

Adult Protective Services Diligent Efforts to Locate Adult

Name of Adult: _____ **Date of APS Report:** _____

Reviewed other DSS files (e.g., Medicaid, Food Stamps, Services, etc) on _____ to determine other ways of locating the adult. (date)

Adult's home visited on _____ at _____ am / pm
(date) (time)

Adult's home visited on _____ at _____ am / pm
(date) (time)

Adult's home visited on _____ at _____ am / pm
(date) (time)

Contacted neighbors, if N/A:

Names	Date	Time	Type of Contact	Comment(s)

Checked with Reporter (if identified) on (date): _____ to get more information on possible whereabouts of adult.

Contacted medical providers, including MD's, local hospitals, etc. (List those contacted, dates, results):

Contacted	Date	Results

Contacted other public/private agencies e.g., EMS, police department, mental health, public transportation service, home health, senior center, post office, etc. (List those contacted, dates, results):

Contacted	Date	Results

Other (Identify by action(s), name(s) date(s), time(s), and results):

Action(s)	Name(s)	Date(s)	Time(s)	Results

Date of first face-to-face contact with adult, if applicable: _____

Submitted by: _____
APS Worker
Date _____
Acknowledged by _____
APS Supervisor
Date _____