

**ADULT-AT-RISK ABUSE, NEGLECT, AND / OR EXPLOITATION
 DATA COLLECTION**

SECTION A: INITIAL INFORMATION

Referral Date (mm/dd/yyyy)	Reporting Year	Previous Report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Primary reason for call (select ONE code from Code Sheet) If "Other," specify:		
Other reasons for call (see Code Sheet)		
If "Other," specify:		
Date of Initial Contact (mm/dd/yyyy)	Was incident life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Incident Occurred At or Near (Incident Location Code)	If life-threatening, was incident fatal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	If fatal, was fatality related to incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Referral Source (see Code Sheet) If "Other," specify:		
Call Received by (see Code Sheet) If "Other," specify:		
Initial Response Agency Assigned (see Code Sheet) If "Other," specify:		

SECTION B: INFORMATION ABOUT ADULT-AT-RISK

First Name (Adult-at-Risk)	MI	Last Name	Telephone Number
Address 1		Address 2	
City		State	Zip Code
Age in Years	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hmong <input type="checkbox"/> Neither	Race (see Code Sheet)
Current Waiver Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Living Arrangement (see Code Sheet)	Is There a Substitute Decision-Maker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Current Community Support Program Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Current Comprehensive Community Services Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Adult-at-Risk Characteristics (see Code Sheet)			
If "Other," specify:			

SECTION C: INFORMATION ABOUT ALLEGED ABUSERS

FIRST ALLEGED ABUSER

First Name (Alleged Abuser)	MI	Last Name	Telephone Number
Address 1		Address 2	
City		State	Zip Code
Age in Years	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hmong <input type="checkbox"/> Neither	Race (see Code Sheet)
Relationship to Adult-at-Risk (see Code Sheet)		Is Alleged Abuser a Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does Alleged Abuser live with Adult-at-Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Is Alleged Abuser a Legal Substitute Decision-Maker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Alleged Abuser Characteristics (see Code Sheet)		If "Other," specify:	

SECOND ALLEGED ABUSER

First Name (Alleged Abuser)		MI	Last Name			Telephone Number
Address 1				Address 2		
City				State		Zip Code
Age in Years	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hmong <input type="checkbox"/> Neither		Race (see Code Sheet)	
Relationship to Adult-at-Risk (see Code Sheet)				Is Alleged Abuser a Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Does Alleged Abuser live with Adult-at-Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Is Alleged Abuser a Legal Substitute Decision-Maker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Alleged Abuser Characteristics (see Code Sheet)				If "Other," specify:		

SECTION D: REPORT SUMMARY

Incident Result <input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Unable to Substantiate				Actions Taken (see Code Sheet)		
Services Planned for Adult-at-Risk (see Code Sheet)						
If "Other," specify:						
Services Planned for Alleged Abusers (see Code Sheet)						
If "Other," specify:						
Report Prepared by						
Data Entry by (if different from Report Preparer)					Date Report Completed (mm/dd/yyyy)	

NOTE:

This tool is for local use only. Do not send it to the Department of Health Services (DHS). Its purpose is to assist users in gathering information that will be reported to DHS using the web-based Adults-at Risk Reporting System. Although this tool provides space to record personally identifiable information about adults-at-risk and alleged abusers, this identifying information is for local/county use only and is not to be entered into the DHS Adults-at-Risk Reporting System. Also, the "Adult-at-Risk Reporting System" will not accept data concerning any adult-at-risk age 60 and older.