

## Broken Arrow Public Schools Documentation of Report to Oklahoma Department of Human Services

**Directions:** Please complete on the computer by tabbing to each section. Send a copy of the completed and signed report to Derek Blackburn (ESC) at [dblackburn@baschools.org](mailto:dblackburn@baschools.org) and Rachel Kaiser (ESC) at [rkaiser@baschools.org](mailto:rkaiser@baschools.org).

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Child lives with: \_\_\_\_\_ County: \_\_\_\_\_

Siblings	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Summary of incident or information received. Attach additional documentation if needed.

Contact Person at DHS: \_\_\_\_\_

Person contacted via phone at BAPD: \_\_\_\_\_ BAPD case number: \_\_\_\_\_

Response from DHS:

Person(s) involved in/reporting to DHS (NOTE: **Each name listed should have a separate referral number**)

Name:	Referral Number	Phone Referral	Online Referral	Name of Read Receipt Recipient
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Administrator Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Contacting DHS	Date	Time
Signature of Person Contacting DHS	Date	Time
Signature of Person Contacting DHS	Date	Time