

**FIRST UNITED METHODIST CHURCH
FLORIDA DEPARTMENT OF CHILDREN & FAMILIES REPORT**



**Fax Transmittal Form To Report
Abuse/Abandonment/Neglect/Exploitation***
Fax Number: 1-800-914-0004

Reporter Information *(required for professionally mandated reporters of child abuse, abandonment and/or neglect; F.S. Chap.39)*

Your Last Name: _____ Your First Name: _____ Today's Date: _____
M.I.: _____

Your Occupation: _____ Your Agency: _____ Fax #: () _____ Phone #: () _____

Address: Street # _____ Street: _____ City: _____ Zip Code: _____ County: _____ State: _____

Do you want a response verifying receipt of this fax? Yes No

Address where the victim is currently located: Home Telephone Number: _____ Work Telephone Number: _____

Street #: _____ Street: _____ City: _____ Zip Code: _____ County: _____ State: _____

Victim(s) – (if the victim is a child, please list **other children in the home**; if the victim is an adult, describe disability and how he/she is impaired in the ability to care for or protect self in the "description of Incident section")

Last Name	First Name	DOB	SEX	RACE	SSN	Is this person a victim
(1)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(4)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(5)						<input type="checkbox"/> Yes <input type="checkbox"/> No

Person(s) responsible for alleged abuse, abandonment, neglect or exploitation

	NAME	DOB	SEX	RACE	SSN	RELATIONSHIP*
(1)						
(2)						

10-01-2000

