Assigned: Unknown

COUNTY HUMAN SERVICES

Referral for APS Investigation

Date of Referral: New:

Repeat referral:

Additional Info. Only

**Information of individual making referral:** Name: Agency (if appropriate): Address:

Phone Number:

Relationship to adult-at risk being referred:

Number of prior referrals:

# Information on individual being referred as adult-at-risk:

Name of alleged adult-at-risk/victim (Last, First, Middle Initial):

D.O.B.: Age: Social Security Number:

Address of alleged adult-at-risk:

 County resident: Yes: No:

Current location of alleged adult-at-risk (if different than above address):

Phone Number(s):

Please list any known providers for the adult-at-risk (Case Managers, Social Workers, Doctors, Teachers, etc.):

# Please indicate what may qualify the individual as an adult-at-risk:

Developmental Disability: Chronic Mental Illness: Infirmities of Aging: Other like Incapacities: Does the adult-at-risk have any specific diagnoses?

# Information on Guardian/POA of alleged adult-at-risk (if applicable):

Guardian: Select One Rep Payee: Select One

POA-HC: Select One POA-F: Select One POA-HC **Activated**: Select One Name of Guardian/POA/Rep Payee:

Address of Guardian/POA/Rep Payee:

Phone Number(s):

# Information of alleged abuser:

Name of alleged abuser:

Address of alleged abuser:

Phone Number(s):

Does the adult-at-risk live with the alleged abuser? Yes No

# Information which qualifies the individual as an adult-at-risk:

Please describe the alleged abuse, neglect, self-neglect or financial exploitation that makes the individual an adult-at-risk. Include the current condition of the alleged adult-at-risk and be as descriptive as possible about the situation. If this is a repeat referral, please include what has changed since the last referral:

# Questions to help determine need:

Is the adult-at-risk competent to make their own decisions? Select One

Does the adult-at-risk appear to be oriented to person, place and time? Select One If competent, would the adult-at-risk be willing to accept services? Select One

Has a referral been made to the ADRC? Select One

Has a report been made to law enforcement? Select One Do they have access to food? Select One

Do they have appropriate transportation? Select One

Do they have access to water and electricity available? Select One Is the home habitable? Select One

If not, what makes it inhabitable? Are animals well managed? Select One

Do they make appropriate safety decisions? Select One Can they use a phone? Select One

Do they know what to do in an emergency? Select One Is their mobility adequate? Select One

Is their hearing/vision adequate? Select One

Are they independent with their ADLS (showering, dressing, toileting)? Select One Have they required recent medical attention? Select One

If yes, when & why? .

Do they understand their health issues and needed treatment? Select One Are health issues adequately addressed? Select One

Do they take medications appropriately? Select One

Are any services currently in place for the adult at risk? Select One If yes, what services?

Has anything else been tried to meet the needs of the adult at risk before contacting APS? Select One If yes, what else has been tried?