

Comprehensive Addiction and Recovery Act (CARA) Notification Form

If you suspect either child abuse or neglect, please call the Nebraska Abuse and Neglect Hotline at 1-800-652-1999.

Email or fax this form to DHHS.CARANotification@nebraska.gov or 402-328-6218.

Please do not include patient identifiers.

_____ in _____, NE
 Hospital Name City/Town

_____ Mother's Race
 Child's Race

Please check the box next to the following criteria, if applicable:

- Mother is stable and engaged in opioid medication assisted treatment with a licensed physician.
- Mother is being treated with opioids for chronic pain by a licensed physician.
- Mother is stable and engaged in treatment for other non-opioid substance use, including alcohol, with a licensed provider, physician and/or stable recovery program.
- Infant is at risk for Fetal Alcohol Spectrum Disorder.
- Mother is engaged in substance use or misuse, (including Marijuana) that does not rise to the level of abuse/neglect requiring a report. This is up to the physician's judgement.

Plan of Safe Care:

- Plan of Safe Care for the family was completed as required by CARA.

Prenatal Exposure:

Methadone/Buprenorphine (MAT)		Other:	
Prescribed opioids for chronic pain		Other:	
Prescribed benzodiazepines		Other:	
Marijuana			
Nicotine/tobacco			
Alcohol			
Methamphetamine			

Report made to the Child Abuse/Neglect Hotline: Yes No

Referral made to appropriate service(s): Yes No