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| **CAPTA Portal Notification Questions** |
| **Reporter's Email:** |
| **Secondary Email:** |
| **Reporter's Name:** |
| **Reporter's Role:** |
| **Reporter's Hospital:** |
| **Other (name of Hospital/Newborn Care Provider):** |
| **Reporter's Address:** |
| **Reporter's City:** |
| **Reporter's State:** |
| **Reporter's Zip Code:** |
| **Reporter's Phone:** |
| **Reporter's Race:** |
| **Reporter's Ethnicity:** |
| **Is this the initial notification/referral regarding the identified newborn?** |
| **Initial Reference Number:** |
| **Has the child been exposed in utero to substances?** |
| **Zip code of where newborn will reside?** |
| **Mother/Birthing Person Age:** |
| **Mother/Birthing Person Race:** |
| **Mother/Birthing Person Ethnicity:** |
| **Newborn's Race:** |
| **Newborn's Ethnicity:** |
| **Which substances has the newborn been exposed to?** |
| **Is there a concern that Mother/Birthing Person substance use will impact parental functioning?** |
| **Is there suspicions of abuse or neglect?** |
| **Is there a Family Care Plan developed or reviewed by reporter?** |
| **Information provided, services identified or services referred:** |