

APS REFERRAL FORM:

Client Info:

Client Name: _____ DOB/Approx Age: _____

Address: _____ SS #: _____

Phone #: _____ Gender: _____ Ethnicity: _____

Does Client Reside at: Home Facility

Primary Language: _____ Does Client Need an Interpreter? Yes No

Income Source: SSI Private Pension SS Retirement SSDI
 VA Pension Unknown

Health Insurance: Medicare Medicaid Tri Care Private Insurance
 None/Unknown

Reporting Party Info: *Reminder- If you are a Mandated Reporter you can NOT remain anonymous*

Name: _____ Agency: _____

Address: _____

Phone Number: _____ Email: _____

Relationship to Client: _____

Alleged Perp Info:

Name: _____ DOB: _____

Gender: _____ Ethnicity: _____ Language: _____

Address: _____

Phone Number: _____ Email: _____

Relationship to Client: _____ Does AP have access to the Client? _____

****Please complete entire form-if it does not apply, write N/A****

Support Network Info:

Name: _____ Agency: _____

Address: _____

Phone Number: _____ Email: _____

Relationship to Client: _____

Legal Authority: Conservator (Permanent or Emergency) Guardianship (Permanent or Emergency)

Med Proxy POA- General POA- Financial POA- Medical Rep Payee

Does Support have access to the Client? _____

Allegations: (Check all that apply)

- Caretaker Neglect Exploitation Self-Neglect Physical Abuse
- Sexual Abuse No Mistreatment

Does the Client have any diagnosed Medical, Cognitive, or Physical Disabilities?

- Decision-making/understanding deficits Medical conditions
- Memory-deficits Mental illness Substance abuse Physical Conditions

The conditions cause the Client to be unable to manage the following:

- ADLs (toileting, bathing, hygiene, etc.) IADLs (cleaning, laundry, cooking, etc.)
- Bills/finances Healthcare/medical needs Unknown None

What care is needed but not being provided?

- Adequate nutrition/hydration Adequate supervision Transportation
- Appropriate medical treatment Bathing and hygiene Managing home cleanliness
- Medication Mgmt Social interaction, family/friends visitation

****Please complete entire form-if it does not apply, write N/A****

How is the money/property being used? Is there undue influence/coercion? Yes No

For another person's personal needs For things adult would not use/purchase

There is a questionable transfer of money/property For illegal activity

There is an unexplained loss of money/property Without adult's knowledge/permission

Has the adult experienced any of the following?

Fear as a result of the person's action Inappropriate confinement

Inappropriate restraint Pain as a result of the person's action

Are there any injuries?

Broken Bones Bruises Cuts Scratches Visible Marks/Injuries

Concerns impacting health/safety:

Malnutrition; weight loss/gain Mismanagement of medications Substance abuse

Refuses recommended services Untreated medical condition Untreated mental health

Poor hygiene; not bathing

Concerns that make the living environment unsafe:

Hoarding, including animals Imminent foreclosure or eviction Illegal activity

Lack of access/pathways Non-working appliances Non-working utilities

Unpaid utilities Vermin/pest infestation

The Alleged Perpetrator (Sexual Abuse):

Harasses the adult in a sexual manner Makes sexual innuendos toward the adult

Makes the adult perform sexual acts Makes the adult watch pornography

****Please use next page for a narrative of the events occurring as well as to provide additional information/comments****

