

Elder Abuse Report Form

****If you believe an older adult is at immediate life-threatening risk, please call 911****

Please provide as much information as possible. Although anonymous referrals are accepted, please be aware that the identity of the person making a report is always confidential. It is helpful for the APS worker to be able to contact you for further information.

Your Information

Your Name		Job Title (if applicable)	
Your Address		City, State, Zip	
Your Phone Number(s) including area code		Your E-mail Address	
Home	Cell	Work	

What is your relationship to the older adult you are calling about?

- Agency/Service Provider
 Physician/Doctor's office
 Hospital
 Nursing Home
 Home Health Provider
 Family Member
 Friend
 Neighbor
 Law Enforcement
 Other (please describe)

May we send you a letter with contact information for the APS worker assigned? Yes No

May we call you? Yes No

Information about the older adult:

Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		City, State, Zip	
Phone Number	Date of Birth	Age (or estimated age)	
Social Security Number	Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced <input type="checkbox"/> Single
Source and amount of monthly income			

Is this person impaired to the extent that he/she is unable to provide for his/her own care or protection?

Yes No

What is the nature of the impairment?

- Mental/emotional** Describe: _____
 Physical Disability
 Blind
 Hearing Impaired
 Limited mobility
 No mobility
 Frail
 Other (describe) _____
 Physical Illness Describe: _____

Does this person have a caregiver?

Yes No

Name of Caregiver		Phone number	
Name of Power of Attorney, if any		Phone number	
Type of Power of Attorney	Financial POA	Medical POA	

Does the person have a legal guardian?

Yes No

If yes, Name of Legal Guardian	Phone number
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Does the older adult speak English?

Yes No

If not, what language does he/she speak? _____

Living Arrangement

Own home or apartment

Caregiver's home

Group Home

Assisted Living

Homeless

Other (describe)

Who lives in the household?

Name	Relationship

Are there other people with knowledge of the situation?

Yes

No

Name	Phone number	Relationship

Doctor's Name		Phone number	
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Is this person receiving help from any social service or home health agencies?

Yes

No

Agency	Contact Person	Phone number

Allegations:

What do you suspect? (Check all that apply) **ABUSE** Physical Emotional Sexual
 NEGLECT BY OTHER **SELF-NEGLECT** **EXPLOITATION**

Whom do you suspect of abusing, neglecting, or exploiting the older adult (if applicable)?

Name	Relationship:	Spouse	Adult Child	Grandchild
		Other Relative	Paid Caregiver	Acquaintance
		Other (describe):		

Describe your concern in detail:

Are there any potential dangers to the APS worker who goes to the home?

Animals Weapons in the home Communicable disease(s) Drug use
 Environmental hazard(s) Other (explain) _____

Thank you. If you have provided contact information, we will let you know if this report will be investigated, and the name and phone number of the APS worker assigned.