



PROTECTIVE SERVICE ALERT REPORT
 ND DEPARTMENT OF HUMAN SERVICES/CFS
 SFN 298 (Rev. 08-98)

1. Date whereabouts became unknown (month, day, year)

RELATIONSHIP CODES (R.C.)

- (A) Natural Child
- (B) Adopted Child
- (C) Stepchild
- (D) Foster Child
- (E) Private Institution Resident
- (F) Public Institution Resident
- (G) Grandchild/Parent
- (H) Sibling
- (I) Other Relative
- (J) Boy/Girlfriend or Caregiver
Who is Believed to Have Child
- (K) Babysitter
- (L) Out-of-Home Care Employee
(Specify) _____
- (M) Nonrelated
- (N) Unknown
- (O) Other (Specify): _____

CHILD STATUS (C.S.)

- (1) Court Ordered Protective Srv.
- (2) Alleged Victim
- (3) At Risk
- (4) Not a Party in the Report

ROLE CODES

- (B) Believed to Have Child
- (N) Not Involved

CUSTODY (C.)

- (1) Parental
- (2) Non Parental or
Non Agency
- (3) None
- (4) Public Agency

SEX CODES

- (M) Male
- (F) Female
- (U) Unknown

ETHNICITY CODES (E.C.)

- (A) Asian
- (B) Black
- (C) Caucasian
- (D) Spanish Surname
- (E) Native American
- (F) Other (Specify) _____

2.

	CAREGIVER(S) (Last name, first name, middle initial)	BIRTHDATE			Age	Role Code	Sex	E.C.	C.	Social Security Number
		MO	DA	YR						
(1)										
(2)										
(3)										

	CHILD(REN) (Last name, first name, middle initial)	BIRTHDATE			Age	R. C.			Sex	E.C.	C.S.	C.	Social Security Number
		MO	DA	YR		1	2	3					
(A)													
(B)													
(C)													
(D)													
(E)													
(F)													

3.

(A) Name/description of each caregiver believed to have physical custody of child with a child status of 1, 2, or 3:

(B) Name/description of each child with a child status of 1, 2, or 3:

