

ADULT PROTECTIVE SERVICES INTAKE

1. AGENCY INFORMATION					
A. Date of Report April 4th 2019			B. Time 8:00AM		
C. Intake Worker Suzy SW			D. How Received Phone call		
E. SIS ID Number:			F. County Case #		
G. APS/Intake #					
2. ADULT AND FAMILY INFORMATION					
A. Last Name of Adult Smith		B. First Mary	C. Middle Initial	D. Alias	E. Family's Primary Language English
F. Date of Birth 12/15/1932	G. Age 87	H. Gender Female	I. Race African American		J. Marital Status divorced
L. Current Living Arrangement home		K. Facility Name		L. County (Where the adult is located) Wake	
M. Address 123 Main Street Raleigh NC 12345				N. Telephone Number 99-855-6222	
				O. Length of Stay at this Address over 10 years	
P. Address of Current Location if Different Than Residence Address				Q. Telephone Number of Current Location	
				R. Length of Stay at this Address	
S. Driving Directions to Current Location/Residence					
T. Others in Household					
Name John Smith		Relationship to Adult son		Age 45	
3. ABUSE/NEGLECT/EXPLOITATION					
A. What happened to make you call today? Reporter states that she took the client oatmeal and milk this morning for her weekly visit. State when she arrived the client was saturated in urine and feces. States the bed was saturated as well. States the client asked her to change the sheets because she couldnt. States when she changed her she noticed a large bruise on her abdomen and a weird sore on her foot. Mary told reporter she fell. Mary could not tell reporter where she got the sore as she could not feel it. Reporter states that there is medicine everywhere and there are "more than several days" of urine and feces on the bed.					

B. In what way do you think the adult is abused, neglected, or exploited; is self-neglecting; or is at risk of abuse, neglect or exploitation?
Neglect and abuse. There are bruises on her and her personal needs are not being met. Her room is filthy. No one should live this way. She isnt being changed or fed.

C. Is there a specific individual(s) who mistreated the adult? If yes, complete the following:
Name Relationship Telephone Number/Address/Current Location
John son

C. If allegations indicate specific event(s), when did this happen? **ongoing** D. Where did this happen? **her home**

E. How long has this been going on? **years** F. When did you last see the adult? **today**

G. Has this situation caused harm to the adult? If yes, explain.
Yes she has sores and bruises. Not getting her medicine can harm her. She isnt eating.

H. How has the adult's physical/mental health and functioning declined or changed?
She is now completely bed bound. She didnt use to be

I. Is the adult possibly in immediate danger of death? If yes, describe the danger.
She could die in that bed without her medicine

J. Is the adult at risk of irreparable harm? If yes, describe the danger.
She is not being changed, she is not getting medicine.

K. Did you witness the incident or condition? If not, how did you become aware of the situation?
yes, i come weekly to visit and bring her some breakfast. This is the worst ive seen her

L. Is the adult aware of this report? **no**
If yes, what is his/her reaction?

M. Is the family aware of the report? **no**
If yes, who?

N. Is there someone who might have additional knowledge regarding the adult's situation? Do they see a doctor? If yes to either, provide:

Name
Dr, Mallard
Roberta Tate
Jim Smith

Relationship
doctor
daughter
son

Telephone Number

O. Has the adult or the family been involved with DSS before? If yes, explain.
dont know

P. Do you know if other reports have been made about the adult/family? If yes, give details.
dont know

Q. Do you know if law enforcement has been involved? If yes, give details.
John drinks a lot, cops prob have been here

4. RISK FACTORS OF ABUSE, NEGLECT, OR EXPLOITATION

A. Are there other conditions or circumstances that put the adult at risk of abuse, neglect, or exploitation? If yes, check below and explain:

Yes	No	Reporter Doesn't Know		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Hazards	Explain home is cluttered
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Structural Damage	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vermin/Pests	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inadequate Heating/Cooling	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inappropriately Cared for Pets or Animals	Explain
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Falling/Tripping Hazards	Explain home is cluttered
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Access to Transportation	Explain she cannot get into Johns truck
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Telephone Access	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	External Environmental Hazards	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bills Not Being Paid	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Basic Needs Not Met/Income Not Sufficient	Explain reporter states she does not know income or bills

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lends Money/Support Others Financially	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Missing Property/Assets/Banking Irregularities	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substantial Debt	Explain
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limited Social Contacts (Family, Friends, Church, Etc.)	Explain reporter states she is the only one that visits
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recent Losses	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Explain

5. DISABILITY ALLEGATIONS

A. Describe the adult's physical and/or mental problems. (Ask the reporter to share information he/she has regarding the adult's problems. Does the adult take any medicines? Do they have a specific illness or diagnosis?) **bed bound, diabetes, high blood pressure, sores**

Check physical and/or mental problems below and explain:

Yes	No	Reporter Doesn't Know		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Term Memory Loss/Signs of Confusion/Wandering/Impaired Judgment	Explain adult drifts in conversation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inappropriate Behaviors/Combative Behavior	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual or Auditory Hallucinations	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recent Suicide Attempts	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fearful or Anxious/Seems Sad Withdrawn/Cries	Explain
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Ambulating/Recent Falls	Explain bed bound, cannot move on her own
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined to Bed	Explain
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory Impairments	Explain reporter states she cannot feel her foot, nerve damage?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems	Explain urine burns, dirty skin, grimy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight Loss or Gain/Malnourished	Explain very thin
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continence Problems	Explain total incontinence, using the bed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Explain

B. Describe how the adult is limited in performing activities and/or obtaining services necessary for daily living.

Adult relies on other people to handle all of her care. She cannot drive and needs people to come into her room to bring her food or wash her up

Review and check strengths below and explain any limitations:

Yes	No	Reporter doesn't know		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Bathe Self	Explain maybe with help
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Dress Self	Explain with help
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Manage Basic Hygiene/Grooming/Toileting	Explain maybe with help
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Feed Self	Explain but cannot cook
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Transfer	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Prepare Meals	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Administer Medication	Explain meds are everywhere
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Do Laundry	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Do House-Keeping/Laundry	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Repair Home From Structural Damage/Home Maintenance	Explain
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Use Telephone	Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Manage Money	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Explain

6 CARETAKER

A. Is there anyone who helps the adult on a regular basis? If yes, provide the following information:
 Name: **John Smith** Relationship: **son** What do they do? How often? **all ADL and IADL**

B. Has any one of the above individuals assumed the responsibility for the adult's day-to-day well-being? If yes, who and explain.
her son is supposed to be her full caretaker. Hes a drunk, and aggressive. Reporter states he is often not there and even when he is, he is not provicing care.

C. Does someone help with the decision-making? If yes, who and describe role (i.e. POA, Legal Guardian, etc.).

no legal forms, son helps with everything

D. Are they aware of the situation? If no, explain.

he should be, he lives here

E. Is someone managing the adult's finances? If yes, explain.

reporter doesnt know

7. NEED FOR PROTECTION

Has anyone attempted to stop what is happening to the adult? If yes, explain what they have done.

im calling today but i cant do anything else

8. SAFETY ISSUES

Are there any environmental or safety issues that the worker should be aware of? If yes, explain.

home is cluttered and her room is filthy, otherwise no. Son can become angry and aggressive when drinking

9. REPORTER INFORMATION

A. Is this an anonymous report? **yes**

B. Reporter's Last Name
Charlie

C. First
Penelope

D. Relationship to adult
friend

E. Address

F. Telephone Number

G. How does the reporter wish to be notified?

phone call

10. INTAKE SIGN-OFF

APS Criteria Explained

Confidentiality of Reporter Information Explained

Notice to Reporter Requirements Explained

Intake Worker Signature

Suzy SW

Date

April 4th, 2019

Time

8:00AM

11. DISPOSITION OF REPORT (FOR SUPERVISORY SCREENING USE ONLY)

A. Is the adult alleged to be disabled? **yes**

B. Is the adult alleged to be abused, neglected, or exploited? Check all that apply:

Abuse

Self Neglect

Caretaker Neglect

Person Exploitation

Assets Exploitation

C. 1. Is there someone willing, able, and responsible to provide or obtain essential services? **no**

2. Is the adult able, willing, and responsible to obtain essential services? **no**

3. Is the adult alleged to be in need of protective services? **yes**

D. Supervisor Comments

The adult is alleged to be incapacitated by disability as evidence by being bed bound. Adult is alleged to not be getting her meds or food and is not being changed for incontinence. Adult is alleged to be in irreparable harm if services are not provided. There is no one willing, able, or responsible to seek services and the adult cannot.

E. Referrals

1. Referral Information Given to Reporter for Community Service. If yes, list agencies.
2. In-House Referrals Made. If yes, list unit or department, information provided, and expected follow-up.

F. Notification (Check any notifications that are needed) DA Law Enforcement DFS AHS Reporter

G. Report accepted for evaluation

H. Initiation Response Time

- Immediate (If the complainant alleges danger of death)
 24 Hours (If the complainant alleges danger of irreparable harm)
 72 Hours (if the complainant does not allege danger of death or irreparable harm)

I. Supervisor/Designee Signature

Date Time

J. Assigned Social Worker

SWS Fuller

April 4th 2019 8:30AM

Sally SW

K. Report not accepted for evaluation. If not, explain which of the criteria were not met.

L. Supervisor/Designee Signature

Date Time

M. APS/Social Worker Signature

Date Time

N. If transferred to another county; provide reason, date, time, and method.