

**INSTRUCTIONS:**

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**APS Notice To Reporter**

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: \_\_\_\_\_

Dear: \_\_\_\_\_

We appreciate the concern you have shown for the above-named person by reporting the possible need for protective services. Due to confidentiality (N.C.G.S. 108A-80) we are limited to providing the following information.

- We have visited \_\_\_\_\_ and an evaluation has been completed. The adult is found to be in need of protective services. The agency will be providing continued services as appropriate.
- We have visited \_\_\_\_\_ and an evaluation has been completed. He/she is found to be in need of protective services. However, the evaluation has determined that \_\_\_\_\_ has capacity (the ability to make decisions on his/her own behalf) and has refused services. He/she has been informed that he/she may request services at any time.
- We have visited \_\_\_\_\_ and an evaluation has been completed. Based on the evaluation we found the situation to be resolved, and there is no longer a need for protective services.
- We have visited \_\_\_\_\_ and an evaluation has been completed. Based on the evaluation, our agency has determined that there is not a need for protective services at this time.
- Referred to:  District Attorney  Division of Facility Services  Adult Homes Specialist.
- Other available and appropriate services will be offered.

Thank you again for your concern. Please call me at \_\_\_\_\_, if you have any questions.

Sincerely,

\_\_\_\_\_  
Social Worker

\_\_\_\_\_  
Adult Protective Services Supervisor