
Green River District Health Department
Department for Protection and Permanency Report Form

Name: _____ SSN: _____ - _____ - _____
Address: _____ City: _____
Zip Code: _____ Phone: () _____ - _____ County incidence took place in: _____

Please check the box beside the health center or program where this report is generated.

- | | |
|---|--|
| <input type="checkbox"/> Daviess County Health Center
(270) 686-7744 | <input type="checkbox"/> Webster County Health Center
(270) 639-9315 |
| <input type="checkbox"/> Hancock County Health Center
(270) 927-8803 | <input type="checkbox"/> Building Stronger Families Program
(270) 686-7744, ext. 2932 |
| <input type="checkbox"/> Henderson County Health Center
(270) 826-3951 | <input type="checkbox"/> HANDS
(270) 686-7744, ext. 5442 |
| <input type="checkbox"/> McLean County Health Center
(270) 273-3062 | <input type="checkbox"/> Perinatal Home Visiting Program
(270) 686-7744, est. 5442 |
| <input type="checkbox"/> Ohio County Health Center
(270) 298-3663 | <input type="checkbox"/> Early Head Start (Ohio County only)
(270) 298-4524 |
| <input type="checkbox"/> Union County Health Center
(270) 389-1230 | <input type="checkbox"/> School Health Program
(270) 852-5568 |

The following information has been reported to DPP on this date:

DPP Contact Person: _____

- Please call the Health Department staff member that signed this form if more information is needed.

Staff member making report: _____ Date: _____
Health Center/Program: _____ Extension: _____

(Original form mailed to DPP, SOAP note in family's chart, copy of form to Supervisor.)