**Elder Abuse/Neglect M-Team**

**Case Staffing**

**Name (Initials):**

**Age:**

**Category: (EAN) (AAR)**

**Diagnoses:** (If necessary)

**Location/Demographics:**

**Nature of referral:** (Brief details on why the case was referred to the ADRC)

**Referral Source** (General—home health agency, Family Care Agency, Law Enforcement, Hospital, Friend, Family, anonymous etc.)

**Steps taken:**

1. **Information Gathering:** (Brief; info gathered from prior to home visit/face to face)
2. **Action Phase:**
	1. Home Visit/Face to Face (Unannounced, announced)
	2. Recap of info gathered from home visit
	3. Information and referral made at time of home visit/other agencies contacted
3. **Closing or Ongoing Phase**

**Options (examples):**

* 1. Referrals to outside agency/resources
	2. Referral to I&A for screen and/or assistance with local resources
	3. Relocation
	4. Hospital to NH
	5. Hospital
	6. EPP
	7. **Substantiated, unsubstantiated, or unable to substantiate \*If case was closed prior to staffing at I-Team**
	8. **What above services or additional are/will be set in place for ongoing cases (\*Time frame no longer than 6months\*)**