

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING OUT THIS FORM

INSTRUCTIONS:

- The county children and youth agency (CCYA) staff member who has first contact with the newborn should complete this form.
- Please check if this is a new registration or an update.
- An update should be submitted anytime new information becomes available.
- If you do not know or are unsure about an answer, write "unknown" in the space provided.
- Within 72 hours, submit one copy of completed report form to RA-PWSafeHaven@pa.gov or to:
- Department of Human Services, Office of Children, Youth and Families,
- Attention: Safe Haven, P.O. Box 2675, Harrisburg, PA 17105-2675,

<input type="checkbox"/> New Registration
<input type="checkbox"/> Update

CCYA information (name, address and phone number):	Date CCYA received custody of newborn:												
Time CCYA received newborn:	Name of Hospital, Police Station or Emergency Services Provider that received newborn:												
Name of newborn:													
Sex of newborn:													
Race of newborn:													
Actual or estimated date of birth of newborn:													
Was the newborn a victim of abuse/neglect or any other crime?													
Were parents or relatives located? If yes, please complete the following for mother, father or relative:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Birth Mother name:</td> <td style="width: 25%;">Social Security number:</td> <td style="width: 25%;">Address:</td> <td style="width: 25%;">Phone number:</td> </tr> <tr> <td>Birth Father name:</td> <td>Social Security number:</td> <td>Address:</td> <td>Phone number:</td> </tr> <tr> <td>Relative name:</td> <td>Relationship to newborn:</td> <td>Address:</td> <td>Phone number:</td> </tr> </table>	Birth Mother name:	Social Security number:	Address:	Phone number:	Birth Father name:	Social Security number:	Address:	Phone number:	Relative name:	Relationship to newborn:	Address:	Phone number:
Birth Mother name:	Social Security number:	Address:	Phone number:										
Birth Father name:	Social Security number:	Address:	Phone number:										
Relative name:	Relationship to newborn:	Address:	Phone number:										
Parents' birth date, race, education, marital status:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Birth mother DOB:</td> <td style="width: 25%;">Race:</td> <td style="width: 25%;">Education:</td> <td style="width: 25%;">Marital status:</td> </tr> <tr> <td>Birth father DOB:</td> <td>Race:</td> <td>Education:</td> <td>Marital status:</td> </tr> </table>	Birth mother DOB:	Race:	Education:	Marital status:	Birth father DOB:	Race:	Education:	Marital status:				
Birth mother DOB:	Race:	Education:	Marital status:										
Birth father DOB:	Race:	Education:	Marital status:										
Newborn's current court disposition:													
Permanency goal:													
Date permanency achieved:													
Name, title and direct phone number of CCYA staff who received custody of the newborn:													
Name, title and direct phone number of staff member completing this form:													
Name, title and direct phone number of assigned CCYA caseworker (if different from above):													
Name, title and direct phone number of the assigned CCYA caseworker's supervisor:													