

**Department of State Health Services (DSHS)  
Child Abuse Reporting Form**

DSHS monitors for reporting of abuse based on the factors described on this form and in the DSHS Screening, Documenting & Reporting Policy. You must use this form when:

- faxing reports of abuse to DFPS (800-647-7410) or law enforcement and documenting the report in the client record;
- documenting reports made by telephone to DFPS (800-252-5400, 24/7) or law enforcement; and
- documenting decisions not to report based on existence of an affirmative defense.

You may report abuse online at [www.txabusehotline.org/Default.aspx](http://www.txabusehotline.org/Default.aspx) and use a print-out of the report or a copy of the confirmation from DFPS with the client's name and date of birth written on it, instead of this form, as documentation in the client record.

**For DSHS monitoring purposes: You must report all** situations involving a minor under 14 years of age who is pregnant or has a confirmed diagnosis of a sexually transmitted disease acquired in a manner other than through perinatal transmission or transfusion. This form or the printed online report will be examined by DSHS monitoring staff and must be made available for review.

For minors under age 14: Confirmed HIV/STD via sexual contact or IV drug abuse      Yes \_\_\_ No \_\_\_  
Pregnant      Yes \_\_\_ No \_\_\_

Additionally, this form may be used as documentation of reporting other cases of potential child abuse and may be provided to the DSHS monitoring staff during a review to show evidence of reporting.

Date: \_\_\_\_\_

Child/Minor's name: \_\_\_\_\_ Child/Minor's Age: \_\_\_\_\_

In accordance with DSHS policy, an affirmative defense for sexual assault or indecency with a child may be established for **clients ages 14, 15, and 16 years. All instances of sexual activity of clients under 14 years of age must be reported.**

Check below if using the **optional** affirmative defense language for clients ages 14, 15, and 16 years of age:

- The actor was not more than three years older than the victim
- And no duress or force was used
- And partner is of the opposite sex

Using the criteria above or any other information provided by the client, did you determine that a report of child abuse is required? Yes \_\_\_ No \_\_\_

Reported to (if indicated):      DFPS            Case number: \_\_\_\_\_  
(Place a check in the appropriate box) Local Law enforcement            (optional)

The law requires you to report, **if known**, the name and address of the child, the name and address of the parent or caregiver, and any other pertinent information. **You are not required to report information not routinely collected, but any known details can assist DFPS or law enforcement in investigating suspected abuse:**

1. Client's address or some other way to locate (name of school or directions to home if rural or P.O. Box):  
\_\_\_\_\_

2. Name of parent or caregiver and address (or directions to home if rural or P.O. Box):  
\_\_\_\_\_

3. Name and age of alleged abuser:  
\_\_\_\_\_

4. Address or some other way to locate alleged abuser:  
\_\_\_\_\_

5. Explanation of why abuse is believed to have occurred (could include description of injury or condition, how the harm occurred or why the child appears to be at risk, explanation by child or parent, parents' involvement in the abuse/neglect situation, or when and where the incident occurred):  
\_\_\_\_\_  
\_\_\_\_\_

Contact information for staff person or agency submitting report (optional):  
\_\_\_\_\_