOD PROGR				NO TREATMENT PROVIDED				
41. TYPE/SEVERITY OF MALTRE	ATMENT (Enter	the correspondir	ng severity code for ea	ach ty	pe of maltre	eatment alleg	ged in the incident)				
1 = MILD											
2 = MODERATE PHY	SICAL	SEXUAL	EM	101101	NAL	N	NEGLECT				
3 = SEVERE											
42. RELATIONSHIP OF ALLEGED	OFFENDER TO	VICTIM (Comple	ete EITHER a or b)								
a. INTRAFAMILIAL (Choose One) b. EXTRAFAMILIAL (Choose One)											
PARENT (Natural, Step, etc.) EXTRAFAMILIAL CAREGIVER											
SPOUSE MILITARY CHILD CARE CENTER PERSONNEL											
SIBLING MILITARY FAMILY CHILD CARE PERSONNEL											
OTHER FAMILY MEMBER MILITARY FAMILY CHILD CARE PERSONNEL MILITARY YOUTH PROGRAM PERSONNEL											
OTHER FAMILT MEMBER			NINITI								
DOD TEACHER/OTHER DOD SCH							NINEL				
OTHER DOD CAREGIVER											
			RELATIONSHIP UNK		N						
			UTHENTICATING OFFI GNATURE	ICIAL							
43. NAME AND TITLE OF CRC C			45. D	ATE <i>(YYYYMMDD)</i>							

DA FORM 7517, OCT 2003 PAGE 2 OF 2 APD V1.01