Wisconsin Reporting System for APS:WRAPS

Introduction to the Statewide APS Reporting System (WRAPS) for APS Staff

March 2024

Meet our DHS APS WRAPS Team:

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Introduction to the APS Reporting System: WRAPS

- Overview and need for APS reporting system
- County and state roles with APS reporting system
- WRAPS transition plan
- WITS update needs and project
- WRAPS program enhancements
- Key content changes between WITS and WRAPS
- Enrollment and access to WRAPS
- Criteria for WRAPS reporting
- Best practice recommendations for WRAPS
- Review of WRAPS content

Why is APS Data Important?

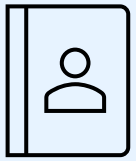
Data helps us understand the prevalence of abuse, neglect, and financial exploitation in Wisconsin.

There is statutory requirement for DHS to collect data: Wis Stat § 46.90(8).

Data is used for an annual report about the statewide APS system.

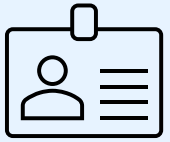
DHS provides data to the National Adult Maltreatment Reporting System (NAMRS).

Roles with APS Reporting System: **County**



- Each county is required to identify a lead elder-adults-at-risk (EAAR) agency for adults ages 60 and over, and an adults-at-risk (AAR) agency for adults ages 18–59.
- County APS units are responsible for responding to reports of abuse, neglect, and financial exploitation of adults at risk.
- The counties determine how to proceed with referrals and investigations.
- Counties are responsible for reporting data on APS referrals and the outcomes of investigations.

Roles with APS Reporting System: **DHS**



- DHS does not receive or respond to APS reports.
- DHS's role is to develop and maintain the data reporting system.
- DHS does not receive personally identifiable information entered by county APS staff.
- Data in the Wisconsin reporting system is used to create statistical summaries.

APS Reporting System Transition Plan

- **2023** APS referrals entry is due by 3/31/2024.
  - Enter data in WITS.
  - Complete financial abuse spreadsheet.
  - Send Emergency Protective Placement data to DHS.
- **2024** APS referrals will require entry into WRAPS.
- The interim plan between 1/1/2024 and WRAPS go-live (spring 2024) requires counties to maintain local data.
  - 2024 data reported into WITS **will not transfer** to WRAPS.
  - WRAPS forms distributed for local data collection.

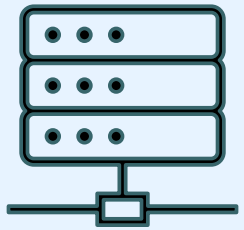
Why is WITS Retiring?

The Wisconsin Incident Tracking System (WITS) was developed in 2006.

It was built on an Internet Explorer platform. This is now outdated technology.

WITS is proprietary software and elements cannot be modified or customized.

Wisconsin received federal American Rescue Plan Act (ARPA) grant money to fund a new reporting system.



WRAPS Program Enhancements

New user roles

More real-time data entry and reports

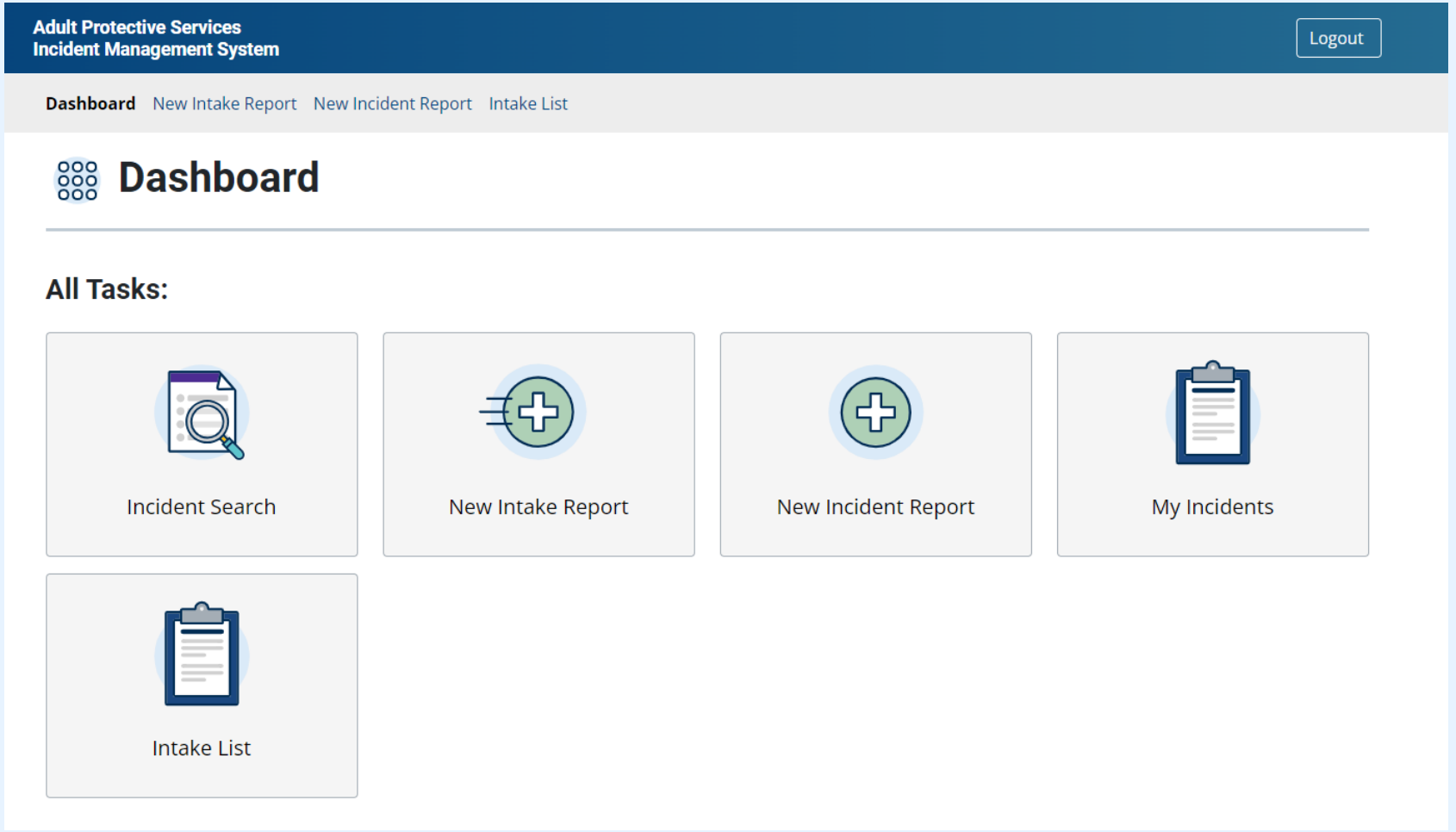
New tools and reports for local use

More person-centered data collection

Updated terminology and additional choices

Limited case management functionality

Sneak Peek of WRAPS Dashboard



Overview of Content Changes from WITS to WRAPS

- All clients referred to as adults at risk
- Simplified categories of concern for referrals with additional details entered in the investigation results section
- Investigation results changed from "substantiation" to whether the AAR has been hurt or harmed
- Updated choice of gender and race reflective of current cultural practices, with modifiers regarding how this information was collected

Overview of Content Changes from WITS to WRAPS, cont.

- Additional fields regarding financial abuse, which will eliminate the need for separate tracking
- Additional fields for narrative that are optional and can provide information for local use

Enrollment and Access Into WRAPS

**New user process still in development*

Step 1: All Users will obtain **MyWisconsinID**

- New statewide system being implemented March 2024

Step 2: **WRAPS** Access

- Form will be available to access WRAPS
- Submit form to DHS APS for access
- Three user roles: *Intake, Investigator, Supervisor*

Criteria for Reporting into WRAPS

What gets reported into WRAPS:

- Counties should enter data for all APS referrals their agency has received and responded to.
- An APS report includes:
  - A concern of abuse, neglect, or financial exploitation.
  - A subject that is an adult at risk or elder adult at risk.
  - A matter that requires an APS response.
- Eligible settings include both community dwellings and residential facilities.

Criteria for Reporting into WRAPS, cont.

What does not get reported into WRAPS:

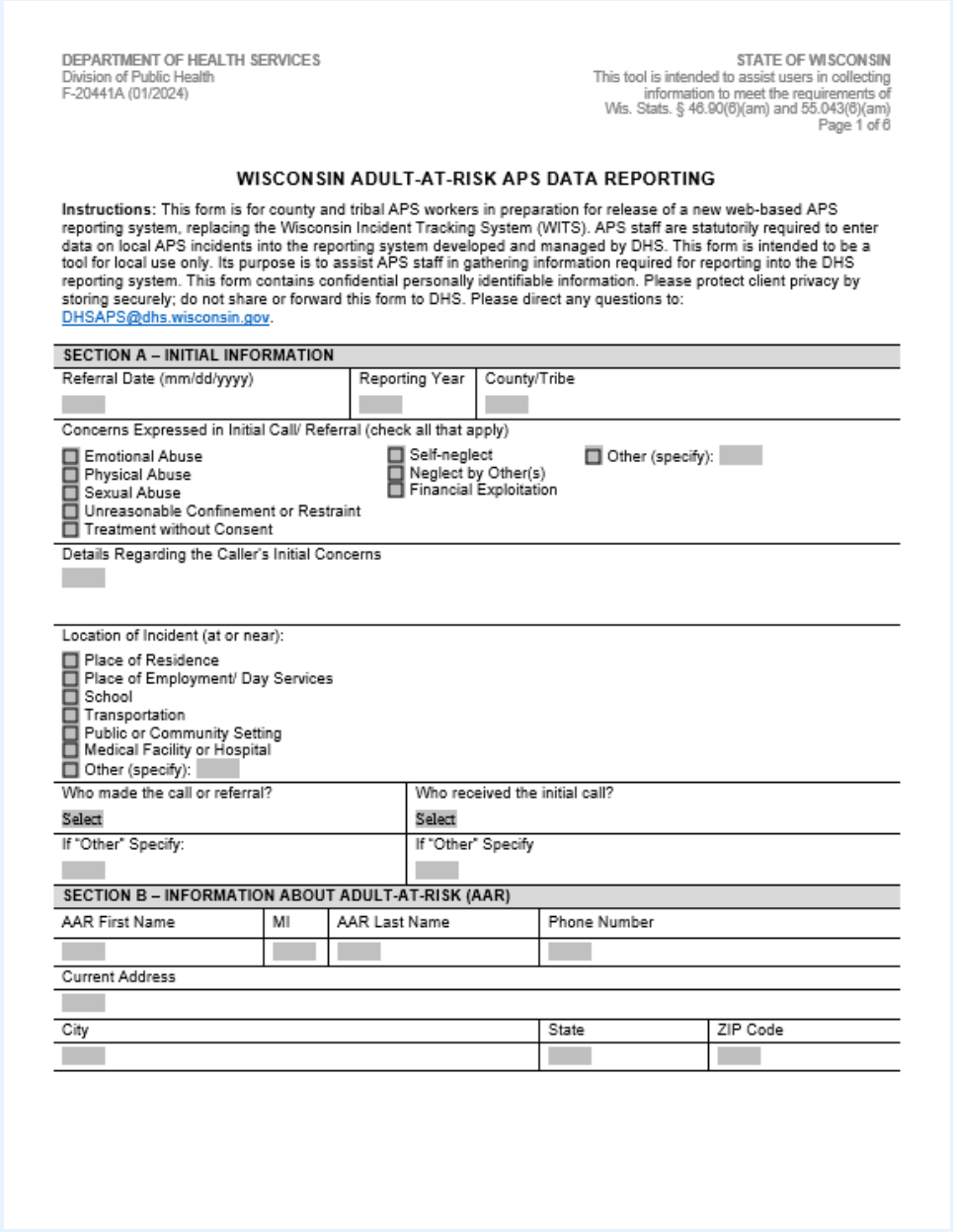
- "Screen outs"—referrals that do not meet requirements of an aps report:
  - The person referred is not an AAR or EAR.
  - The concern does not meet criteria for abuse, neglect, or financial exploitation.
- Calls in which a person is only calling for general information and not APS investigative response
- Reports in which there is incomplete information to start a referral
- Referrals that do not require APS response or have an aps role

Best Practice Recommendations for WRAPS

- Counties may consider new user roles for efficient data entry.
- Counties should enter data into WRAPS at the time of case closure. *(When the case WRAPS up…)*
- To improve quality assurance with consistent data entry, the WRAPS incident number should be included into local record system.
- Supervisors and managers should use the newly created reporting tools that will capture real time local data.

WRAPS Data Collection

Review of content required for data reporting



DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-20441A (01/2024)

STATE OF WISCONSIN
This tool is intended to assist users in collecting information to meet the requirements of Wis. Stats. § 46.90(6)(am) and 55.043(6)(am)
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WISCONSIN ADULT-AT-RISK APS DATA REPORTING

Instructions: This form is for county and tribal APS workers in preparation for release of a new web-based APS reporting system, replacing the Wisconsin Incident Tracking System (WITS). APS staff are statutorily required to enter data on local APS incidents into the reporting system developed and managed by DHS. This form is intended to be a tool for local use only. Its purpose is to assist APS staff in gathering information required for reporting into the DHS reporting system. This form contains confidential personally identifiable information. Please protect client privacy by storing securely; do not share or forward this form to DHS. Please direct any questions to: DHSAPS@dhs.wisconsin.gov.

SECTION A – INITIAL INFORMATION

Referral Date (mm/dd/yyyy)	Reporting Year	County/Tribe

Concerns Expressed in Initial Call/ Referral (check all that apply)

- ☐ Emotional Abuse
- ☐ Physical Abuse
- ☐ Sexual Abuse
- ☐ Unreasonable Confinement or Restraint
- ☐ Treatment without Consent
- ☐ Self-neglect
- ☐ Neglect by Other(s)
- ☐ Financial Exploitation
- ☐ Other (specify):

Details Regarding the Caller's Initial Concerns

Location of Incident (at or near):

- ☐ Place of Residence
- ☐ Place of Employment/ Day Services
- ☐ School
- ☐ Transportation
- ☐ Public or Community Setting
- ☐ Medical Facility or Hospital
- ☐ Other (specify):

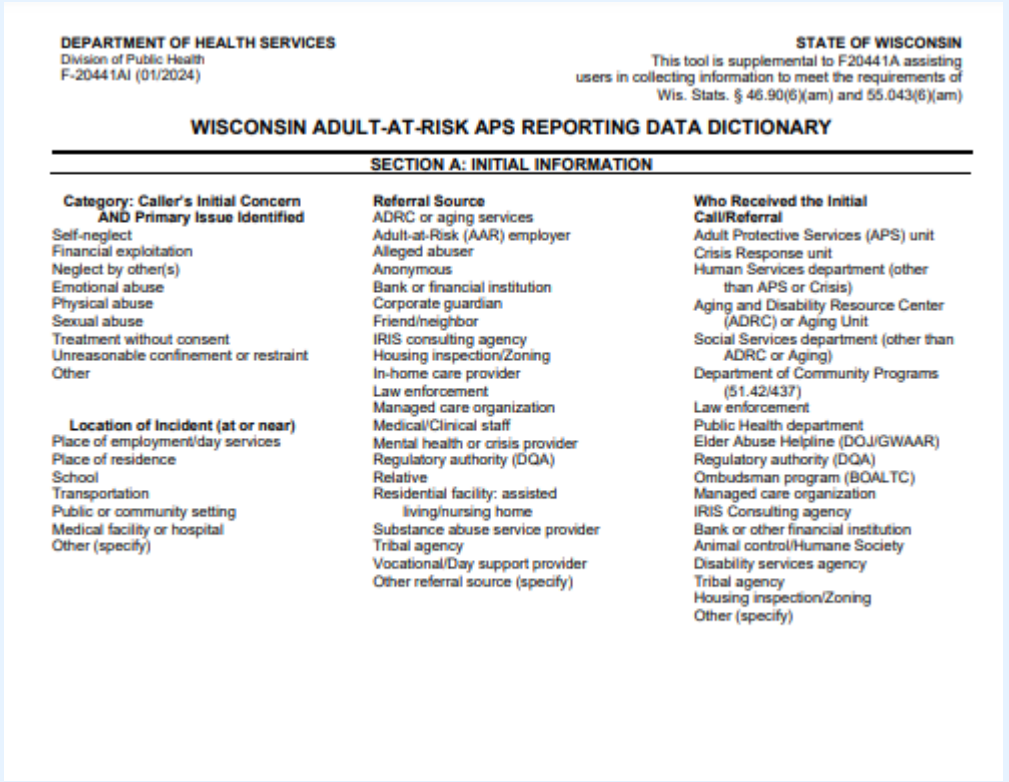
Who made the call or referral?	Who received the initial call?
Select	Select
If "Other" Specify:	If "Other" Specify

SECTION B – INFORMATION ABOUT ADULT-AT-RISK (AAR)

AAR First Name	MI	AAR Last Name	Phone Number

Current Address

City	State	ZIP Code



DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-20441AI (01/2024)

STATE OF WISCONSIN
This tool is supplemental to F20441A assisting users in collecting information to meet the requirements of Wis. Stats. § 46.90(6)(am) and 55.043(6)(am)

WISCONSIN ADULT-AT-RISK APS REPORTING DATA DICTIONARY

SECTION A: INITIAL INFORMATION

Category: Caller's Initial Concern AND Primary Issue Identified
Self-neglect
Financial exploitation
Neglect by other(s)
Emotional abuse
Physical abuse
Sexual abuse
Treatment without consent
Unreasonable confinement or restraint
Other

Location of Incident (at or near)
Place of employment/day services
Place of residence
School
Transportation
Public or community setting
Medical facility or hospital
Other (specify)

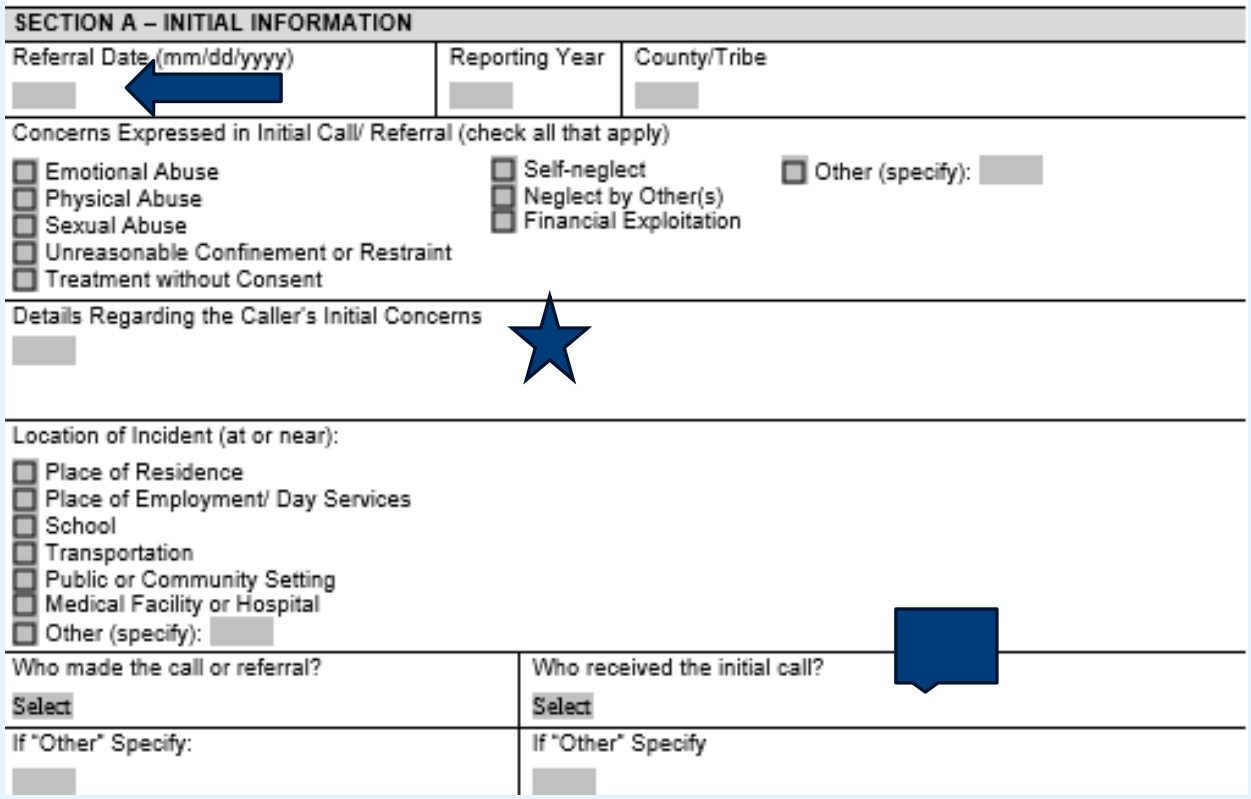
Referral Source
ADRC or aging services
Adult-at-Risk (AAR) employer
Alleged abuser
Anonymous
Bank or financial institution
Corporate guardian
Friend/neighbor
IRIS consulting agency
Housing inspection/Zoning
In-home care provider
Law enforcement
Managed care organization
Medical/Clinical staff
Mental health or crisis provider
Regulatory authority (DQA)
Relative
Residential facility: assisted living/nursing home
Substance abuse service provider
Tribal agency
Vocational/Day support provider
Other referral source (specify)

Who Received the Initial Call/Referral
Adult Protective Services (APS) unit
Crisis Response unit
Human Services department (other than APS or Crisis)
Aging and Disability Resource Center (ADRC) or Aging Unit
Social Services department (other than ADRC or Aging)
Department of Community Programs (51.42/437)
Law enforcement
Public Health department
Elder Abuse Helpline (DOJ/GWAAR)
Regulatory authority (DQA)
Ombudsman program (BOALTC)
Managed care organization
IRIS Consulting agency
Bank or other financial institution
Animal control/Humane Society
Disability services agency
Tribal agency
Housing inspection/Zoning
Other (specify)

WRAPS forms for this section:

- Wisconsin Adult at Risk APS Data Reporting Form
- Wisconsin Adult at Risk Data Dictionary

Section A: Initial Information



Referral Date: Date that the reporter made the call to the county agency

Reporting Year: Year the investigation began, so the year of the initial contact (March 31 cutoff)

County/Tribe: County or Tribe that received the report and is doing the investigation

Concerns Expressed in Initial Call/Referral: All reported categories of concern received during the initial report should be recorded.

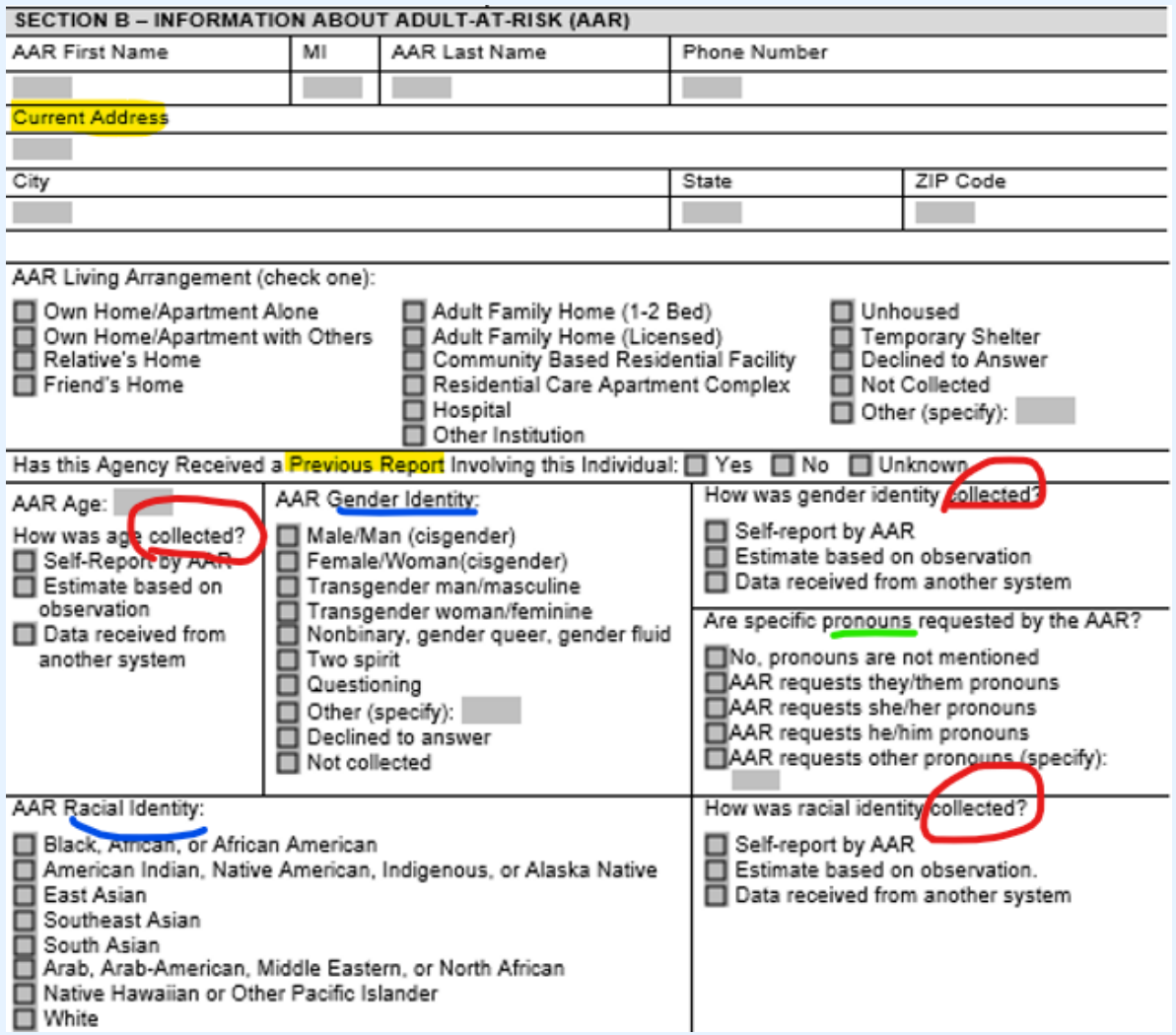
Details regarding the Caller's Initial Concerns: This is an open narrative box.

Location of Incident: Select location of where incident(s) allegedly occurred (allows multi-select).

Who made the call or referral: Select the category of the caller making the APS referral.

Who received the initial call: Select the agency that initially received the APS report from the referral source.

Section B: Information About Adult at Risk



SECTION B – INFORMATION ABOUT ADULT-AT-RISK (AAR)

AAR First Name	MI	AAR Last Name	Phone Number

Current Address

City	State	ZIP Code

AAR Living Arrangement (check one):

- ☐ Own Home/Apartment Alone
- ☐ Own Home/Apartment with Others
- ☐ Relative's Home
- ☐ Friend's Home
- ☐ Adult Family Home (1-2 Bed)
- ☐ Adult Family Home (Licensed)
- ☐ Community Based Residential Facility
- ☐ Residential Care Apartment Complex
- ☐ Hospital
- ☐ Other Institution
- ☐ Unhoused
- ☐ Temporary Shelter
- ☐ Declined to Answer
- ☐ Not Collected
- ☐ Other (specify):

Has this Agency Received a Previous Report Involving this Individual: ☐ Yes ☐ No ☐ Unknown

AAR Age:

How was age collected?
- ☐ Self-Report by AAR
- ☐ Estimate based on observation
- ☐ Data received from another system

AAR Gender Identity:
- ☐ Male/Man (cisgender)
- ☐ Female/Woman(cisgender)
- ☐ Transgender man/masculine
- ☐ Transgender woman/feminine
- ☐ Nonbinary, gender queer, gender fluid
- ☐ Two spirit
- ☐ Questioning
- ☐ Other (specify):
- ☐ Declined to answer
- ☐ Not collected

How was gender identity collected?
- ☐ Self-report by AAR
- ☐ Estimate based on observation
- ☐ Data received from another system

Are specific pronouns requested by the AAR?
- ☐ No, pronouns are not mentioned
- ☐ AAR requests they/them pronouns
- ☐ AAR requests she/her pronouns
- ☐ AAR requests he/him pronouns
- ☐ AAR requests other pronouns (specify):

AAR Racial Identity:
- ☐ Black, African, or African American
- ☐ American Indian, Native American, Indigenous, or Alaska Native
- ☐ East Asian
- ☐ Southeast Asian
- ☐ South Asian
- ☐ Arab, Arab-American, Middle Eastern, or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

How was racial identity collected?
- ☐ Self-report by AAR
- ☐ Estimate based on observation.
- ☐ Data received from another system

AAR First Name, Middle Initial, Last Name, Phone Number

Current Address: Location the investigator will find the AAR

Living Arrangement: Select appropriate option

Has this Agency Received a Previous Report?: Any past report

AAR Age: Enter known or approximate age of AAR

How was age collected?: Select option regarding collection. Use "estimation based on observation" if unknown

AAR Gender Identity: Select option that best applies

Specific pronouns: Check choice, if known

How was gender identity collected?

AAR Racial Identity: Select the racial category(s) AAR identifies

How was racial identity collected?

Section B: Information About Adult at Risk, cont.

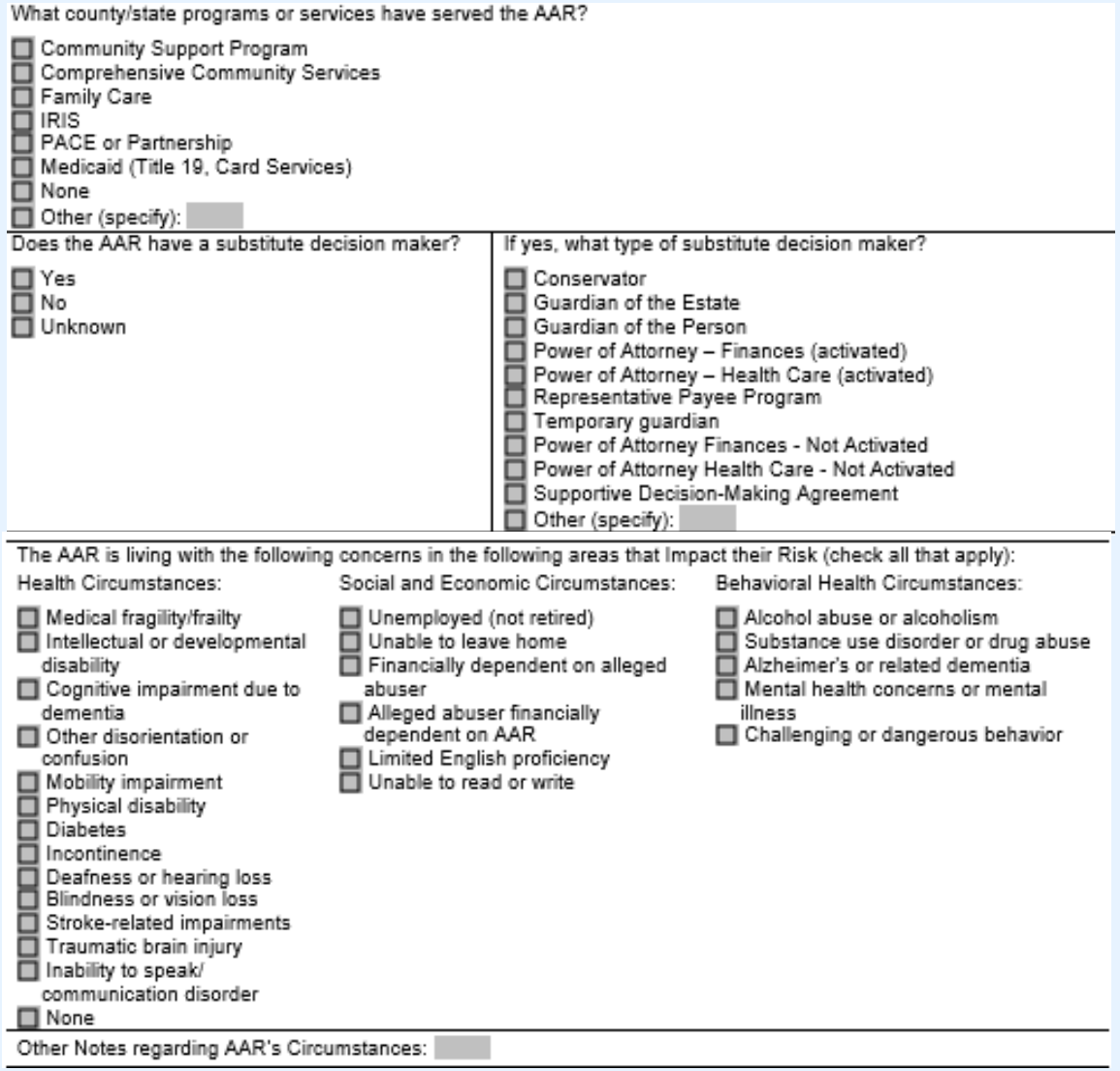
What county/state programs or services have served the AAR?: Programs AAR is enrolled in during APS intervention

Does the AAR have a substitute decision maker? Yes or No

If yes, type of substitute decision maker: Select all options that apply (allows for multi-select)

The AAR is living with the following concerns in the following areas that Impact their Risk: Check all that apply in the listed categories

Other Notes regarding AAR's Circumstances: Allows for narrative—local use and details only



What county/state programs or services have served the AAR?

- ☐ Community Support Program
- ☐ Comprehensive Community Services
- ☐ Family Care
- ☐ IRIS
- ☐ PACE or Partnership
- ☐ Medicaid (Title 19, Card Services)
- ☐ None
- ☐ Other (specify):

Does the AAR have a substitute decision maker?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, what type of substitute decision maker?

- ☐ Conservator
- ☐ Guardian of the Estate
- ☐ Guardian of the Person
- ☐ Power of Attorney – Finances (activated)
- ☐ Power of Attorney – Health Care (activated)
- ☐ Representative Payee Program
- ☐ Temporary guardian
- ☐ Power of Attorney Finances - Not Activated
- ☐ Power of Attorney Health Care - Not Activated
- ☐ Supportive Decision-Making Agreement
- ☐ Other (specify):

The AAR is living with the following concerns in the following areas that Impact their Risk (check all that apply):

Health Circumstances:

- ☐ Medical fragility/frailty
- ☐ Intellectual or developmental disability
- ☐ Cognitive impairment due to dementia
- ☐ Other disorientation or confusion
- ☐ Mobility impairment
- ☐ Physical disability
- ☐ Diabetes
- ☐ Incontinence
- ☐ Deafness or hearing loss
- ☐ Blindness or vision loss
- ☐ Stroke-related impairments
- ☐ Traumatic brain injury
- ☐ Inability to speak/ communication disorder
- ☐ None

Social and Economic Circumstances:

- ☐ Unemployed (not retired)
- ☐ Unable to leave home
- ☐ Financially dependent on alleged abuser
- ☐ Alleged abuser financially dependent on AAR
- ☐ Limited English proficiency
- ☐ Unable to read or write

Behavioral Health Circumstances:

- ☐ Alcohol abuse or alcoholism
- ☐ Substance use disorder or drug abuse
- ☐ Alzheimer's or related dementia
- ☐ Mental health concerns or mental illness
- ☐ Challenging or dangerous behavior

Other Notes regarding AAR's Circumstances:

Section C: Information About Alleged Abuser

First Name, Middle Initial, Last Name, Phone Number, Current Address of Alleged Abuser

Alleged Abuser Age: Enter known or approximate age

How was Age Collected

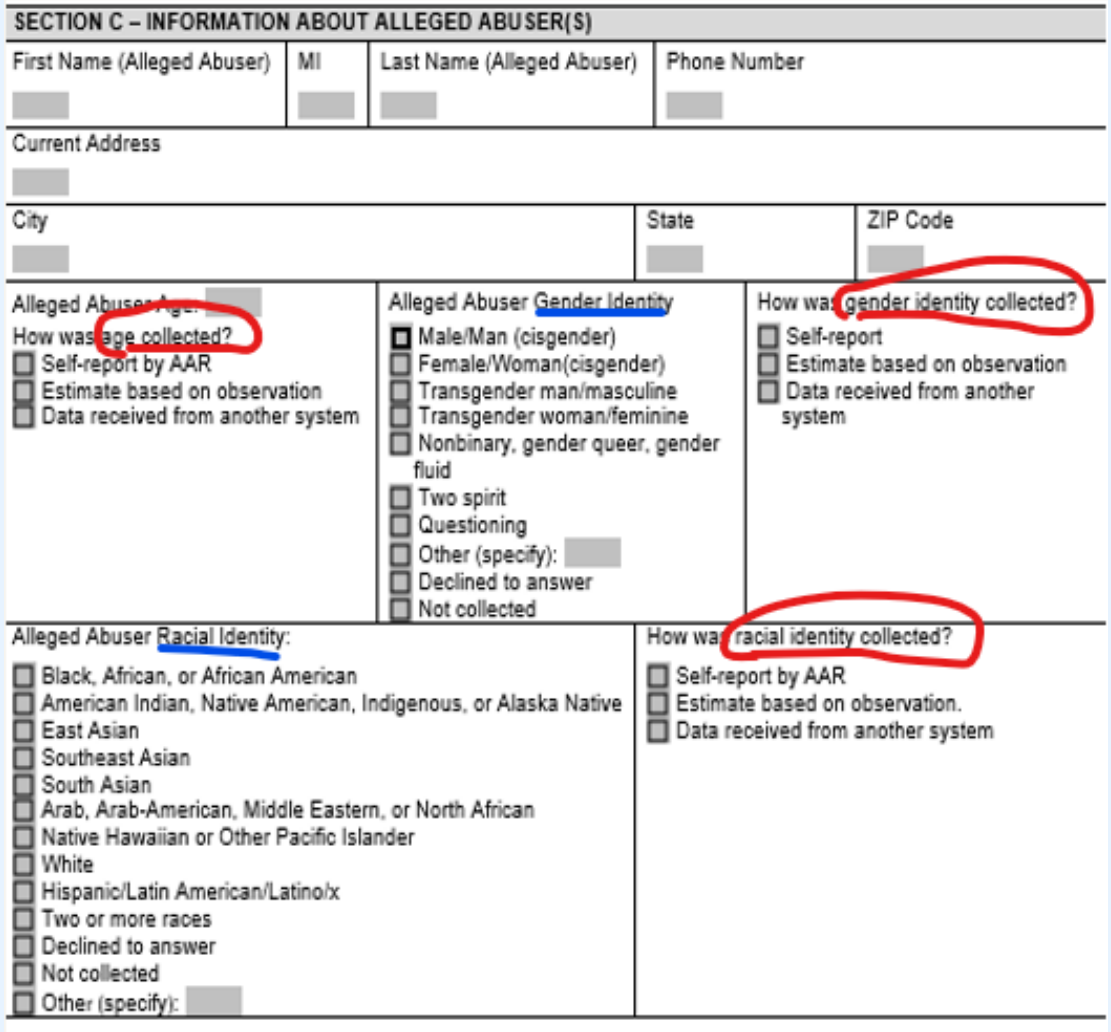
Alleged Abuser Gender Identity

How was gender identity collected?

Alleged Abuser Racial Identity

How was racial identity collected?

To be added: Pronoun preference, primary language, and interpreter services needed



SECTION C – INFORMATION ABOUT ALLEGED ABUSER(S)

First Name (Alleged Abuser) | MI | Last Name (Alleged Abuser) | Phone Number

Current Address

City | State | ZIP Code

Alleged Abuser Age:
How was age collected?
- Self-report by AAR
- Estimate based on observation
- Data received from another system

Alleged Abuser Gender Identity
- Male/Man (cisgender)
- Female/Woman(cisgender)
- Transgender man/masculine
- Transgender woman/feminine
- Nonbinary, gender queer, gender fluid
- Two spirit
- Questioning
- Other (specify):
- Declined to answer
- Not collected

How was gender identity collected?
- Self-report
- Estimate based on observation
- Data received from another system

Alleged Abuser Racial Identity:
- Black, African, or African American
- American Indian, Native American, Indigenous, or Alaska Native
- East Asian
- Southeast Asian
- South Asian
- Arab, Arab-American, Middle Eastern, or North African
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic/Latin American/Latino/x
- Two or more races
- Declined to answer
- Not collected
- Other (specify):

How was racial identity collected?
- Self-report by AAR
- Estimate based on observation.
- Data received from another system

Section C: Information About Alleged Abuser, cont.

Is the Alleged Abuser the AAR Caregiver?: Yes, No, Unknown

This would include those that assist in any way, paid or unpaid.

Does the Alleged Abuser Live with the AAR?

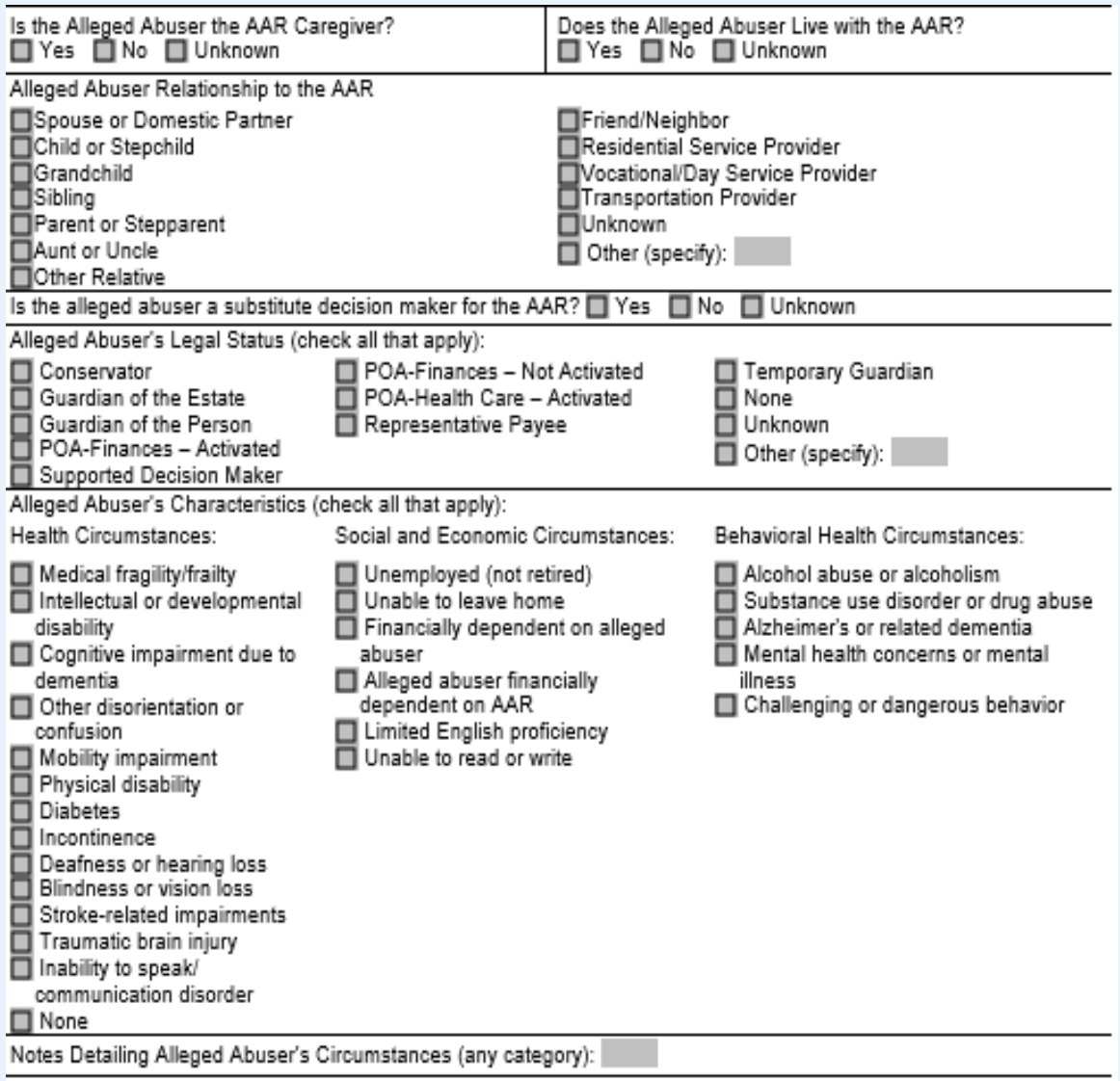
Alleged Abuser Relationship to the AAR

Is the Alleged Abuser a substitute decision maker for the AAR?

Alleged Abuser's Legal Status: multi-select allowed

Alleged Abuser's Characteristics: multi-select allowed

Notes Detailing Alleged Abuser's Circumstances



Is the Alleged Abuser the AAR Caregiver? ☐ Yes ☐ No ☐ Unknown

Does the Alleged Abuser Live with the AAR? ☐ Yes ☐ No ☐ Unknown

Alleged Abuser Relationship to the AAR

- ☐ Spouse or Domestic Partner
- ☐ Child or Stepchild
- ☐ Grandchild
- ☐ Sibling
- ☐ Parent or Stepparent
- ☐ Aunt or Uncle
- ☐ Other Relative
- ☐ Friend/Neighbor
- ☐ Residential Service Provider
- ☐ Vocational/Day Service Provider
- ☐ Transportation Provider
- ☐ Unknown
- ☐ Other (specify):

Is the alleged abuser a substitute decision maker for the AAR? ☐ Yes ☐ No ☐ Unknown

Alleged Abuser's Legal Status (check all that apply):

- ☐ Conservator
- ☐ Guardian of the Estate
- ☐ Guardian of the Person
- ☐ POA-Finances – Activated
- ☐ Supported Decision Maker
- ☐ POA-Finances – Not Activated
- ☐ POA-Health Care – Activated
- ☐ Representative Payee
- ☐ Temporary Guardian
- ☐ None
- ☐ Unknown
- ☐ Other (specify):

Alleged Abuser's Characteristics (check all that apply):

Health Circumstances:

- ☐ Medical fragility/frailty
- ☐ Intellectual or developmental disability
- ☐ Cognitive impairment due to dementia
- ☐ Other disorientation or confusion
- ☐ Mobility impairment
- ☐ Physical disability
- ☐ Diabetes
- ☐ Incontinence
- ☐ Deafness or hearing loss
- ☐ Blindness or vision loss
- ☐ Stroke-related impairments
- ☐ Traumatic brain injury
- ☐ Inability to speak/ communication disorder
- ☐ None

Social and Economic Circumstances:

- ☐ Unemployed (not retired)
- ☐ Unable to leave home
- ☐ Financially dependent on alleged abuser
- ☐ Alleged abuser financially dependent on AAR
- ☐ Limited English proficiency
- ☐ Unable to read or write

Behavioral Health Circumstances:

- ☐ Alcohol abuse or alcoholism
- ☐ Substance use disorder or drug abuse
- ☐ Alzheimer's or related dementia
- ☐ Mental health concerns or mental illness
- ☐ Challenging or dangerous behavior

Notes Detailing Alleged Abuser's Circumstances (any category):

Section D: Investigation

Date of Initial Investigator Contact: first contact with AAR to investigate concerns

- **Additional data collected in WRAPS:** Types of contact attempted with the AAR

Categories of Concerns Identified During Investigation: Provide details on the types of abuse, neglect, and/or financial exploitation found during the investigation.

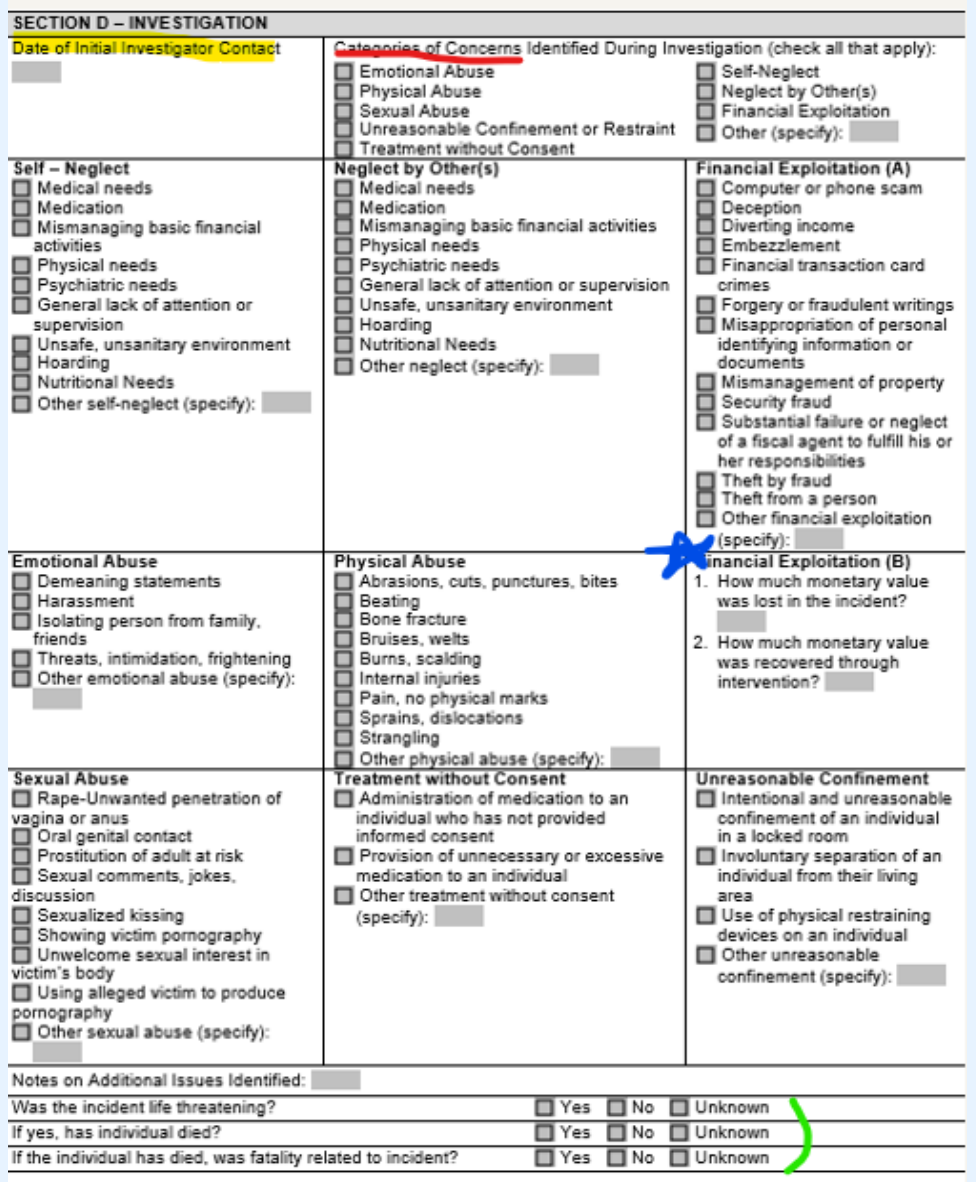
Categories of abuse, neglect, or financial exploitation: provide specific examples present during investigation.

- **Note:** Financial exploitation has two columns.

Was the incident life threatening?

If yes, has individual died?

If the individual has died, was fatality related to incident?: If the investigation was incomplete due to death, Section E captures reasons.



SECTION D – INVESTIGATION

Date of Initial Investigator Contact

Categories of Concerns Identified During Investigation (check all that apply):
- ☐ Emotional Abuse
- ☐ Physical Abuse
- ☐ Sexual Abuse
- ☐ Unreasonable Confinement or Restraint
- ☐ Treatment without Consent
- ☐ Self-Neglect
- ☐ Neglect by Other(s)
- ☐ Financial Exploitation
- ☐ Other (specify):

Self – Neglect
- ☐ Medical needs
- ☐ Medication
- ☐ Mismanaging basic financial activities
- ☐ Physical needs
- ☐ Psychiatric needs
- ☐ General lack of attention or supervision
- ☐ Unsafe, unsanitary environment
- ☐ Hoarding
- ☐ Nutritional Needs
- ☐ Other self-neglect (specify):

Neglect by Other(s)
- ☐ Medical needs
- ☐ Medication
- ☐ Mismanaging basic financial activities
- ☐ Physical needs
- ☐ Psychiatric needs
- ☐ General lack of attention or supervision
- ☐ Unsafe, unsanitary environment
- ☐ Hoarding
- ☐ Nutritional Needs
- ☐ Other neglect (specify):

Financial Exploitation (A)
- ☐ Computer or phone scam
- ☐ Deception
- ☐ Diverting income
- ☐ Embezzlement
- ☐ Financial transaction card crimes
- ☐ Forgery or fraudulent writings
- ☐ Misappropriation of personal identifying information or documents
- ☐ Mismanagement of property
- ☐ Security fraud
- ☐ Substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities
- ☐ Theft by fraud
- ☐ Theft from a person
- ☐ Other financial exploitation (specify):

Emotional Abuse
- ☐ Demeaning statements
- ☐ Harassment
- ☐ Isolating person from family, friends
- ☐ Threats, intimidation, frightening
- ☐ Other emotional abuse (specify):

Physical Abuse
- ☐ Abrasions, cuts, punctures, bites
- ☐ Beating
- ☐ Bone fracture
- ☐ Bruises, welts
- ☐ Burns, scalding
- ☐ Internal injuries
- ☐ Pain, no physical marks
- ☐ Sprains, dislocations
- ☐ Strangling
- ☐ Other physical abuse (specify):

Financial Exploitation (B)
1. How much monetary value was lost in the incident?
2. How much monetary value was recovered through intervention?

Sexual Abuse
- ☐ Rape-Unwanted penetration of vagina or anus
- ☐ Oral genital contact
- ☐ Prostitution of adult at risk
- ☐ Sexual comments, jokes, discussion
- ☐ Sexualized kissing
- ☐ Showing victim pornography
- ☐ Unwelcome sexual interest in victim's body
- ☐ Using alleged victim to produce pornography
- ☐ Other sexual abuse (specify):

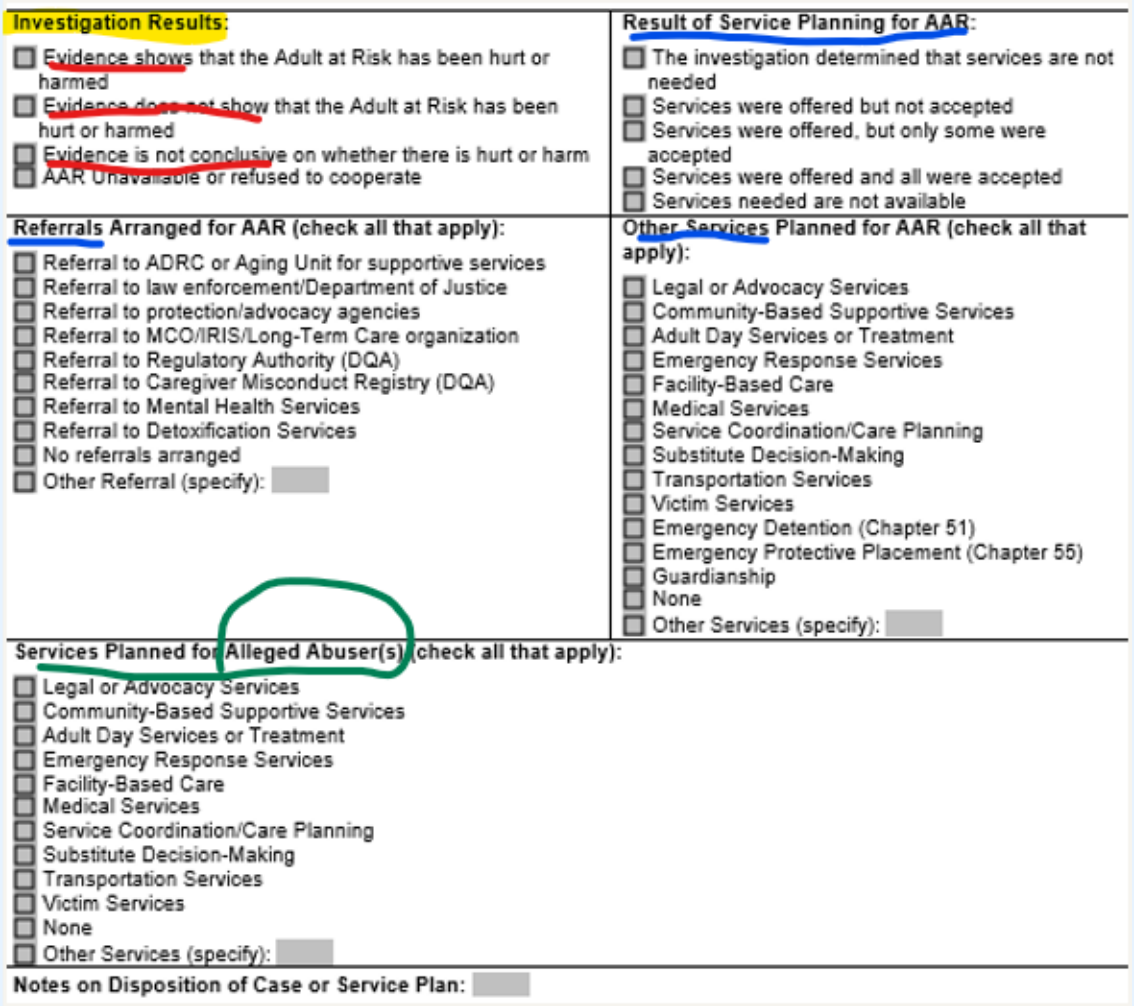
Treatment without Consent
- ☐ Administration of medication to an individual who has not provided informed consent
- ☐ Provision of unnecessary or excessive medication to an individual
- ☐ Other treatment without consent (specify):

Unreasonable Confinement
- ☐ Intentional and unreasonable confinement of an individual in a locked room
- ☐ Involuntary separation of an individual from their living area
- ☐ Use of physical restraining devices on an individual
- ☐ Other unreasonable confinement (specify):

Notes on Additional Issues Identified:

Was the incident life threatening?	☐ Yes	☐ No	☐ Unknown
If yes, has individual died?	☐ Yes	☐ No	☐ Unknown
If the individual has died, was fatality related to incident?	☐ Yes	☐ No	☐ Unknown

Section D: Investigation, cont.



Investigation Results:
- ☐ Evidence shows that the Adult at Risk has been hurt or harmed
- ☐ Evidence does not show that the Adult at Risk has been hurt or harmed
- ☐ Evidence is not conclusive on whether there is hurt or harm
- ☐ AAR Unavailable or refused to cooperate

Result of Service Planning for AAR:
- ☐ The investigation determined that services are not needed
- ☐ Services were offered but not accepted
- ☐ Services were offered, but only some were accepted
- ☐ Services were offered and all were accepted
- ☐ Services needed are not available

Referrals Arranged for AAR (check all that apply):
- ☐ Referral to ADRC or Aging Unit for supportive services
- ☐ Referral to law enforcement/Department of Justice
- ☐ Referral to protection/advocacy agencies
- ☐ Referral to MCO/IRIS/Long-Term Care organization
- ☐ Referral to Regulatory Authority (DQA)
- ☐ Referral to Caregiver Misconduct Registry (DQA)
- ☐ Referral to Mental Health Services
- ☐ Referral to Detoxification Services
- ☐ No referrals arranged
- ☐ Other Referral (specify):

Other Services Planned for AAR (check all that apply):
- ☐ Legal or Advocacy Services
- ☐ Community-Based Supportive Services
- ☐ Adult Day Services or Treatment
- ☐ Emergency Response Services
- ☐ Facility-Based Care
- ☐ Medical Services
- ☐ Service Coordination/Care Planning
- ☐ Substitute Decision-Making
- ☐ Transportation Services
- ☐ Victim Services
- ☐ Emergency Detention (Chapter 51)
- ☐ Emergency Protective Placement (Chapter 55)
- ☐ Guardianship
- ☐ None
- ☐ Other Services (specify):

Services Planned for Alleged Abuser(s) (check all that apply):
- ☐ Legal or Advocacy Services
- ☐ Community-Based Supportive Services
- ☐ Adult Day Services or Treatment
- ☐ Emergency Response Services
- ☐ Facility-Based Care
- ☐ Medical Services
- ☐ Service Coordination/Care Planning
- ☐ Substitute Decision-Making
- ☐ Transportation Services
- ☐ Victim Services
- ☐ None
- ☐ Other Services (specify):

Notes on Disposition of Case or Service Plan:

Investigation Results: Shift to whether investigation shows AAR has been hurt or harmed per the investigator

- Every referral will have an investigation result.
- Section E provides options for incomplete investigations.

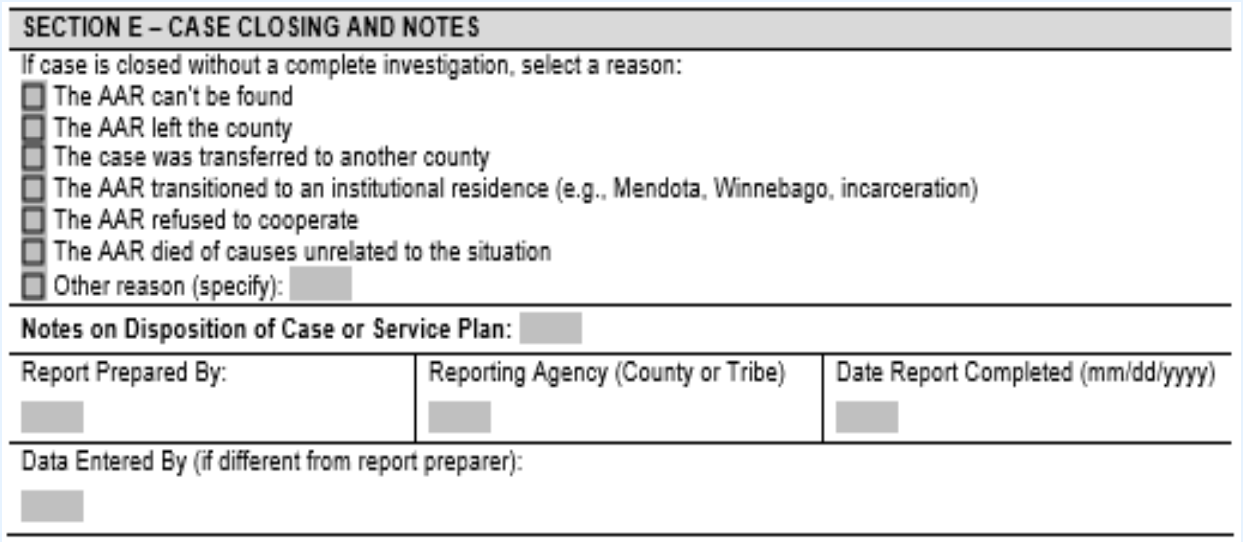
Results of Service Planning for AAR

Referrals Arranged for AAR: Updated options regarding referrals

Services Planned for AAR and **Services Planned for Alleged Abuser(s):** Specific services to assist the AAR and alleged abuser that are arranged by APS

Notes on Disposition of Case or Service Plan

Section E: Case Closing and Notes



SECTION E – CASE CLOSING AND NOTES

If case is closed without a complete investigation, select a reason:

- ☐ The AAR can't be found
- ☐ The AAR left the county
- ☐ The case was transferred to another county
- ☐ The AAR transitioned to an institutional residence (e.g., Mendota, Winnebago, incarceration)
- ☐ The AAR refused to cooperate
- ☐ The AAR died of causes unrelated to the situation
- ☐ Other reason (specify):

Notes on Disposition of Case or Service Plan:

Report Prepared By:	Reporting Agency (County or Tribe)	Date Report Completed (mm/dd/yyyy)

Data Entered By (if different from report preparer):

If the case is closed without a complete investigation, select a reason

Notes on Disposition of Case or Service Plan

Entry for person who prepared the report

Resources and Next Steps

- Information regarding Wisconsin APS Data Reporting System can be found at https://www.dhs.wisconsin.gov/aps/pros.htm. Additional resources will be added to the WRAPS landing page when available.
- DHS APS staff can provide technical support. Please email DHSAPS@dhs.wisconsin.gov with questions or concerns.
- Additional user training(s) will be available in late March 2024/ April 2024—to work in the new WRAPS system.

That About WRAPS it Up!

Thank you for your partnership. Please reach out with any follow-up questions or concerns!