



LifeSpan Family Services of PA
 203 Lane Ave
 Punxsutawney, PA 15767
 Phone: 814-938-4408 Fax: 1-814-690-1850
www.LifeSpanFamilyServices.com

Incident Report
CONFIDENTIAL

A. SPECIFICS OF INCIDENT

First Name:		Date of Birth:	
Last Name:		Social Security #:	

Street Address:		City/State/Zip:	
Foster Family:		Phone #:	

Incident location:			
<input type="checkbox"/> Foster Home	<input type="checkbox"/> Visitation with biological family	<input type="checkbox"/> Community	<input type="checkbox"/> Other:
Address of Incident (if different than above address)			
Street Address:		City/State/Zip:	

Date of Incident:		Time of Incident:	
Initial Reporter:		Other's involved/Witness:	

B. TYPE OF INCIDENT *(Check all that apply)*

<input type="checkbox"/> Abuse (Physical, sexual, verbal, etc.)	<input type="checkbox"/> Alleged Criminal Act/Theft
<input type="checkbox"/> Client Behavior	<input type="checkbox"/> Client Restraint
<input type="checkbox"/> Death	<input type="checkbox"/> Emergency Closure/Relocation
<input type="checkbox"/> Falls	<input type="checkbox"/> Fire
<input type="checkbox"/> Hospitalization – Medical	<input type="checkbox"/> Hospitalization – Psychiatric
<input type="checkbox"/> Injury	<input type="checkbox"/> Medical/Emergency Problem/ER Visit
<input type="checkbox"/> Medication Error or Omission	<input type="checkbox"/> Neglect
<input type="checkbox"/> Police Involvement	<input type="checkbox"/> Potentially Negative Community Involvement
<input type="checkbox"/> Property/Equipment Damage	<input type="checkbox"/> Outbreak of Communicable Disease
<input type="checkbox"/> Rights Violation	<input type="checkbox"/> Refusal of Prescribed Treatment
<input type="checkbox"/> Sexual Relations	<input type="checkbox"/> Suicide Threat/Attempt/Actual
<input type="checkbox"/> Vehicle Accident	<input type="checkbox"/> Unexplained Absence/AWOL/Runaway
<input type="checkbox"/> Unsafe Conditions/Security	<input type="checkbox"/> Other (specify):

C. DESCRIPTION/DETAILS OF INCIDENT

Note: Please print clearly and provide as much detail as possible. Attach additional pages if necessary.

INCIDENT FOLLOW UP:
(For Staff Use Only)

Date Incident Closed:	Staff Initials:

D. NOTIFICATION

* P = Phone Call E = Email V = Verbally (in person) F = Fax

EXTERNAL	Date	Approximate Time	How*	Name of Person Notified	Title	Notified By (Initials)
Family/Guardian						
County CYS						
Regional CYS						
Child Line						
LifeSpan						
County JPO						
Other:						

INTERNAL	Date	Time	How*	Name of Person Notified	Title	Notified By (Initials)
Director						
Supervisor						
Coordinator						
Other:						

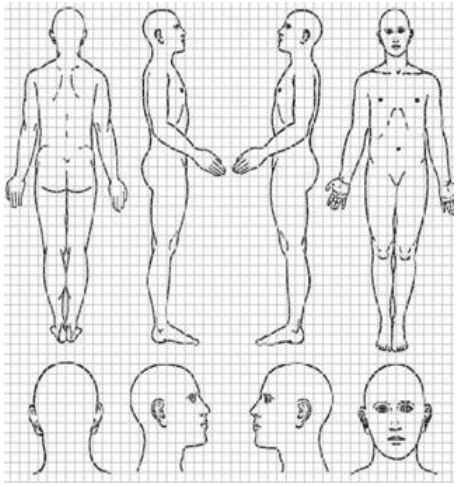
INVESTIGATION INFORMATION:			
Name of Investigator:		Title of Investigator:	
Phone #:		Date Investigation Open:	
Date Investigation Closed:		Investigation Outcome:	

**CONFIDENTIAL
INJURY REPORT**
Incident Report Attachment
(Only complete if injury is noted)

TREATMENT		
<input type="checkbox"/> No Medical Attention	<input type="checkbox"/> First Aid Only	<input type="checkbox"/> PCP Visit
<input type="checkbox"/> Emergency Room Visit		<input type="checkbox"/> Hospital Admission

IF PROFESSIONAL MEDICAL ATTENTION WAS NEEDED, PROVIDE HOSPITAL/PHYSICIAN INFORMATION	
Name of Hospital/ PCP:	
Address:	

DESCRIPTION OF INJURY/MEDICAL TREATMENT

LOCATION OF INJURY


CONFIDENTIAL
POLICE INVOLVEMENT REPORT
Incident Report Attachment
(Only complete if applicable)

POLICE DEPARTMENT INVOLVED (complete to the best of your ability)			
Police Agency:			
Address:		Phone #:	
Officer's Name:		Badge #:	

DESCRIPTION OF POLICE INVOLVEMENT (e.g. Criminal act, runaway, etc.)

POLICE REPORT BEING FILED?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

FORMAL CHARGES BEING FILED?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL INFORMATION REGARDING POLICE REPORT/CHARGES BEING FILED

CONFIDENTIAL
VEHICLE ACCIDENT REPORT
 Incident Report Attachment
 (Only complete if applicable)

	FOSTER FAMILY VEHICLE	OTHER VEHICLE INVOLVED
License Plate #:		
Make/Model/Year:		
VIN #:		
Insurance Co.:		

OCCUPANTS OF FOSTER FAMILY VEHICLE	
Driver:	
Passenger:	
Passenger:	
Passenger:	
Passenger	

LOCATION OF ACCIDENT	
Street/Highway:	
City:	State:
Zip Code:	

POLICE INFORMATION	
Police report being filed	Police report NOT being filed
Police agency:	
Address:	City/State/Zip:
Officer's Name:	Badge #:

DESCRIPTION OF ACCIDENT (Use additional sheets if necessary)

WAS ANYONE INVOLVED IN THE ACCIDENT INJURED?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No