APS Financial Exploitation

Financial Exploitation Training Objectives

- Describe common victim and perpetrator characteristics of financial exploitation
- Identify and discuss at least six indicators of financial exploitation
- Define "undue influence" and its impact on decision-making
- Identity the components of mental capacity and discuss the intersection between capacity and undue influence in financial exploitation cases
- Discuss the primary components of financial exploitation investigation and discuss why it's important to always "follow the money"
- Identity the common challenges encountered during a financial exploitation investigation and discuss strategies to overcoming challenges
- Discuss two methods used in the prevention of financial exploitation
- Have a better understanding of Federal and State Banking Law.

Selected Crimes & Statutes Related to Financial Exploitation – NC

This chart provides examples of crimes and statutes that may apply in financial exploitation cases. This document is intended for reference and not every entry will be covered during the training.

Crime	Statutes	Type of Crime	Elements
Exploitation	NC GS 108A-101(j) 14-112.2	Felony/Misdemeanor	 368 (d) Financial abuse by any person, must prove suspect knew victim is an elder. 368(e) Financial abuse by caregiver, do not need to prove suspect knew victim to be an elder
Larceny of Property	GS 14-72	Felony	Felonious taking of personal property from another; from his/her person or immediate presence; against victim's will, by force or fear
Larceny by Servants and Other Employees	GS 14-74	Felony	Entering building or structure; with intent to commit theft or any felony
Larceny of Chose in Action	GS 14-75	Felony/Misdemeanor	Intent to defraud; signs other's name, or fictitious name; forges or steals handwriting of another; alters, corrupts, falsifies any record of; makes, alters, forges, counterfeits any bills, notes, checks, contracts
Larceny, Concealment or Destruction of Wills	GS 14-77	Felony	Unlawful taking of another's property; stolen property are valued above \$400
Robbery with Firearms or Other Dangerous Weapons	GS 14-87	Felony	
Embezzlement of Property Received by Virtue of Office or Employment	GS 14-90	Felony/Misdemeanor	

Obtaining Property by False Pretenses	GS 14-100	Felony/Misdemeanor	
Obtaining Signatures by False Pretenses	GS 14-101	Felony	
Unauthorized Use of Another's Credit Device	GS 14-113.1	Felony	
Financial Transaction Card Theft	GS 14-113.9	Felony	
Extortion	GS-14-118.4	Felony/Misdemeanor	
Forgery of Notes, Checks and Other Securities	GS 14-119		
Forgery of Deeds, Wills and Certain Other Instruments	GS 14-122		
Conversion by Attorney-In-Fact	GS 14-168.1		
Threatening or Harassing by	GS 14-196		
Telephone			
Failure to Support Parents	GS 14-326.1		

Handout 3 Who Are the Victims?

Victim Characteristics:

• The Financial Prisoner

The adult who is physically or emotionally dependent on a family member, friend, or caregiver may become a "financial prisoner."

• The Slipping Elder

This adult may find it increasingly more difficult to manage finances, and will turn for help to someone they trust. This adult recognizes there is a change and seeks help while they still have some ability to manage financial matters.

• The Confused Elder

The adult who is clearly confused before family or friends become involved. This adult may not recognize changes have occurred and a problem exists.

• The Bereaved Widow(er)

The cases involve person of long marriages whose spouses ran the family finances. This adult may be experiencing profound loss, loneliness and depression.

• The "Unknowing Elder"

This adult is not dependent but may not believe a loved one would or could do something like that to them. Or they may be embarrassed, ashamed or protective of the perpetrator. Or they may be unable to recognize or report because they lack the financial expertise (Financial I.Q.) to understand the transactions.

FACTORS AFFECTING DECISIONAL IMPAIRMENT IN APS CLIENTS

CHRONIC PAIN	May become the focus of attention and inhibit the ability to listen. A recent study		
	found a relationship between untreated pain and increased depression among the elderly.		
DEHYDRATION	Can cause altered mental status, agitation lethargy, lightheadedness and confusion.		
	Speech difficulty, sunken eyes, weakness and lethargy are often attributed to other		
	conditions. Severe hot and humid weather can cause dehydration.		
DELIRUM	An acute, reversible disorder. It occurs suddenly, over a short period of time and		
	fluctuates during the day. It may be caused by existing cognitive impairment, severe		
	physical illness, stroke, Parkinson's disease or dehydration, and can be aggravated by acute pain. Symptoms include changes in the way the patient uses information		
	and makes decisions, inability to focus, and uncharacteristic behavior. The patient		
	reports feeling "mixed up."		
DEMENTIA			
DENIENTIA	Involves a significant, persistent decline in functioning over a period of time. The patient loses memory as well as other cognitive functions such as language, motor		
	activities, ability to recognize familiar stimuli, and/or executive functioning.		
	Accurate diagnosis requires a detailed history as well as physical and neurological		
	examinations.		
DEPRESSION	The patient reports feeling sadness, emptiness, detachment, loss of interest in usual		
	activities, sleep disturbances, and/or weight loss. Speech is slowed, diminished or		
	repetitive. Patient may show anxiety or panic. Condition persists for more than two		
	weeks and is not related to situational loss.		
DISEASE	Thyroid, diabetes, cancer, Parkinson's, heart disease, stroke and AIDS may cause		
	diminished capacity as the disease progresses		
GRIEF	Intense grief reaction may result in temporary confusion, dependency, exhaustion		
	and inability to make decisions.		
HEARING/VISION LOSS	Can mimic cognitive impairment. Communication difficulty due to sensory or		
	physical impairments are often mistaken for confusion.		
LOW BLOOD PRESSURE	Due to medication misuse, or error may cause dizziness, weakness and falls resulting		
	in head injury.		
LOW IQ	May affect patient's understanding of choices, risks and benefits.		
MALNUTRITUION	Protein energy malnutrition and low levels of vitamin D lead to weakness, diminished ability to provide self-care and ultimately to decreased cognition		
MEDICATION	Drug interactions and adverse reactions are common and can be serious. Usually		
MISMANAGEMENT	due to patient's visual or cognitive impairment, inability to afford prescriptions, or		
	functional illiteracy. Mediation misuse frequently causes mental impairment.		
	Antibiotics and cardiovascular drugs are the most frequent causes of adverse effects.		
PHYSICAL ILLNESS	May result in electrolyte imbalances that cause confusion and prevent rational		
	decision making.		
PSYCHOSIS	Difficult to detect. Symptoms include delusions, hallucinations and agitation.		
SUBSTANCE ABUSE	Older adults become inebriated with lower levels of alcohol consumption-leading to		
	malnutrition and alcohol dementia.		
STRESS/ANXIETY	Anxiety disorder is more prevalent than depression among the elderly. Older women		
	are more at risk than men. May be the result of family violence and Post Traumatic		
	Stress Disorder.		
TRAMATIC BRAIN	May be the result of physical abuse or a fall. Falls are the most common injury in		
INJURY	the elderly due to weakness, environmental hazards, dizziness, alcohol, medications		
	or stroke. A patient with sudden changes in mental status after a fall may have		
	subdural hematoma.		
URINARY TRACT	Most common infection in the elderly. Can present as acute change in cognitive		
INFECTION	status. May result in delirium.		

Capacity for Financial Decisions

<u>Objective</u>: Practice in identifying the most <u>salient factor</u> and <u>strongest behavioral</u> <u>indicator</u> that may affect a client's decision making capacity as well as practice in identifying the <u>strongest indicator</u> that a client may be a victim of financial exploitation.

Instructions:

You are the APS Worker assigned to the following case - read the scenario and answer the three questions that follow.

Sample Case:

Client is an 80 year-old man with no known relatives. He lives alone in a small apartment in a dangerous neighborhood. The client is insulin-dependent, increasingly confused, with worsening eyesight, and urinary incontinence. He started drinking heavily 10 years ago after his wife died and his neighbors have reported finding him passed out in the hallway in his robe with his wallet hanging out and opened. Neighbors reported they noticed a younger woman hanging out at the client's apartment. When asked, the client said he has a "new love" and that "she does everything, even buys me my favorite whiskey." The client started receiving collection notices for unpaid bills which he ignored and the last time he tried to use his ATM card, it was declined. **Question 1** – Identify the most salient factor that may be affecting the client's decision making capacity in this case.

Answer - Uncontrolled or unmonitored diabetes and alcoholism – he may not be able to understand consequences of decisions.

Question 2 - Identify the <u>strongest behavioral indicator</u> that the client may not be able to make financial decisions for himself.

Answer - Ignoring collection notices for unpaid bills.

Question 3 - Identify the <u>strongest indicator</u> that the client may be being financially exploited by the younger woman.

Answer - New love who is hanging around and who buys his alcohol coupled with change in finances – collections notices, ATM declined.

Case Scenario 1

Client is 75 years old and diagnosed with Paranoid Schizophrenia. Client receives Social Security and a small pension from her deceased husband. Client is known to wander the streets of her neighborhood at all hours of the day and night. She is frequently found barefoot, in threadbare clothing in subfreezing temperatures. When asked about this behavior, she states that she wants to be barefoot because it helps keep the demons out of her feet. The client appears to be underweight. Client lives with her daughter, who has been unemployed for several years and does not contribute monetarily to household expenses. The daughter is the client's rep payee and recently bought a sports car.

Question 1 – Identify the <u>most salient factor</u> that may be affecting the client's decision making capacity in this case.

Question 2 – Identify the <u>strongest behavioral indicator</u> that the client may not be able to make financial decisions for herself.

Questions 3 – Identify the <u>strongest indicator</u> that the client may be being financially exploited by her daughter.

Case Scenario 2

Client is a 32-year-old female with mild-moderate mental retardation. She has lived in a group home most of her life, but recently her sister took her home to live with her and became her rep payee. The sister has a history of substance abuse and was recently put on unpaid leave from her job. The sister is verbally abusive and neglectful in her supervision. Client needs prompting to perform her ADL's and IADL's, and will only eat candy unless prompted otherwise. Client states she eats candy because that's all she can find in the kitchen and she's hungry. Client refuses to leave her sister, stating that she loves her very much and does not ever want to live in a group home again. Client states her sister told her to not tell anyone about the money game.

Question 1 – Identify the <u>most salient factor</u> that may be affecting the client's decision making capacity in this case.

Question 2 – Identify the <u>strongest behavioral indicator</u> that the client may not be able to make financial decisions for herself.

Questions 3 – Identify the <u>strongest indicator</u> that the client may be being financially exploited by her sister.

Case Scenario 3

Client is an 80 year old widow who lives in a rundown neighborhood with a great deal of gang activity. She was prescribed several medications for high blood pressure and a heart condition. Her sight and hearing are also very impaired. She received a diagnosis of early dementia three years ago and sometimes forgets to take her medication and lock her doors. Client has lived in the same house all her life and refuses to leave it. She continues to walk to the corner store (a known "hang out" for drug dealers) on a daily basis and has recently befriended a young woman. The client states that this is her adopted "granddaughter" and now she has someone to take care of her. The woman and her boyfriend moved in with the client shortly after they met and the woman now does all the banking for the client.

Question 1 – Identify the <u>most salient factor</u> that may be affecting the client's decision making capacity in this case.

Question 2 – Identify the <u>strongest behavioral indicator</u> that the client may not be able to make financial decisions for herself.

Questions 3 – Identify the <u>strongest indicator</u> that the client may be being financially exploited by the young woman.

Case Scenario 4

Client is an 85 year old widower on SSI. His health is failing and his memory and judgment appear to be impaired. He has a son who drops in twice a month but it is apparent from the condition of his apartment that he is living in deplorable conditions and needs supervision and care. The landlord has served the client with an eviction notice because he stopped paying rent 3 months ago and his neighbors are

complaining about the smells emanating from the apartment. The client states he doesn't need to move because he received a letter stating that he won the Canadian lottery and now he will be rich since he sent the \$500 check the lottery people want to release his prize.

Question 1 – Identify the <u>most salient factor</u> that may be affecting the client's decision making capacity in this case.

Question 2 – Identify the <u>strongest behavioral indicator</u> that the client may not be able to make financial decisions for himself.

Questions 3 – Identify the <u>strongest indicator</u> that the client may be being financially exploited.

Handout 6 Undue Influence Wheel

CREA	TE FEAR	PREY ON VULNERABILITIES	
ISOLATE FROM OTHERS AND INFORMATION		NCIAL TATION	CREATE DEPENDENCIES
KEEP UNAWARE	UNDUE INFLUENCE COMMON TACTICS		CREATE LACK OF FAITH IN OWN ABILITIES
	Perform rmittent Kindness	INDUCE SH AND SECR	

COPYRIGHT © 2006 YWCA OMAHA, NEBRASKA

APS Financial Abuse Investigation Checklist

I. Determine the relationship of the alleged perpetrator and the client

□ Interview victims <u>and</u> alleged abusers separately.

It is important to maintain a neutral stance when interviewing alleged abusers. Encourage them to tell <u>their</u> side of the story. Documenting their version of events initially, allows you to catch any future inconsistencies in their story.

It is important, when at all possible, to obtain signed releases from the victim for medical and financial information during this initial interview. <u>Please note – Very important that releases not</u> <u>be sought if victim lacks capacity, especially if the case may involve criminal conduct.</u>

(Check all that apply) The alleged perpetrator is:

- □ A relative
- □ A friend/neighbor/religious leader
- □ IHSS chore provider of record
- □ Holds a position of trust
- □ Lives with the victim
- □ Alleged abuser is employed/has a separate source of income

II. Cognitive and other deficits

□ Assess the victim for cognitive, vision, or hearing deficits. Is the client literate?

Such impairments may cause the victim to be unaware of what documents he or she has signed. It is often instructive, when initially interviewing the alleged abuser separately, to get his or her opinion on these issues. The degree of the client's impairment, as reported by the alleged abuser, often changes in subsequent accounts of the victim's abilities and circumstances.

If cognitive impairment is suspected, attempt to obtain mental/cognitive evaluations and histories from the victim's family members, physician, friends or other service agencies involved with the victim. A neuropsych evaluation may be needed (through Tangible Services) to establish the victim's current level of cognitive functioning and document any areas of incapacity or vulnerability to undue influence. A neuropsych expert can/may be able to offer an opinion on capacity at a prior time as well.

(Check all that apply)

- Client exhibits signs/symptoms of memory loss
- Client exhibits signs/symptoms of psychosis
- □ Alleged abuser states client's memory is good
- □ Alleged abuser states client's memory is poor
- □ Alleged abuser's story changes about client's memory
- Client has substance abuse problem which may impair cognition

- □ Neuropsychological evaluation needed
- Client has vision problem
- □ Client has glasses/does not have access to them
- Client is hearing impaired
- \Box Client has hearing aid(s)/ does not have access to them
- Client is unable to read
- Client is unable to write
- □ Client is unable to speak/speak coherently

III. Extent of client's estate (Check all that apply)

- **Client owns own home**
- Client owns other real property
- □ Client has bank account(s) and/or CD(s)
- **Client has a brokerage account and/or other stocks owned**
- □ Account(s) are in client's name only
- □ Alleged abuser's name is on account(s)
- □ Joint account is an "or" account
- □ Joint account is an "and" account
- Changes reported in client's deposit/withdrawal habits
- Client home furnishings/other personal property of value reported missing
- □ Vehicle(s) owned by client
- Client's name only name on vehicle title
- Alleged abuser's name only name on vehicle title
- Auto insurance in force/insurance in client's name
- Client's auto is registered with DMV in abuser's name
- Client is unable to drive
- □ Alleged abuser drives client's vehicle
- Client's vehicle is kept at the abuser's address
- Big screen TV seen in client's home

IV. Ownership of real property (Check all that apply)

- □ Assessor's records have been searched
- An in-house "Property Research Request" is needed to establish chain of title
- Client and alleged abuser's claims of ownership agree
- Client and alleged abuser's claims of ownership don't agree
- Client's name is only name on the deed
- Alleged abuser's name has recently been added to the deed
- □ Alleged abuser has removed client's name from the deed.
- Client pays mortgage, or is on the rental agreement/lease
- Client's real property has been refinanced.
- Client is aware/understands property has been refinanced
- Client is aware/understands the amount/terms of the refinance
- Client's real property(s) has been refinanced frequently and equity depleted
- Evidence of shopping addiction on the part of client
- Evidence of gambling problem on the part of client
- Evidence of a shopping addiction on the part of the abuser
- Evidence of a gambling addiction on the part of the abuser

- □ String of garbage liens on the real property(s)
- Garbage/other liens are inconsistent with client's income
- □ Property taxes have been paid for current year
- There are gaps in record of property tax payments
- Client is responsible for paying property taxes
- □ Someone else is responsible for paying property taxes
- Client believes property taxes have been paid
- Client's home is currently in, or approaching, foreclosure or tax sale for unpaid property taxes

V. Client's finances (Check all that apply)

- **Client handles own finances**
- Client pays own bills
- □ Client has representative payee
- □ Alleged abuser is rep. payee for client
- □ Alleged abuser is supposed to pay the client's bills
- □ Client has a DPOA for finances
- Client has DPOA for health care decisions
- DPOA(s) dated before/after onset of dementia
- A copies of the DPOA(s) have been obtained
- □ Alleged abuser is named as DPOA
- Client's income received in paper check form
- Client's income is direct deposited
- Method of client receiving income has recently changed
- Clients bank statements and other records are missing from home
- Client has an ATM card
- Client is not aware of having ATM card
- □ Alleged abuser has access to an ATM card for client's account(s)
- Client unaware of having credit cards/debt
- □ Alleged abuser using client's identity/credit
- □ Sample of alleged abuser's signature has been obtained
- **Gample of client's signature has been obtained**

VI. Follow-up on misused bank accounts

- 1. Contact the bank immediately and request that it "flag" the account, and observe with caution.
- 2. You can access information regarding the client's account by visiting the bank with the client, requesting the DPOA for finances (if appropriate) to act, or have the client sign a release of information for financial information. If the bank is willing, a home visit by bank personnel to a homebound client can be made.
- 3. Encourage the client to close any misused accounts and open new ones. This can be done in person by the client, or via a letter signed by the client. Make sure that any direct deposits are transferred to the new account. Note: If misuse of the client's

account was done via ATM transactions, recommend that the client not authorize an ATM card for the new accounts.

 Request copies of past bank statements and pertinent cancelled checks. <u>Note-</u> it's important to request copies from before the suspicious transactions began to determine the routine spending patterns and habits of the victim.

Review withdrawals from the account to look for forgery or unusual activity. If forgery or misuse of funds is apparent, have the client sign an affidavit with the bank and it will be investigated. The police, FBI, postal inspectors and secret service may get involved at this point.

VII. <u>Contact Law Enforcement</u>

Remember, law enforcement is an important partner in financial exploitation cases and they may be contacted before, during or after your initial investigation depending on the intake referral/allegations. Law enforcement wants to know if a crime has occurred and the elements of the crime. **Handout 1** on crimes and statutes will come in handy when interacting with law enforcement.

Client Name	Case No	
Worker Name	Date	
Recommendations:		
County Counsel Weekly Review		

- **G** FAST Review/Action
- Referral for Probate Conservatorship

This document was developed by Lisa Brand, MSW - Alameda County Adult Protective Services. Permission granted for use in Financial Exploitation, APS Core Module 12.

Mrs. Roosevelt

Client is an 80 year old widow who lives in a run down neighborhood with a great deal of gang activity. She was prescribed several medications for high blood pressure and a heart condition. She received a diagnosis of early dementia three yeas ago and sometimes forgets to take her medication and lock her doors. Client has lived in the same house all of her life and refuses to leave it. She continues to walk to the corner store (a known "hang out" for drugs dealers) on a daily basis and has recently befriended a young woman. The client states that this is her adopted "granddaughter" and now she has someone to take care of her. The woman and her boyfriend moved in with the client shortly after they met and the woman now does all the banking for the client. APS has just received a report from the client's bank regarding sudden withdrawals of large sums of money from her savings account.

APS Evaluation: Case Study

Instructions:

- 1. Individually read the case study "Yanna"
- 2. Working in small table groups, complete assigned questions.
- 3. Choose a note taker and one person to report out to the group.
- 4. You have 15 minutes!



<u> Case Study – "Yana"</u>

A next door neighbor of an 86 year old woman named Yanna, who lives in a small coastal town, was concerned about some of the her recent actions and called APS. The neighbor stated that she was not a close friend, but she always talked to her when she was sitting on her outside porch enjoying the afternoon sun and her hummingbird feeder. She stated both the appearance and demeanor of Yanna has changed in the past month. She stated that it was probably nothing, but, for the sake of her conscience, she wanted to "talk to some experts" and "get her concerns on the record."

Yanna is a recent widow after a 61 year marriage. She was born in Romania and has lived in the U.S. for the past 60 years after she was married. Her accent is heavy, but Yanna loves to talk about the art in Prague, her life as a model, and growing up before WW II. She always wore very elegant clothes and was dressed everyday in wools and tweeds on her dog walks. Also, she tended magnificent rose bushes that were the talk of the neighborhood. But, now things have changed.

The neighbor reported that Yanna now seems to be withdrawn and rarely smiles or waves when the she passes. She appears to be confused at times and rarely mentions her love of art, her childhood, or her life. Instead, Yanna appears disheveled in her dress and her patio has become piled up with furniture. Lately, the neighbor has noticed a truck parked in her dirt lane that says "Coast Construction" and a man has been going up a ladder and on the roof of her house. Once, he was actually sitting on the porch with Yanna and neither party even acknowledged the neighbor as she passed on her daily walk. The neighbor stated that she remembered the roof on Yanna's house had been replaced only 5 years ago and seemed to be in good condition.

Out of concern, the neighbor stated she approached Yanna and engaged her in conversation about her roof and the individual that she had seen walking around on it. Yanna said that the man had called out of concern and told her that her roofing materials were inferior and he was willing to give her a bargain replacement roof or see if he could fix the "inferior" roof with a new sealant product. Yanna muttered that she "only had the best" when she was a kid and she intended to have the best now. Yanna began rambling about maybe installing an alarm system to "protect me from the possible invasion of our town by aliens". Also, Yanna asked the neighbor to leave her alone because "she wanted her privacy".

The neighbor told her daughter, who is an Emergency Medical Technician (EMT), about Yanna and her concerns and the daughter agreed to visit Yanna with her the next week. The neighbor stated Yanna opened the door and asked for identification. She stated that she did not understand why anyone would want to ask her such questions about "her business" and told the neighbor and her daughter to leave immediately or she would

call her son who had "some kind of power of an attorney" and he would "get rid of you" just like he helps me with those "people at the bank who want to steal this house from me".

The daughter noticed some letters from the bank on a nearby mail center and asked Yanna "what do you mean" steal your house? Yanna grabbed a letter from the pile and shook it in her face yelling, "My son pays these people every month after my husband re-mortgaged my house without my permission, but they are still going to steal my house. I don't write many checks anymore, but when I went with the construction man to pay for my roof, there was hardly any money in my checking account. The bank is stealing my house and they have hidden my money! Who can you trust anymore?"

The neighbor stated that they left Yanna who was visibly upset and shaken and called APS immediately.

Attorney General's Consumer Protection Division

Call 1-877-5-NO-SCAM or 919-716-6400 Visit <u>www.ncdoj.gov</u>

Federal Trade Commission

600 Pennsylvania Avenue, NW Washington, DC 20580 Telephone: (202) 326-2222 or visit www.ftc.gov

If you were a victim of **fraud via the internet** – Internet Crime Complaint Center <u>www.ic3.gov</u>

If you were a victim of fraud and the funds were sent to Canada

- Canadian Anti Fraud Center visit <u>www.phonebusters.com</u> or call
- Toll Free: 1-888-495-8501 or visit
- Toll Free Fax: 1-888-654-9426
- Email: <u>info@antifraudcentre.ca</u>

How do I Report Suspected Mail Fraud:

To file a complaint online please go to U.S. Postal Inspection Service Mail Fraud hotline at 1-800-372-8347 Or <u>http://ehome.uspis.gov/fcsexternal/</u>

Check the registration status and **background of stockbrokers, investments advisers, and persons selling investments in securities** contact North Carolina Department of the Secretary of State - Securities Division Call 800-688-4507 or <u>http://www.secretary.state.nc.us/sec</u>

Your local **Better Business Bureau** www.bbb.org

Before you open your checkbook, **check out the charity** BBB Wise Giving Alliance 4200 Wilson Boulevard, Suite 800 Arlington, VA 22203 www.bbb.org/charity

Mystery Shoppers

You can visit the Mystery Shopping Providers Association (MSPA) website at <u>http://mysteryshop.org</u> to search a database of mystery shopper assignments and learn how to apply for them. The MSPA offers certification programs for a fee, but you don't need "certification" to look-or apply-for assignments in its database.

If you think you have encountered a mystery shopping scam, file a complaint with your local consumer protection agency, the Better Business Bureau, your state Attorney General, or the FTC.

Report wire transfer fraud:

<u>Western Union Fraud</u> Call 800-448-1492 or Forward any suspicious emails to: **spoof@westernunion.com**

Money Gram Transfer Fraud

Call 1-800-MONEYGRAM (1-800-666-3497) Or visit <u>http://www.moneygram-preventfraud.com/</u>

Do Not Call Registry

https://www.donotcall.gov/

The FTC's Telemarketing Sales Rule applies to telemarketers who make calls across state lines on behalf of charitable organizations. The Rule restricts calling times to the hours between 8 a.m. and 9 p.m. The Rule also requires telemarketers to promptly identify the charitable organization they represent and to disclose that the purpose of the call is to ask for a contribution. Telemarketers may not mislead you or lie to get your contribution.

Finding Legitimate Mortgage Lenders/Foreclosure Help:

NC Commission of Banks Call 888-384-3811 or visit <u>http://www.nccob.org/public/</u>

NC Foreclosure Prevention Fund

Call 1-800-393-0988 or visit NC Foreclosure Prevention Fund

Free personalized advice from housing counseling agencies certified by the W.S. Department of Housing and Urban Development (HUD)

Call 1-888-995-HOPE. National 24/7 hotline-operated by the **Homeownership Preservation Foundation**, a nonprofit member of the HOPE NOW alliance of mortgage industry members and HUD-certified counseling agencies For free guidance online

Visit www.hopenow.com

For free information on the President's plan to help homeowners <u>www.makinghomeaffordable.gov</u>

For immediate help with your foreclosure call

Legal Aid of NC 224 South Dawson Street Raleigh, NC 27601 919-856-2564; FAX: 919-856-2120

Department of Insurance – <u>SHIPP-(Seniors' Heath Insurance Information Program)</u>

Medicare, Medicare supplements, Medicare Advantage, Medicare prescription drug plans, long-term care insurance and provides assistance with Medicare/Medicaid billing errors, fraud abuse Call 800-443-9354

Your access to Free Credit Report www.annualcreditreport.com

Credit Reporting Agencies (Fraud Depts.) **Place a Credit Freeze or Fraud Alert** TransUnion: <u>www.tranunion.com</u>; Fraud Victim Assistance Division, PO Box 6790, Fullerton, CA 92834-6790

Equifax: 1:800-5625-6285; <u>www.equifax.com</u>; PO Box 740241, Atlanta, GA 30374-0241

Experian: 1-888-EXPERIAN(397-3742): www.experian.com; PO Box 9554, Allen, TX 75013

You've Got Spam: How to "Can" unwanted Email Send a copy of unwanted or deceptive message to <u>spam@uce.gov</u>

To stop most credit card offers

Call (888)5-OPT-OUT (1-888-567-8688) or visit OptOutPrescreen.com

Opt out of receiving unsolicited commercial mail from national companies. The Direct Marketing Association's (DMA) Mail Preference Services (MPS)

G.S. 14-112.2 Exploitation of an elder adult or disabled adult

- Imposes criminal penalties for exploitation of elder or disabled adults
- Wrongdoer does not have to be a caretaker of the elder or disabled adult to impose criminal penalties
- Elder or disabled adult does not have to be residing in a domestic setting
- Applies to a person who:
 - (i) Stands in a position of trust and confidence with the adult;
 - (ii) Has a business relationship with the adult; or
 - (iii) Knows or reasonably should know that the elder or disabled adult lacks capacity to consent

CONSENT AND AUTHORIZATION FOR ACCESS TO FINANCIAL RECORDS (NCGS 53B)

I,	, r	esiding at	he	ereby authorize
	(client)	(a	ddress)	
		to disclose the applicable r	ecords as described herein concer	rning me to the
(fir	nancial institution)			
	County (N	C) Department of Social S	ervices (DSS) for the purpose of de	etermining
(cour	nty)			
the nee	ed for Adult Protective Se	rvices. The financial institu	ition may provide any and all inform	mation regarding my
accour	ts as well as copies of ar	ny and all financial records	and supporting documents as indic	cated below:
	Current balance(s)			
	Statements- Time Perio	d:		
	Copies of checks and tr	ansactions- Time Period: _		
	Existence and Location	of Safe Deposit Box		
	Other:			

STATEMENT OF CONSUMER RIGHTS UNDER THE NORTH CAROLINA FINANCIAL PRIVACY ACT

None of my financial records may be disclosed by the financial institution except in accordance with the terms of this consent or a duly issued judicial order or subpoena; and I understand that if the financial institution discloses any of the financial records or the government authority obtains any information about my financial records in violation of the North Carolina Financial Privacy Act (Chapter 53B of the North Carolina General Statutes), I may sue for damages as provided in the Act. I further understand that:

- I have the right not to give this consent,
- This consent may not be revoked without 5 days' notice or if action has been taken in reliance on it,
- This consent will be valid for 6 months,
- Giving this consent cannot be made a condition of doing business with any financial institution,
- I have the right to access the financial institutions' record of disclosures pertaining to my accounts.

I certify that I have read this consent or that it has been read to me, that I understand its terms and the nature of the information requested, and that I voluntarily signed it on the date appearing beneath my signature.

Please deliver information to:

____County DSS

Attn: _____

Mailing Address:

Signature of Client

Date Signed

Name and Phone # of APS Worker: _____