

## Written Report of Adult Protective Services Evaluation

<b>I. Date of Written Report:</b> _____	
A. Report is being sent to: <input type="checkbox"/> DA <input type="checkbox"/> DFS <input type="checkbox"/> DMA <input type="checkbox"/> Other	
<b>II. Notice was sent to DA prior to completion of this report:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Date sent: _____	
<b>III. Identifying Information:</b>	
Name of Disabled Adult:	Date of Birth:
Address:	Telephone Number(s):
Name of Alleged Perpetrator(s):	Telephone Number(s):
Address:	
A. Disabled Adult resides in what type of setting: Domestic <input type="checkbox"/> Institutional <input type="checkbox"/>	
<b>IV. Date of APS Report and Allegation(s):</b>	
<b>V. Law Enforcement currently involved:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
A. Branch: _____	
B. Name of Law Enforcement Officer: _____	
<b>VI. APS Findings and Conclusions:</b>	
Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Confirmed Mistreatment <input type="checkbox"/>	
A. Mark the appropriate finding(s): Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/>	
1. Description of acts committed or omitted by caretaker/perpetrator. (If neglect is identified, what services were not provided to maintain physical and/or mental health.)	

2. Describe how disabled adult was physically and/or emotionally injured. If exploitation, describe how the disabled adult's resources were improperly used for another's profit or advantage.
3. Description of how items 1 and 2 were identified.
4. Date evidence was found: _____
<b>VII. Additional Comments/Recommendations:</b>

Evidence such as medical evaluations, photographs, or financial records, if applicable, is attached. The names of the complainant and others that have knowledge of the situation will be provided upon request from The District Attorney's office, The Division of Medical Assistance, The Division of Facility Services and other Governmental agencies.

<b>Name of DSS Contact</b>	<b>Telephone Number</b>
<b>Signature of DSS Supervisor</b>	<b>Date</b>