



PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING OUT THIS FORM

INSTRUCTIONS:

- Please check if new registration or update.
- An update should be submitted anytime new information becomes available.
- The county staff member who has first contact with the newborn should complete this form.
- Type or print in blue or black ink.
- If you do not know or are unsure about an answer, write "unknown" in the space provided.
- Within 72 hours of assuming custody of the newborn, submit one copy of completed report form to the Department of Public Welfare, Office of Children, Youth and Families, P.O. Box 2675, Harrisburg, PA 17105-2675, Attention: Safe Haven.

_____	New Registration
_____	Update

County children and youth agency information (name, address and phone number): Time county children and youth received newborn:	Date county children and youth received custody of newborn: Name of individual who received custody of newborn: County:
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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 an other crime?				
Were parents or relatives located? If yes, please complete the following for mother, father or relative:	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:	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 county children and youth staff who initially received the newborn:				
Name, title and direct phone number of staff member completing this form:				
Name, title and direct phone number of assigned county agency caseworker (if different from above):				
Name, title and direct phone number of the assigned county caseworker's supervisor:				