

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 specify _____**Date adult was last seen by physician:** _____**APS worker contact with adult's physician?** Yes / No / Unnecessary**Findings**

- 5. **Non-responsive**
- 6. **Refused to answer**

_____ **ROUTINE:** Describe several routine situations that may occur (e.g., light bulb burns out; need assistance from staff; concern about food; staff treatment); 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; adult falls, roommate falls; client falls; sees or smells smoke); and assess ability to gather and accept facts, weigh advice, discern unsafe/threatening situations, make decisions, and understand their consequences

Comments:

D. Arithmetic

The adult's ability to handle simple arithmetic tasks provides an indication of mental function, distinguish 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: | | |

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O = Other collateral _____

6. MENTAL HEALTH

Does the adult have a Mental Health Diagnosis or Condition? Yes No If Yes, list diagnosis or condition:

1. _____ 2. _____
3. _____ 4. _____

Based on the information about the adult's physical/mental health, medical status and ADL/IADL functioning:

- 1) Is the adult incapacitated? Yes No
If Yes, briefly describe how the adult is incapacitated?
- 2) Unable to perform or obtain essential services for him/herself? Yes No
- 3) Without another person willing to perform or obtain essential services for him/herself? Yes No
- 4) Performing or receiving help with ADLs and IADLs necessary to maintain his/her mental and/or physical health?
 Yes / No

7. SOCIAL SUPPORT

A. Family and Significant Others Outside Facility

| Name | Relationship | Type, Frequency of Contact |
|------|--------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

B. Describe the relationship between the adult and facility staff:

C. Describe the relationship between the adult and other residents of the facility:

D. Are there any community agencies involved with the adult? Yes / No / If Yes, list:

| Agency Name | Contact Person | Telephone No. | Purpose and Frequency of Contact |
|-------------|----------------|---------------|----------------------------------|
| | | | |
| | | | |
| | | | |

8. ECONOMIC FUNCTIONING

Adult's financial affairs are managed by:

Self

Other: Name _____

Relationship _____

| Income | Monthly | Expenses | Monthly | Benefits Received |
|-----------------|---------|------------------------|---------|--|
| Social Security | \$ | Room & Board | \$ | <input type="checkbox"/> Medicare Part A |
| SSI | | Resident Trust Account | | <input type="checkbox"/> Medicare Part B |

| | |
|--------------------|--|
| VA Pension | |
| RR Retirement | |
| Other Pension | |
| Public Assistance | |
| Interest/dividends | |
| Other, specify | |

| | |
|------------------------|--|
| Medicine | |
| Life Insurance | |
| Health Insurance | |
| Burial | |
| Other Medical Expenses | |
| | |

| | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Medicaid |
| <input type="checkbox"/> | Special Assistance (SA) |
| <input type="checkbox"/> | Other Health Insurance |
| <input type="checkbox"/> | Food Stamps \$ |
| <input type="checkbox"/> | Other (specify) |
| | |

Medicare Number _____

Medicaid Number _____

Health Insurance (company & policy number) _____

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

| | |
|------------------|--|
| Checking Account | |
| Savings Account | |
| Real Estate | |
| Securities | |
| Personal | |
| Burial | |
| Other (specify) | |

9. LEGAL STATUS

Does the adult have one or more persons who represent them as:

Legal Guardian: Person Estate General Date of Appointment: _____

Identify any limitations placed on the Guardianship:

Power of Attorney (Identify Type): Registered in County / State

Health Care Durable

General Living Will Date Authority Given: _____

Representative Payee for: _____ check(s)

If adult has legal and/or payee representatives, list contact information below:

| <u>Name</u> | <u>Address</u> | <u>Telephone #:</u> | <u>Type</u> |
|-------------|----------------|---------------------|-------------|
| | | | |
| | | | |
| | | | |

Contact made with adult's legal representative? Yes / No

What is the adult's legal representative response to the allegations of mistreatment of the adult (e.g., does the representative have any concerns related to the reported allegations, what does the representative plan to do / not do in response to the allegations of mistreatment, etc.)?

10. ENVIRONMENT

Environmental Risk Factors

| Yes | No | | Yes | No | |
|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Sleeping accommodations | <input type="checkbox"/> | <input type="checkbox"/> | Lighting |
| <input type="checkbox"/> | <input type="checkbox"/> | Deteriorating Structure | <input type="checkbox"/> | <input type="checkbox"/> | Pests/vermin |
| <input type="checkbox"/> | <input type="checkbox"/> | Eating area | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities |
| <input type="checkbox"/> | <input type="checkbox"/> | Heating/cooling | <input type="checkbox"/> | <input type="checkbox"/> | Water/plumbing |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire hazards/no smoke detectors | <input type="checkbox"/> | <input type="checkbox"/> | Lack of access to/from general areas in facility |
| <input type="checkbox"/> | <input type="checkbox"/> | Laundry | <input type="checkbox"/> | <input type="checkbox"/> | Lack of access to/from general exterior of facility |
| <input type="checkbox"/> | <input type="checkbox"/> | Unsanitary Conditions (specify) | <input type="checkbox"/> | <input type="checkbox"/> | External Risk Hazards |

| | | | | | |
|--|--------------------------|--|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): | <input type="checkbox"/> | <input type="checkbox"/> | Internal Risk Hazards |
| <p>Level of Endangerment</p> <input type="checkbox"/> Immediate life threat <input type="checkbox"/> Potential of serious harm <input type="checkbox"/> No evident danger <input type="checkbox"/> At substantial risk | | | | | |
| Description of Conditions and Risk Factors: | | | | | |
| If there are environmental conditions that place the adult and other residents/patients of the facility at risk, identify the date and method of reporting the conditions to the Adult Home Specialist or Division of Facility Services: | | | | | |
| <p>11. The following are indicators of mistreatment in facility settings. Presence of these “red flags” indicate a possible risk for maltreatment 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.</p> | | | | | |
| A. Resident Risk Factors | | Yes | No | * Source | Comments |
| Alcohol/drug abuse | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Self Blaming | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Assaultive/hostile | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| History of multiple incidents | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Fearful of caregivers | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Stoicism (No Emotions) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Sexual acting out behavior(s) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Self-abusive behavior(s) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Demanding | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Passive/passive aggressive | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| <p>* Source Codes: C = Client’s statement F = Family member/guardian/responsible party (specify)</p> | | <p>M = FL-2, M.D., other medical professional S = Social worker observation / judgment O = Other collateral (specify) _____</p> | | | |
| B. Facility Risk Factors | | Yes | No | * Source | Comments |
| Accepting residents whose needs cannot be met by facility | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Crowding/concentration of vulnerable adults | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| High personnel turnover | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Frequent “reorganizations” | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| High overtime demands | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Inadequate and uninformed administrator/manager response to Abuse/Neglect/Exploitation | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Inconsistent and unclear job expectations of staff | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Lack of staff training which means that staff are not prepared to act wisely | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Staff shortages (e.g., facility not meeting minimum staffing requirements per State regulations, least experienced staff required to work holidays when staffing is skeletal, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Poor communication between administrators and staff (in both directions) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Number of APS Reports | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Poor building maintenance (ventilation, lighting, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | | | |

*** Source Codes:**
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M = FL-2, M.D., other medical professional
S = Social worker observation / judgment
O = Other collateral (specify) _____

| C. Alleged Perpetrator Risk Factors | Yes | No | * Source | Comments |
|--|--------------------------|--------------------------|-----------------|-----------------|
| Alcohol/drug abuse | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Lack of training in job responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Excessive absenteeism | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Blaming adult / hypercritical | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Private gifts to the adult | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Reluctance to provide care | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Favoritism toward the adult | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Numerous disciplinary actions | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Overeager to provide care | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Role reversal (i.e., looking to resident to fulfill their needs) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Tardiness/unexplained absences | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Social isolation | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Works excessive hours | <input type="checkbox"/> | <input type="checkbox"/> | | |

*** 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 (specify) _____

12. 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: | | | |
| 13. 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"/> Old and/or New bruises, welts, bruises, or injuries | <input type="checkbox"/> Injuries to head, face, genitals | |
| <input type="checkbox"/> Restrained, tied, locked in, isolated | <input type="checkbox"/> Non-consenting sexual activity | <input type="checkbox"/> Objects thrown at adult | |
| <input type="checkbox"/> Verbal assaults, threats | <input type="checkbox"/> Threatened / injured with a weapon | <input type="checkbox"/> Prolonged interval between injury and treatment | |
| <input type="checkbox"/> Injuries in odd places | <input type="checkbox"/> Demonstrates fear of caretakers | <input type="checkbox"/> Explanation inconsistent with injury | |
| <input type="checkbox"/> Adult fearful of others | <input type="checkbox"/> Willful Deprivation | <input type="checkbox"/> Not Applicable | |
| <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): | | | |

B. NEGLECT – Check Conditions Present

- | | | |
|--|---|--|
| <input type="checkbox"/> Excess dirt, fleas, lice on person | <input type="checkbox"/> Malnourished or dehydrated | <input type="checkbox"/> Fecal/urine smell or presence |
| <input type="checkbox"/> Bedsores or other ulcerated sores | <input type="checkbox"/> Doesn't get/take medications | <input type="checkbox"/> Inadequate clothing |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Skin rashes, discoloration | <input type="checkbox"/> Overgrown nails |
| <input type="checkbox"/> Lack of glasses/hearing aid or other prosthetic devices | <input type="checkbox"/> Untreated medical needs (specify): _____ | <input type="checkbox"/> Lack of needed supervision |
| <input type="checkbox"/> Lack of needed assistance with ADLs | <input type="checkbox"/> Prolonged time between illness/injuries and medical care | <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):

C. SELF ENDANGERING BEHAVIORS – check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Suicidal threats | <input type="checkbox"/> Refuses medical treatment | <input type="checkbox"/> Wandering |
| <input type="checkbox"/> Suicidal acts | <input type="checkbox"/> Denial of problems | <input type="checkbox"/> Frequenting dangerous places (specify) _____ |
| <input type="checkbox"/> Self-inflicted injuries | <input type="checkbox"/> Abuse of medications <input type="checkbox"/> RX <input type="checkbox"/> OTC | <input type="checkbox"/> Substance Abuse: (specify): _____ |
| <input type="checkbox"/> Refused Medication | <input type="checkbox"/> Other (specify): _____ _____ | <input type="checkbox"/> Refuses Mental Health Tx |
| | | <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"/> Caretaker refuses to use adult's funds to meet daily care needs | <input type="checkbox"/> Chronic failure to pay for services and/or bills |
| <input type="checkbox"/> Depleted funds/bank account, Questionable reason | <input type="checkbox"/> Checks un-cashed | <input type="checkbox"/> Transfer of other assets without adult's knowledge & benefit |
| <input type="checkbox"/> Adult unaware of income amount & expenses | <input type="checkbox"/> Money lost or misplaced | <input type="checkbox"/> Facility misusing adult's money |
| <input type="checkbox"/> Family misusing adult's money | <input type="checkbox"/> Unusual activity in bank account | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Lack of payment arrangements to facility & responsible party evasive about making arrangements | <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

- | | | |
|---|---|---|
| <input type="checkbox"/> Sexual exploitation | <input type="checkbox"/> Coerced to perform tasks | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Not Applicable _____ | <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):

Summary of adults understanding and willingness to accept assistance:

- 14. Adult previously victimized?**
- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> One time | <input type="checkbox"/> Several times over a short period of time |
| <input type="checkbox"/> Many times over a long period of time | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other: Explain |

15. 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: Explain _____ | | |
| c) Alleged perpetrator's Employment: | Shift Worked: | Days Worked: |
| d) Alleged perpetrator's reaction to APS Worker | <input type="checkbox"/> Cooperative <input type="checkbox"/> Refused to be interviewed | <input type="checkbox"/> Uncooperative <input type="checkbox"/> Interviewed with legal counsel |
| e) Summary of perpetrator's statement concerning APS allegations: | | |
| f) <input type="checkbox"/> Criminal records checked: (optional): Date: ____ / ____ / ____ Relevant Information obtained: | | |
| g) <input type="checkbox"/> No contact made with perpetrator and reason: | | |
| h) <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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?
 - f. Is the person physically capable and have the skill to provide or mobilize all protective services needed?
 - g. Is the person emotionally mature, trustworthy, reliable, and have a history of using good judgment and sound thinking?
 - h. Does this identified person understand the protective services needs and willing to make sure that all of the needs are met?

- i. 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?
- j. 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?
- k. Is the person physically capable and have the skill to provide or mobilize all protective services needed?
- l. Is the person emotionally mature, trustworthy, reliable, and have a history of using good judgment and sound thinking?
- m. Does this identified person understand the protective services needs and willing to make sure that all of the needs are met?
- n. 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?
- o. 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 |
|-------------------------|------|

| | |
|-------------------------|------|
| 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.)**