

**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.

In order for a referral to qualify as an Adult Protective Services (APS) referral, North Carolina Law (N.C.G.S. 108A-101) requires that it meet three (3) separate criteria:

1. The adult must be disabled.
2. The allegations must indicate the adult is being abused, neglected, and/or exploited.
3. The adult must be in need of Protective Services at the current time.

An APS evaluation will not be completed, as your referral does not meet all these criteria because:

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If you believe you have additional information that may change this decision, please contact me at \_\_\_\_\_. Other appropriate community resources that may be available to assist are: \_\_\_\_\_.

Referred to:  District Attorney  Division of Facility Services  Adult Homes Specialist.

Thank you again for your concern.

Sincerely,

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

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