

Summary of Allegations:

Were there any problems accessing the adult? Yes / No
 If Yes, document dates of attempts to see the adult and describe problems and efforts taken to resolve them.

Did a life-threatening situation exist? Yes / No
 If Yes, describe situation and action(s) taken to address the danger:

2. PHYSICAL HEALTH

Diagnosis / Symptom	*Source	Notes (e.g., onset, severity, history, functional impact, untreated condition, needs professional assessment, current treatment)
Arthritis / osteoporosis / gout		
Asthma / emphysema / other respiratory		
Bladder / urinary problems or incontinence		
Bowel problems or incontinence		
Cancer		
Dental problems		
Diabetes		
Dizziness / falls		
Eye disease or conditions		
Headaches		
Hearing difficulty		
Heart disease / angina		
Hypertension / high blood pressure		
Kidney disease / renal failure		
Liver diseases		
M. Sclerosis / M. Dystrophy / C. Palsy		
Pain		
Paraplegia / quadriplegia / spinal problems		
Parkinson's disease		
Rapid weight gain / loss		
Seizures		
Shortness of breath / persistent cough		
Skin Condition		
Speech impairment		
Stroke		
Other: _____		

*** Source Codes:**
C = Client's statement
F = Family member/guardian/responsible party (specify) _____
M = FL-2, M.D., other medical professional
S = Social worker observation / judgment
O = Other collateral _____

Give source and location of medical care and treatment:

Date of last medical visit: _____

APS worker contact with medical provider? <input type="checkbox"/> Yes / No <input type="checkbox"/>	Name	Date
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To / from bed	<input type="checkbox"/>	<input type="checkbox"/>	
To / from chair	<input type="checkbox"/>	<input type="checkbox"/>	
Into / out of car	<input type="checkbox"/>	<input type="checkbox"/>	
IADL Tasks			
Home Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
Housework	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	
Money management	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping / errands	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone use	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	

*** Source Codes:**

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M = FL-2, M.D., other medical professional

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O = Other collateral _____

6. Mental / Emotional Functioning

A. Orientation

Complete the following questions to review the adult's orientation.

TIME: Does the adult know the correct day of the week? Yes No Non-Responsive Refused to Answer
the correct month? Yes No Non-Responsive Refused to Answer
the correct year? Yes No Non-Responsive Refused to Answer

PLACE: Does the adult know the street and town where he/she is residing? Yes No Non-Responsive Refused to Answer

Does the adult know in whose home he/she is residing? Yes No Non-Responsive Refused to Answer

SELF: Does the adult know his/her name? Yes No Non-Responsive Refused to Answer

Does the adult know his/her relationship to significant others? Yes No Non-Responsive Refused to Answer

B. Memory

Assess distant, recent, and immediate memory. Responses to many of the other questions asked during the interview can be used to complete the ratings. Enter one of the responses below on the line in front of each area.

1 - Good

3 - Total or Marked Impairment

5 - Refused to Answer

2 - Some Loss of Detail

4 - Non-responsive

_____ **DISTANT:** Discuss early events in the adult's life (e.g., childhood, date of birth, school, marriage, birth of children) to assess distant memory.

_____ **RECENT:** Discuss recent events (e.g., community/family events, doctor's visits, medical treatments, taking of medication) to assess recent memory.

_____ **IMMEDIATE:** Assess immediate memory by returning to topics covered earlier (e.g., Did I remember to ask where you were born?) and in talking about what the client was doing earlier in the day.

C. Judgment

Assess the client's response to both routine and emergency situations. Enter one of the responses below on the line in front of each area.

1. Good decision-making/problem-solving skills

2. Mild deficit: can handle everyday decisions/problems, but not good with complex issues

3. Moderate deficit: questionable decision-making/problem-solving skills; may be able to handle some

routine decisions

4. **Severe deficit: difficulty with simple issues; cannot make decisions or solve problems**
5. **Non-responsive**
6. **Refused to answer**

_____ **ROUTINE:** Describe several routine situations that may occur (e.g., light bulb burns out; cannot open medicine bottle; in-home aide does not come to the home; stranger knocks at the door; money is low and purchase decisions must be made; cannot read medicine bottle instructions) and assess ability to gather and accept facts, weigh advice, make decisions, and understand their consequences.

_____ **EMERGENCY:** Describe several emergency situations that may occur (e.g., power goes out; no money to buy food / medicine; client falls; food catches fire on the stove) and assess ability to gather and accept facts, weigh advice, discern unsafe/threatening situations, make decisions, and understand their consequences

D. Arithmetic

The adult's ability to handle simple arithmetic tasks provides an indication of mental function, distinguishes between depression and dementia, and is linked to the capability to perform other such tasks as managing funds. Assessment of this area can be performed as part of other areas such as the assessment of economic status. The worker may also ask the client to perform simple tasks as subtracting by two's from twenty. Enter one of the responses below to indicate the adult's arithmetic ability.

1. **Client can perform simple tasks with no or minimal errors**
2. **Client cannot perform simple tasks with reliable accuracy**
3. **Client non-responsive**
4. **Refused to answer**

_____ **Arithmetic Ability**

E. Mental/Emotional Assessment

Diagnosis / Symptom	Source*	Notes (e.g., onset, severity, functional impact, history, untreated condition, needs professional assessment, current treatment)
Aggressive/abusive behavior		
Agitation/Anxiety/panic attacks		
Change in activity level (sudden/extreme)		
Change in appetite		
Cognitive impairment/memory impairment (specify)		
Developmental disability/mental retardation (specify)		
Hallucinations/delusions		
Inappropriate affect (flat or incongruent)		
Impaired judgment		
Mental anguish		
Mental illness (specify)		
Orientation impaired: Person, self, place, time		
Persistent sadness		
Sleep disturbances		
Substance abuse (specify)		
Thoughts of death/suicide		
Wandering		
Other:		
Other:		

*** Source Codes:**

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(specify)

M = FL-2, M.D., other medical professional

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O = Other collateral _____

Describe any Memory Impairments:

7. SOCIAL SUPPORT

Household Composition

Name	Age	Relationship	Assistance Provided

Significant Others Outside the Home (Family, friends, neighbors, church, etc.)

Name	Age	Relationship	Type & Frequency of Contact

8. Ask the adult the following questions to assess caretaker support status?

A) When there is a problem, who do you usually call first?

B) Who is helping you now and what do they do? How do you contact them?

C) How do you feel about what and how much your helpers are doing?

D) How do you think they feel?

E) Who do you come in contact with on a typical day?

F) Do you receive any help from any community agencies? Yes No
If Yes, list:

Agency	Contact Person	Service(s) Provided

9. Based on the above information, does the adult have a caretaker? (A caretaker is one who has the comprehensive hands on day-to-day care and responsibility of the disabled adult). Yes / No

If Yes, give the following applicable information about the Primary Caretaker

Name:	Relationship to Adult
Address:	Telephone Number(s):

Is the Caretaker one of the following:

Legal Guardian: Person Estate General Date of Appointment: _____
 Power of Attorney: Date Authority Given: _____ Registered in: County State
 Health Care
 General
 Durable
 Living Will
 Representative Payee for: _____ check(s)

If someone else other than the Primary Caretaker has legal guardianship, power-of-attorney, payee ship for the adult, or other caretaking responsibility list their name, address, telephone number, and type of authority/responsibility below:

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Type</u>

10. The following are indicators of mistreatment. Presence of these “red flags” indicate a high risk for mistreatment and requires careful evaluation. “Yes” to any of these indicators requires that information is needed to determine the affect it has on the adult’s safety. NA if NO Caretaker

A. Caretaker Indicators	<u>Yes</u>	<u>No</u>	If “Yes”, comment on affect on adult’s safety
Alcohol / Drug Misuse	<input type="checkbox"/>	<input type="checkbox"/>	
Mental / Emotional Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Financially Dependent on Adult	<input type="checkbox"/>	<input type="checkbox"/>	
No Contacts Outside the Home	<input type="checkbox"/>	<input type="checkbox"/>	
Blaming Adult/ Hypercritical	<input type="checkbox"/>	<input type="checkbox"/>	
Deterioration of Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	
Reluctance to Provide Care	<input type="checkbox"/>	<input type="checkbox"/>	
Inexperienced / Unrealistic Expectations of Adult and/or Self	<input type="checkbox"/>	<input type="checkbox"/>	
B. Family Systems Indicators	<u>Yes</u>	<u>No</u>	If “Yes”, comment on affect on adult’s safety
Lack of Family Support	<input type="checkbox"/>	<input type="checkbox"/>	
Disagreement over Shared Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	
History of Violence in Handling Stress/Conflict	<input type="checkbox"/>	<input type="checkbox"/>	
Economic/ Financial Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Overcrowding	<input type="checkbox"/>	<input type="checkbox"/>	
Marital Conflict	<input type="checkbox"/>	<input type="checkbox"/>	
Intergenerational Conflict	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

11. Environmental Situation

Adult’s Living Arrangement: Owns Home Rents Homeless Other (specify): _____
 Family
Type of Residence: House Mobile Home Apartment
 Boarding room Other (specify): _____

Environmental Risk Factors (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Threatened Eviction | <input type="checkbox"/> Safe Water Supply |
| <input type="checkbox"/> Inadequate heating/cooling source | <input type="checkbox"/> Unsanitary conditions (specify) _____ |
| <input type="checkbox"/> Deteriorating Structure | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> No electricity | <input type="checkbox"/> Internal Hazards (specify) _____ |
| <input type="checkbox"/> Accumulated Debris | <input type="checkbox"/> External Hazards (specify) _____ |
| <input type="checkbox"/> No water | <input type="checkbox"/> Accessibility issues |
| <input type="checkbox"/> Animal Infested living quarters | <input type="checkbox"/> Mobility barriers |
| <input type="checkbox"/> Inadequate toilet facilities | |
| <input type="checkbox"/> Insect Infested living quarters | |
| <input type="checkbox"/> No food or storage facilities | |
| <input type="checkbox"/> Household areas inaccessible | |
| <input type="checkbox"/> Fire Hazards (specify): _____ | |
| <input type="checkbox"/> Other (specify): _____ | |

Level of Endangerment

- | | | |
|--|--|---|
| <input type="checkbox"/> Immediate life threat | <input type="checkbox"/> Adult understands | <input type="checkbox"/> Adult willing to accept assistance |
| <input type="checkbox"/> Potential of serious harm | <input type="checkbox"/> Adult does not understand | <input type="checkbox"/> Adult unwilling to accept assistance |
| <input type="checkbox"/> At substantial risk | | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> No evident danger | | |

Does the home have a working smoke detector? Yes / No

Describe any Environmental Risk Factors and Adult's Understanding of Risk Factors:

12. ECONOMIC FUNCTIONING

Adult's financial affairs are managed by:

- Self
- Other: Name _____ Relationship _____

INCOME		EXPENSES		BENEFITS RECEIVED	
	Monthly		Monthly		
Social Security	\$	Rent	\$	<input type="checkbox"/>	Medicare Part A
SSI		Mortgage		<input type="checkbox"/>	Medicare Part B
VA Pension		Utilities		<input type="checkbox"/>	Medicaid
RR Retirement		Taxes		<input type="checkbox"/>	Other Health Insurance
Other Pension		Medicine		<input type="checkbox"/>	Food Stamps \$
Public Assistance		Life Insurance		<input type="checkbox"/>	
Interest/dividends		Health Insurance			
Other, specify		Medical Expenses			
		Other (specify)			
TOTAL	\$	TOTAL	\$		

ASSETS Provide value, description and location of assets, if known.

Checking Account	
Savings Account	
Real Estate	
Securities	
Personal	
Other (specify)	

Does the adult experience financial problems in meeting basic needs such as (check all that apply):

Food

Power

Fuel

Shelter

Medicine

Clothing

Other (specify): _____

Other (specify): _____

Other (specify): _____

Adult/Family's perception of Adult's financial situation and ability to manage finances:

13. COLLATERAL CONTACT INFORMATION

Collateral contacts MUST be made with others who have knowledge of the adult's functioning and/or the allegations of mistreatment. Collaterals can include but are not limited to: relatives, friends, neighbors, medical and/or mental health professionals, individuals the adult mentions who may have pertinent information, law enforcement, etc. (Use additional pages, if needed)

Date of Contact:

Name of Collateral:

Address (optional)

Telephone Number(s):

Information Given:

Date of Contact:

Name of Collateral:

Address (optional)

Telephone Number(s):

Information Given:

Date of Contact:

Name of Collateral:

Address (optional)

Telephone Number(s):

Information Given:

Date of Contact:

Name of Collateral:

Address (optional)

Telephone Number(s):

Information Given:

Date of Contact:

Name of Collateral:

Address (optional)	Telephone Number(s):		
Information Given:			
14. CONTACTS WITH ADULT DURING THIS APS EVALUATION			
Date of Contact	Type of Contact (e.g., HV, TC, OV)	Purpose of Contact (e.g., evaluation, provide services, termination, etc.)	Others Present
15. EVIDENCE OF ABUSE, NEGLECT OR EXPLOITATION OR AT SUBSTANTIAL RISK: <i>(Substantial Risk is defined as allegations that do not indicate that a disabled adult has been, or is being abused, neglected, or exploited, but conditions exist, that if not addressed may result in abuse, neglect, or exploitation).</i>			
A. ABUSE BY CARETAKER – check all that apply			
<input type="checkbox"/> Hitting, slapping or kicking	<input type="checkbox"/> Objects thrown at adult	<input type="checkbox"/> Demonstrates fear of caretaker	
<input type="checkbox"/> Broken bones or wounds	<input type="checkbox"/> Verbal assaults, threats	<input type="checkbox"/> Willful Deprivation	
<input type="checkbox"/> Multiple or severe bruises, burns or welts	<input type="checkbox"/> Prolonged interval between injury and treatment	<input type="checkbox"/> Other (Specify): _____	
<input type="checkbox"/> Restrained, locked in, isolated	<input type="checkbox"/> Threatened/injured with weapon	<input type="checkbox"/> Other (Specify): _____	
<input type="checkbox"/> Non-consenting sexual activity	<input type="checkbox"/> Injuries in odd places	<input type="checkbox"/> Not Applicable	
Level of Endangerment			
<input type="checkbox"/> Immediate life threat	<input type="checkbox"/> Adult understands	<input type="checkbox"/> Adult willing to accept assistance	
<input type="checkbox"/> Potential of serious harm	<input type="checkbox"/> Adult does not understand	<input type="checkbox"/> Adult unwilling to accept assistance	
<input type="checkbox"/> At substantial risk		<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> No evident danger			
Comments/Description (if needed):			
B. NEGLECT – Check Conditions Present			
<input type="checkbox"/> Dirt, fleas, lice on person	<input type="checkbox"/> Inadequate clothing	<input type="checkbox"/> Untreated medical needs(specify): _____	
<input type="checkbox"/> Malnourished or dehydrated	<input type="checkbox"/> Decayed teeth	<input type="checkbox"/> Doesn't get to medical doctor	
<input type="checkbox"/> Fecal/urine smell	<input type="checkbox"/> Bedsores or other ulcerated sores	<input type="checkbox"/> Homeless	
<input type="checkbox"/> Doesn't get/take medications	<input type="checkbox"/> Lack of glasses/hearing aid or other prosthetic devices	<input type="checkbox"/> No utilities (specify): _____	
<input type="checkbox"/> Medical/Psychiatric Needs	<input type="checkbox"/> Other (specify):		

Level of Endangerment

- | | | |
|--|--|---|
| <input type="checkbox"/> Immediate life threat | <input type="checkbox"/> Adult understands | <input type="checkbox"/> Adult willing to accept assistance |
| <input type="checkbox"/> Potential of serious harm | <input type="checkbox"/> Adult does not understand | <input type="checkbox"/> Adult unwilling to accept assistance |
| <input type="checkbox"/> At substantial risk | | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> No evident danger | | |

Comments/Description (if needed):

C. SELF ENDANGERING BEHAVIORS – check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Suicidal acts | <input type="checkbox"/> Refuses medical treatment | <input type="checkbox"/> Wandering |
| <input type="checkbox"/> Self-inflicted injuries | <input type="checkbox"/> Threats of suicide | <input type="checkbox"/> Denial of problems |
| <input type="checkbox"/> Frequenting dangerous places
(specify): _____ | <input type="checkbox"/> Abuse of medications
<input type="checkbox"/> RX <input type="checkbox"/> OTC | <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Refuses MH Treatment | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Refuses SA Treatment |
| | | <input type="checkbox"/> Not Applicable |

Level of Endangerment

- | | | |
|--|--|---|
| <input type="checkbox"/> Immediate life threat | <input type="checkbox"/> Adult understands | <input type="checkbox"/> Adult willing to accept assistance |
| <input type="checkbox"/> Potential of serious harm | <input type="checkbox"/> Adult does not understand | <input type="checkbox"/> Adult unwilling to accept assistance |
| <input type="checkbox"/> At substantial risk | | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> No evident danger | | |

Comments/Description (if needed):

D. EXPLOITATION OF ASSETS

- | | | |
|---|---|--|
| <input type="checkbox"/> Unexplained disappearance
of funds or valuables | <input type="checkbox"/> Inappropriate use of adult's
telephone, food, other resources | <input type="checkbox"/> Caretaker refuses to use adult's
funds to meet essential needs |
| <input type="checkbox"/> Excessive payment for care and/or
services | <input type="checkbox"/> Chronic failure to pay for services
and/or bills | <input type="checkbox"/> Depleted bank account |
| <input type="checkbox"/> Transfer of real property | <input type="checkbox"/> Transfer of other assets | <input type="checkbox"/> Adult unaware of income amount |
| <input type="checkbox"/> Sudden appearance of previously
uncaring relatives or friends | <input type="checkbox"/> Changes in payee or
Power-of-attorney | <input type="checkbox"/> Parasitic relationship of other
toward adult |
| <input type="checkbox"/> Significant Debt | <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Not Applicable |

Level of Endangerment

- | | | |
|--|--|---|
| <input type="checkbox"/> Immediate life threat | <input type="checkbox"/> Adult understands | <input type="checkbox"/> Adult willing to accept assistance |
| <input type="checkbox"/> Potential of serious harm | <input type="checkbox"/> Adult does not understand | <input type="checkbox"/> Adult unwilling to accept assistance |
| <input type="checkbox"/> At substantial risk | <input type="checkbox"/> Not Applicable | |
| <input type="checkbox"/> No evident danger | | |

Comments/Description (if needed):

E. EXPLOITATION OF THE PERSON

- Forced to work without pay Sexual exploitation Other (specify): _____
 Other (specify): _____ Other (specify): _____ Not Applicable _____

Level of Endangerment

- Immediate life threat Adult understands Adult willing to accept assistance
 Potential of serious harm Adult does not understand Adult unwilling to accept assistance
 At substantial risk Not Applicable
 No evident danger

Comments/Description (if needed):

Summary of adults understanding and willingness to accept assistance as indicated in 7A-G above:

- 16. Adult previously victimized?** No One time Several times over a short period of time
 Many times over a long period of time Unknown Other: Explain _____

17. Alleged Perpetrator Information:

a) Current alleged perpetrator's name: _____ Date of Birth: _____

Address: _____ Telephone Number(s): _____

Relationship: _____ Date of Contact _____

b) Alleged perpetrator's contact with client: Daily Weekly Other: Explain _____

c) Alleged perpetrator's Employment: _____ Shift Worked: _____ Days Worked: _____

d) Alleged perpetrator's reaction to APS Worker Cooperative Uncooperative
 Refused to be interviewed Interviewed with legal counsel

e) Summary of perpetrator's statement concerning APS allegations:

f) Criminal records checked: (optional): Date: ____ / ____ / ____

Relevant Information obtained:

g) No contact made with perpetrator and reason:

CASE FINDINGS

DISABLED ADULT:

An individual 18 years of age or a lawfully emancipated minor, present in North Carolina and has a disability that physically or mentally incapacitates them.

Is a disabled adult. Yes No Why or Why Not?

CARETAKER:

An individual who has the responsibility for the care of the disabled adult as a result of family relationship or who has assumed the responsibility for the care of the disabled adult voluntarily or by contract. A caretaker would have comprehensive responsibility for the adult's day-to-day well being.

Has a caretaker.

Yes No

ABUSE:

The willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation by a caretaker of services which are necessary to maintain mental and physical health.

Has been abused by their caretaker.

Yes No If yes, state how.

NEGLECT:

A disabled adult who either living alone and not able to provide for himself services which are necessary To maintain his mental or physical health or is not receiving the services from his caretaker.

Has been neglected by their caretaker.

Yes No If yes, state how.

Is self-neglectful.

Yes No If yes, state how.

EXPLOITATION:

The illegal or improper use of a disabled adult or his resources for another's profit or advantage.

Has been exploited.

Yes No If yes, state how.

IN NEED OF PROTECTIVE SERVICES:

A disabled adult shall be in need of protective services if that person, due to his physical or mental incapacity, is unable to perform or obtain for himself essential services and if that person is without able, responsible, and willing persons to perform or obtain for him essential services.

Abuse, Neglect, Exploitation or Substantial Risk has been Confirmed

RECOMMENDED SOCIAL WORK PRACTICE FOR MAKING A CASE DECISION:

1. Do not consider the disabled adult’s capacity to consent to APS at the case decision juncture; this may result in denying the victim access to APS.
2. Do not unsubstantiate the need for APS for the disabled adult due to lack of a thorough evaluation, lack of staffing resources, lack of formal resources, lack of access to the court system, or prior history with same victim who has historically refused APS services.
3. Do not unsubstantiate the need for APS for the disabled adult due to elements of the case decision being unclear; more information may need to be obtained.
4. Do not assume that because it appears that the disabled adult can perform an essential service but chooses not to, that they are in fact capable. There may be many reasons why a “seemingly” capable adult chooses to not act on their own behalf. “Learned Helplessness”, fear, and/or cognitive issues may be present.
5. Unless the social worker is reasonably assured that the identified “able, willing, and responsible” person will be able to act comprehensively on the adult’s behalf to provide essential services, the determination must be made that this person is not able, willing and responsible. Consider these questions:
 - a. Is the person physically capable and have the skill to provide or mobilize all protective services needed?
 - b. Is the person emotionally mature, trustworthy, reliable, and have a history of using good judgment and sound thinking?
 - c. Does this identified person understand the protective services needs and willing to make sure that all of the needs are met?
 - d. Does the identified person have a physical or mental illness, substance abuse or other issues that may impact their ability to mobilize all protective services?
 - e. Are there any legal or relational issues between the identified person and the victim that may present as problematic, i.e., victim had been an abusive parent to identified person?

Need for APS is substantiated

Need for APS is unsubstantiated

If Need for APS is substantiated, then complete Attachment A: Determination of Ability to Consent to Protective Services

SUBSTANTIAL RISK OF ABUSE, NEGLECT, OR EXPLOITATION

Allegations that do not indicate that a disabled adult has been or is being abused, neglected, or exploited but conditions exist, that if not addressed may result in abuse, neglect or exploitation.

Is a substantial risk		Services Offered		Client Referred to:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Refused	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted	<input type="checkbox"/> Refused	

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Signature of APS Worker	Date
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Signature of Supervisor	Date
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SUMMARY

(Additional notes or narrative should indicate which section of the evaluation it refers to. May list agency staff involved in the case decision here.)