

**INTAKE WORK SHEET - Date Received: \_\_\_\_\_**

GENERAL INFORMATION (Section 1)				
Atlas #:		Non IV-D #:		
Related Atlas case #:				
CP NAME:		NCP NAME:		
CP SSN:		NCP SSN:		
CP DOB:		NCP DOB:		
Alt Name:		Alt Name:		
Place of Birth:		Place of Birth:		
Alt HLCI:		Alt HLCI:		
RESEARCH ON CHILD(REN) (Section 2)				
	Child 1 Name	Child 2 Name	Child 3 Name	Child 4 Name
<b>SSCR</b>				
<b>DOB</b>				
<b>Place of Birth</b>				
<b>BIW Y or N</b>	<b>Y N</b>	<b>Y N</b>	<b>Y N</b>	<b>Y N</b>
<b>HLCI</b>				
BIOLOGICAL PARENT'S RELATIONSHIP (Section 3)				
MAR(Married)		DIV(Divorced)		NMP(Non Marital Partner)
Marriage Date: _____		County: _____		State: _____
Divorce Date: _____		County: _____		State: _____
C/O#: _____		County: _____		State: _____
Legal Separation Date: _____		County: _____		State: _____
Paternity Order #: _____		Date: _____		
County: _____		State: _____		
CASE FUNCTION/CASE ASSIGNMENT (Section 4) CAST (screen)				
Case Function: PAT EST ENF				
Transferred to county/office:				
Program Code: CAO		NAO	FAO	FCO NMO
CAI		NAI	FAI	FCI
CSENet Referral: Y N		FIPS CODE: _____		
Court Order Requested (FCSE 001/CM/F0208)		Non IV-D Status Change (FCSE 0001/CM/F0409)		
Acknowledgment/Intake Completed By: _____				Date: _____

