NORTH CAROLINA ADULT PROTECTIVE SERVICES
FACILITY EVALUATION

County Case # _____
SIS 11 Digit

1. IDENTIFYING INFORMATION

Last Name of Adult	First	Middle Initial	Alias	Family's Primary Language

Birth Date	Age	Gender	Race	Marital Status	Social Security #

Facility Name	Telephone Number	Room No.:	Level of Care:

Address

Driving Directions to Current Address or Location

Admission Date: | **Educational Level:** | **Able to Read:** ☐ Yes / No ☐ **Able to Write:** ☐ Yes / No ☐

Religious Preference: _____

Special Considerations (e.g. cultural, religious, speaks foreign language, deaf, visually impaired etc.): _____

History of APS Reports? ☐ **Yes / No** ☐

If Yes, provide dates of previous APS reports: (Within last two years) _____

☐ **Photos Taken of Adult** **Date:** _____/_____/_____ **Included in File:** ☐ **Yes** ☐ **No** **If No, where?** _____

Same Perpetrator: ☐ **Yes / No** ☐

Date of Current Report: _____/_____/_____ _____ ☐ **am / pm** ☐
Time

Contact with Facility Administrator _____/_____/_____ _____ ☐ **am / pm** ☐
Time

First Face-to-Face Contact with Adult _____/_____/_____ _____ ☐ **am / pm** ☐
Time

First Private Interview with Adult _____/_____/_____ _____ ☐ **am / pm** ☐
Time

Date of Initial Letter to Reporter: _____ **Date of Final Letter to Reporter:** _____

Date of Case Decision: _____ **Date 5026 Submitted:** _____

Dates of Required Notices (as needed) DA/LE _____, **DFS/AHS** _____, **DMA** _____,

Other (list) _____

Type of Alleged Maltreatment:

☐ Abuse Causing Pain / Injury
☐ Abuse- other
☐ Caretaker Neglect
☐ At Substantial Risk (Specify type): _____
☐ Self Neglect
☐ Exploitation of Person's Assets
☐ Exploitation of Person

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

*****MEDICAL REPORTS REVIEWED (Check, date, attach all that apply)*****			
Check if Document(s) Attached	**Document**	**Date Reviewed**	**Comments**
☐	Resident/Patient Incident Reports		
☐	Physician Notes		
☐	Physician Orders		
☐	Nursing Assessments		
☐	Nurses Notes		
☐	Social Work Assessment & Progress Notes		
☐	Plan of Care		
☐	Medication Administration Records		
☐	Pertinent Staff Training Information		
☐	Staff Work Schedules		
☐	Other (specify):		
☐	Other (specify):		

Has Adult recently been hospitalized? ☐ Yes / ☐ No **If yes, give date and location:**

If yes, give reason:

3. MEDICATION

Name of Medicine	Note Dosage, Frequency of Dosage, and any Side Effects

☐ **Copy of MAR Attached**

Name of Pharmacy used: _____

Is the adult receiving medication as prescribed? ☐ Yes / No ☐ **If No, why not?**

4. ACTIVITIES/ INSTRUMENTAL ACTIVITIES OF DAILY LIVING

ADL & IADL Tasks	Independent	Some Assist	Totally Dependent	* Source	Needs Met?		Comments
					Yes	No	
Ambulation	☐	☐	☐		☐	☐	
Bathing	☐	☐	☐		☐	☐	
Dressing	☐	☐	☐		☐	☐	
Eating	☐	☐	☐		☐	☐	
Grooming	☐	☐	☐		☐	☐	
Toileting	☐	☐	☐		☐	☐	
Transfer	☐	☐	☐		☐	☐	
To/from bed	☐	☐	☐		☐	☐	
To/from chair	☐	☐	☐		☐	☐	

Into/out of car	☐	☐	☐		☐	☐	
Shopping	☐	☐	☐		☐	☐	
Using Transportation	☐	☐	☐		☐	☐	
Money Management	☐	☐	☐		☐	☐	
Telephone Use	☐	☐	☐		☐	☐	

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5. Mental/Emotional Functioning

A. Orientation

Complete the following questions to review the adult's orientation.

TIME: Does the adult know the correct day of the week? ☐ Yes ☐ No ☐ Non-Responsive ☐ Refused to Answer
the correct month? ☐ Yes ☐ No ☐ Non-Responsive ☐ Refused to Answer
the correct year? ☐ Yes ☐ No ☐ Non-Responsive ☐ Refused to Answer

PLACE: Does the adult know the name of facility where he/she is residing? ☐ Yes ☐ No ☐ Non-Responsive ☐ Refused to Answer

Does the adult know in whose home he/she is residing? ☐ Yes ☐ No ☐ Non-Responsive ☐ Refused to Answer

SELF: Does the adult know his/her name? ☐ Yes ☐ No ☐ Non-Responsive ☐ Refused to Answer

Does the adult know his/her relationship to significant others? ☐ Yes ☐ No ☐ Non-Responsive ☐ Refused to Answer

B. Memory

Assess distant, recent, and immediate memory. Responses to many of the other questions asked during the interview can be used to complete the ratings. Enter one of the responses below on the line in front of each area.

1 – Good **3 - Total or Marked Impairment** **5 – Refused to Answer**
2 – Some Loss of Detail **4 - Non-responsive**

_____ **DISTANT:** Discuss early events in the adult's life (e.g., childhood, date of birth, school, marriage, birth of children) to assess distant memory.

_____ **RECENT:** Discuss recent events (e.g., community/family events, doctor's visits, medical treatments, taking of medication) to assess recent memory.

_____ **IMMEDIATE:** Assess immediate memory by returning to topics covered earlier (e.g., Did I remember to ask where you were born?) and in talking about what the client was doing earlier in the day.

Describe any Memory Impairments:

_____

C. Judgment

Assess the client's response to both routine and emergency situations. Enter one of the responses below on the line in front of each area.

1. **Good decision-making/problem-solving skills**
2. **Mild deficit: can handle everyday decisions/problems, but not good with complex issues**
3. **Moderate deficit: questionable decision-making/problem-solving skills; may be able to handle some routine decisions**
4. **Severe deficit: difficulty with simple issues; cannot make decisions or solve problems**

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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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	$	☐	Medicare Part A
SSI		Resident Trust Account		☐	Medicare Part B
VA Pension		Medicine		☐	Medicaid

RR Retirement		Life Insurance		☐	Special Assistance (SA)
Other Pension		Health Insurance		☐	Other Health Insurance
Public Assistance		Burial		☐	Food Stamps $
Interest/dividends		Other Medical Expenses		☐	Other (specify)
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:

Name	Address	Telephone #:	Type

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	
☐	☐	Sleeping accommodations	☐	☐	Lighting
☐	☐	Deteriorating Structure	☐	☐	Pests/vermin
☐	☐	Eating area	☐	☐	Toilet facilities
☐	☐	Heating/cooling	☐	☐	Water/plumbing
☐	☐	Fire hazards/no smoke detectors	☐	☐	Lack of access to/from general areas in facility
☐	☐	Laundry	☐	☐	Lack of access to/from general exterior of facility
☐	☐	Unsanitary Conditions (specify)	☐	☐	External Risk Hazards
☐	☐	Other (specify):	☐	☐	Internal Risk Hazards

Level of Endangerment
☐ Immediate life threat
☐ Potential of serious harm
☐ No evident danger
☐ 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:

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.

A. Resident Risk Factors	**Yes**	**No**	*** Source**	**Comments**
Alcohol/drug abuse	☐	☐		
Self Blaming	☐	☐		
Assaultive/hostile	☐	☐		
History of multiple incidents	☐	☐		
Fearful of caregivers	☐	☐		
Stoicism (No Emotions)	☐	☐		
Sexual acting out behavior(s)	☐	☐		
Self-abusive behavior(s)	☐	☐		
Demanding	☐	☐		
Passive/passive aggressive	☐	☐		

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B. Facility Risk Factors	**Yes**	**No**	*** Source**	**Comments**
Accepting residents whose needs cannot be met by facility	☐	☐		
Crowding/concentration of vulnerable adults	☐	☐		
High personnel turnover	☐	☐		
Frequent "reorganizations"	☐	☐		
High overtime demands	☐	☐		
Inadequate and uninformed administrator/manager response to Abuse/Neglect/Exploitation	☐	☐		
Inconsistent and unclear job expectations of staff	☐	☐		
Lack of staff training which means that staff are not prepared to act wisely	☐	☐		
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.)	☐	☐		
Poor communication between administrators and staff (in both directions)	☐	☐		
Number of APS Reports	☐	☐		
Poor building maintenance (ventilation, lighting, etc.)	☐	☐		

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O = Other collateral (specify) _____

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

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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: *(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).*

A. ABUSE BY CARETAKER – check all that apply

- ☐ Hitting, slapping, or kicking
- ☐ Old and/or New bruises, welts, bruises, or injuries
- ☐ Injuries to head, face, genitals
- ☐ Restrained, tied, locked in, isolated
- ☐ Non-consenting sexual activity
- ☐ Objects thrown at adult
- ☐ Verbal assaults, threats
- ☐ Threatened / injured with a weapon
- ☐ Prolonged interval between injury and treatment
- ☐ Injuries in odd places
- ☐ Demonstrates fear of caretakers
- ☐ Explanation inconsistent with injury
- ☐ Adult fearful of others
- ☐ Willful Deprivation
- ☐ Not Applicable
- ☐ Other (specify):_____

Level of Endangerment

- ☐ Immediate life threat
- ☐ Potential of serious harm
- ☐ At substantial risk
- ☐ No evident danger
- ☐ Adult understands
- ☐ Adult does not understand
- ☐ Adult willing to accept assistance
- ☐ Adult unwilling to accept assistance
- ☐ Not Applicable

Comments/Description (if needed):

B. NEGLECT – Check Conditions Present

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

Level of Endangerment

- ☐ Immediate life threat
- ☐ Potential of serious harm
- ☐ At substantial risk
- ☐ No evident danger
- ☐ Adult understands
- ☐ Adult does not understand
- ☐ Adult willing to accept assistance
- ☐ Adult unwilling to accept assistance
- ☐ Not Applicable

Comments/Description (if needed):

C. SELF ENDANGERING BEHAVIORS – check all that apply

- ☐ Suicidal threats
- ☐ Suicidal acts
- ☐ Self-inflicted injuries
- ☐ Refused Medication
- ☐ Refuses medical treatment
- ☐ Denial of problems
- ☐ Abuse of medications ☐ RX ☐ OTC
- ☐ Other (specify):_____ _____
- ☐ Wandering
- ☐ Frequenting dangerous places (specify) _____
- ☐ Substance Abuse: (specify): _____
- ☐ Refuses Mental Health Tx
- ☐ Not Applicable

Level of Endangerment

- ☐ Immediate life threat
- ☐ Potential of serious harm
- ☐ At substantial risk
- ☐ No evident danger
- ☐ Adult understands
- ☐ Adult does not understand
- ☐ Adult willing to accept assistance
- ☐ Adult unwilling to accept assistance
- ☐ Not Applicable

Comments/Description (if needed):

D. EXPLOITATION OF ASSETS

- ☐ Unexplained disappearance of funds or valuables
- ☐ Depleted funds/bank account, Questionable reason
- ☐ Adult unaware of income amount & expenses
- ☐ Family misusing adult's money
- ☐ Lack of payment arrangements to facility & responsible party evasive about making arrangements
- ☐ Caretaker refuses to use adult's funds to meet daily care needs
- ☐ Checks un-cashed
- ☐ Money lost or misplaced
- ☐ Unusual activity in bank account
- ☐ Significant Debt
- ☐ Chronic failure to pay for services and/or bills
- ☐ Transfer of other assets without adult's knowledge & benefit
- ☐ Facility misusing adult's money
- ☐ Other (specify):
- ☐ Other (specify): _____
- ☐ Not Applicable

Level of Endangerment

- ☐ Immediate life threat
- ☐ Potential of serious harm
- ☐ At substantial risk
- ☐ No evident danger
- ☐ Adult understands
- ☐ Adult does not understand
- ☐ Not Applicable
- ☐ Adult willing to accept assistance
- ☐ Adult unwilling to accept assistance

Comments/Description (if needed):

E. EXPLOITATION OF THE PERSON

- ☐ Sexual exploitation
- ☐ Other (specify): _____
- ☐ Coerced to perform tasks
- ☐ Not Applicable _____
- ☐ Other (specify):_____
- ☐ Not Applicable _____

Level of Endangerment

- ☐ Immediate life threat
- ☐ Potential of serious harm
- ☐ At substantial risk
- ☐ No evident danger
- ☐ Adult understands
- ☐ Adult does not understand
- ☐ Not Applicable
- ☐ Adult willing to accept assistance
- ☐ Adult unwilling to accept assistance

Comments/Description (if needed):

Summary of adults understanding and willingness to accept assistance as indicated in 7A-G above:

14. Adult previously victimized?

☐ No ☐ One time ☐ Several times over a short period of time
☐ Many times over a long period of time ☐ Unknown ☐ 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: ☐ Daily ☐ Weekly ☐ Other: Explain _____

c) Alleged perpetrator's Employment: Shift Worked: Days Worked:

d) Alleged perpetrator's reaction to APS Worker ☐ Cooperative ☐ Uncooperative ☐ Refused to be interviewed ☐ Interviewed with legal counsel

e) Summary of perpetrator's statement concerning APS allegations:

f) ☐ Criminal records checked: (optional): Date: _____/_____/_____

Relevant Information obtained:

g) ☐ No contact made with perpetrator and reason:

h) ☐ 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. ☐ Yes ☐ 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.

☐ Yes ☐ No

ABUSE:

The willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation by a caretaker of services which are necessary to maintain mental and physical health.

Has been abused by their caretaker.

☐ Yes ☐ No If yes, state how.

NEGLECT:

A disabled adult who either living alone and not able to provide for himself services which are necessary
To maintain his mental or physical health or is not receiving the services from his caretaker.

Has been neglected by their caretaker.

☐ Yes ☐ No If yes, state how. _____

Is self-neglectful.

☐ Yes ☐ No If yes, state how. _____

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.

Need for APS has been substantiated ☐

Need for APS has been unsubstantiated ☐

Is in need of protective services. ☐ Yes ☐ No If Yes, state how. _____

If Yes, 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:**
☐ Yes ☐ No ☐ Refused ☐ Accepted	☐ Yes ☐ No ☐ Accepted ☐ Refused	

Abuse, Neglect, Exploitation or Substantial Risk has been Confirmed ☐

Signature of APS Worker Date

Signature of Supervisor Date

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.)