

Adult Protective Services Log							
Date	Adult's Name	Age	Gender	Race	Living Arrangements	Allegations	Case Dispositions (check all that apply)
					<input type="checkbox"/> Domestic	<input type="checkbox"/> Abuse	Accepted for APS - Assigned to:
					<input type="checkbox"/> Facility	<input type="checkbox"/> Neglect	Referred for/to:
						<input type="checkbox"/> Self	<input type="checkbox"/> Outreach (face to face)
						<input type="checkbox"/> Caretaker	<input type="checkbox"/> Information & Referral
						<input type="checkbox"/> Exploitation	<input type="checkbox"/> District Attorney
							<input type="checkbox"/> Law Enforcement
							<input type="checkbox"/> Health Service Regulation
							<input type="checkbox"/> Adult Home Specialist
							<input type="checkbox"/> Other - Specify:
					<input type="checkbox"/> Domestic	<input type="checkbox"/> Abuse	Accepted for APS - Assigned to:
					<input type="checkbox"/> Facility	<input type="checkbox"/> Neglect	Referred for/to:
						<input type="checkbox"/> Self	<input type="checkbox"/> Outreach (face to face)
						<input type="checkbox"/> Caretaker	<input type="checkbox"/> Information & Referral
						<input type="checkbox"/> Exploitation	<input type="checkbox"/> District Attorney
							<input type="checkbox"/> Law Enforcement
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					<input type="checkbox"/> Domestic	<input type="checkbox"/> Abuse	Accepted for APS - Assigned to:
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						<input type="checkbox"/> Self	<input type="checkbox"/> Outreach (face to face)
						<input type="checkbox"/> Caretaker	<input type="checkbox"/> Information & Referral
						<input type="checkbox"/> Exploitation	<input type="checkbox"/> District Attorney
							<input type="checkbox"/> Law Enforcement
							<input type="checkbox"/> Health Service Regulation
							<input type="checkbox"/> Adult Home Specialist
							<input type="checkbox"/> Other - Specify:

## Instructions for Completing the Adult Protective Services Log

The APS Log is to be used for referrals (telephone calls, walk-ins, written) received in the agency's Intake/Adult Protective Services Unit. Data collected on this log will help facilitate completion of the Annual APS Survey.

**Date** - Enter the month, day and year

**Adult's Name** - Enter the name of the adult the referral concerns.

**Age** - Enter the adult's age, if known

**Gender** - Enter the adult's gender, if known

**Race** - Enter the adult's race, if known

**Living Arrangement** - Check to indicate whether the adult lives in a domestic setting (own home, private home of a relative or others); or facility (adult care home, nursing home, group home, general hospital, state hospital, etc.)

**Allegations** - Check to indicate the type(s) of mistreatment alleged. It is possible to have more than one type of mistreatment

**Case Disposition** - Check to indicate whether the referral was accepted as an APS Report. If accepted, indicate the name of the social worker to whom the report was assigned.

If screened out, check whether referrals were made for Outreach (Defined as face to face contact with the adult) or Information & Referral.

Check whether referrals were made to the district attorney, law enforcement, Health Service Regulation, adult home specialist, or others. If "Other" is checked, specify to whom referred.