# **North Carolina Department of Health and Human Services**

# **Division of Aging and Adult Services**

##### **Adult Protective Services Intake**

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| 1. AGENCY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Date of Report: | | | | | | | | | | | | | | | | B. Time: | | | | | | | | |
| C. Intake Worker: | | | | | | | | | | | | | | | | D. How Received: | | | | | | | | |
| E. SIS ID Number: | | | | | | | | | | | | | | | | F. County Case #: | | | | | | | | |
| G. APS/Intake #: | | | | | | | | | | | | | | | | H. Social Security #: | | | | | | | | |
| 2. ADULT AND FAMILY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Last Name of Adult | | | | | | | | B. First | | | C. Middle Initial | | | | | | | D. Alias | | | | | E. Family’s Primary Language | |
| F. Date of Birth | | G**.** Age | | | | | H. Gender  Female  Male | | | | I. Race | | | | | | | | | J. Marital Status Divorced  Married/Separated  Single  Widowed  Other | | | | |
| Residence Information | | | | | | | | | | | | | | | | | | | | | | | | |
| K. Residence Address | | | | | | | | | | | | | | | | | | | | L. Residence Telephone Number | | | | |
| M. Length of Stay at Residence Address | | | | |
| N. Residence Living Arrangement/Facility Name | | | | | | | | | | | | | | | | | | | | O. County (Of Adult’s Residence) | | | | |
| **Current Location Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| P. Address of Current Location if Different Than Residence Address | | | | | | | | | | | | | | | | | | | | Q. Telephone Number of Current Location | | | | |
| R. Length of Stay at this Address | | | | |
| S. Current Living Arrangement | | | | | | | | | | | | | | | | | | | | T. County (Where the Adult is Located) | | | | |
| U. Driving Directions to Current Location/Residence | | | | | | | | | | | | | | | | | | | | | | | | |
| V. Others in Residence/Location  Name | | | | | | | | | Relationship to Adult | | | | | | | | | | | Age | | | | Residence or Location |
| 3. ABUSE/NEGLECT/EXPLOITATION | | | | | | | | | | | | | | | | | | | | | | | | |
| A. What happened to make you call today? | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Is there a specific individual(s) who mistreated the adult?  Yes  No  Unknown If yes, complete the following: | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Relationship | | | | | | | Telephone Number/Address/Current Location | | | | | | | | | | | | |
| D. If allegations indicate specific event(s), when did this happen? | | | | | | | | | | | | | | | | | E. Where did this happen? | | | | | | | |
| F. How long has this been going on? | | | | | | | | | | | | | G. When did you last see the adult? | | | | | | | | | | | |
| H. Has this situation caused harm to the adult? Yes No Unknown If yes, explain. | | | | | | | | | | | | | | | | | | | | | | | | |
| I. How has the adult’s physical/mental health and functioning declined or changed? | | | | | | | | | | | | | | | | | | | | | | | | |
| J. Is the adult possibly in immediate danger of death? Yes No Unknown If yes, describe the danger. | | | | | | | | | | | | | | | | | | | | | | | | |
| K. Is the adult at risk of irreparable harm? Yes No Unknown If yes, describe the danger. | | | | | | | | | | | | | | | | | | | | | | | | |
| L. Did you witness the incident or condition? Yes No If not, how did you become aware of the situation? | | | | | | | | | | | | | | | | | | | | | | | | |
| M. Is the adult aware of this report? Yes No Unknown  If yes, what is his/her reaction? | | | | | | | | | | | | | N. Is the family aware of the report? Yes No Unknown  If yes, who? | | | | | | | | | | | |
| O. Is there someone who might have additional knowledge regarding the adult’s situation? Yes No Unknown  Do they see a doctor?  Yes  No  Unknown If yes to either, provide: | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | Relationship | | | | | | | | | | | | Telephone Number | | | |
| P. Has the adult or the family been involved with DSS before?  Yes  No  Unknown If yes, explain. | | | | | | | | | | | | | | | | | | | | | | | | |
| Q. Do you know if other reports have been made about the adult/family?  Yes  No  Unknown If yes, give details. | | | | | | | | | | | | | | | | | | | | | | | | |
| R. Do you know if law enforcement has been involved?  Yes  No  Unknown If yes, give details. | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | |  | | | | | | | | |  | | | | | | | | | | |
|  |  | |  | | Fire Hazards | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Structural Damage | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Vermin/Pests | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Inadequate Heating/Cooling | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Inappropriately Cared for Pets or Animals | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Falling/Tripping Hazards | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | No Access to Transportation | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | No Telephone Access | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | External Environmental Hazards | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Bills Not Being Paid | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Basic Needs Not Met/Income Not Sufficient | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Lends Money/Support Others Financially | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Missing Property/Assets/Banking Irregularities | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Substantial Debt | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Limited Social Contacts (Family, Friends, Church, Etc.) | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Recent Losses | | | | | | | | | Explain | | | | | | | | | | |
|  |  | |  | | Other | | | | | | | | | Explain | | | | | | | | | | |
| **5. DISABILITY ALLEGATIONS** | | | | | | | | | | | | | | | | | | | | | | | | |
| 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?  Yes  No  Unknown Do they have a specific illness or diagnosis?) | | | | | | | | | | | | | | | | | | | | | | | | |
| Check physical and/or mental problems below and explain: | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | Reporter Doesn’t Know | |  | | | | | | |  | | | | | | | | | | | | |
|  |  | |  | | Short Term Memory Loss/Signs of Confusion/Wandering/Impaired Judgment | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Inappropriate Behaviors/Combative Behavior | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Visual or Auditory Hallucinations | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Substance Abuse | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Recent Suicide Attempts | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Fearful or Anxious/Seems Sad Withdrawn/Cries | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Difficulty Ambulating/Recent Falls | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Confined to Bed | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Sensory Impairments | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Skin Problems | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Weight Loss or Gain/Malnourished | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Continence Problems | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Other | | | | | | | Explain | | | | | | | | | | | | |
| B. Describe how the adult is limited in performing activities and/or obtaining services necessary for daily living. | | | | | | | | | | | | | | | | | | | | | | | | |
| Review and check strengths below and explain any limitations: | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | Reporter doesn’t know | |  | | | | | | |  | | | | | | | | | | | | |
|  |  | |  | | Able to Bathe Self | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Able to Dress Self | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Able to Manage Basic Hygiene/Grooming/Toileting | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Able to Feed Self | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Able to Transfer | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Able to Prepare Meals | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Able to Administer Medication | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Able to Do Laundry | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Able to Do House-Keeping/Laundry | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Able to Repair Home From Structural Damage/Home Maintenance | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Able to Use Telephone | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Able to Manage Money | | | | | | | Explain | | | | | | | | | | | | |
|  |  | |  | | Other | | | | | | | Explain | | | | | | | | | | | | |
| 6 CARETAKER | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Is there anyone who helps the adult on a regular basis?  Yes  No  Unknown If yes, provide the following information: | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | Relationship | | | | | | | | | | | | What do they do? How often? | | |
| B. Has any one of the above individuals assumed the responsibility for the adult’s day-to-day well-being? Yes No Unknown  If yes, who and explain. | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Does someone help with the decision-making? Yes No Unknown If yes, who and describe role (i.e. POA, Legal Guardian, etc.). | | | | | | | | | | | | | | | | | | | | | | | | |
| D. Are they aware of the situation? Yes No  Unknown If no, explain. | | | | | | | | | | | | | | | | | | | | | | | | |
| E. Is someone managing the adult’s finances? Yes No Unknown If yes, explain. | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. NEED FOR PROTECTION | | | | | | | | | | | | | | | | | | | | | | | | |
| Has anyone attempted to stop what is happening to the adult? Yes No Unknown If yes, explain what they have done. | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. SAFETY ISSUES | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any environmental or safety issues that the worker should be aware of? Yes No Unknown If yes, explain. | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. REPORTER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Is this an anonymous report?Yes No | | | | B. Reporter’s Last Name | | | | | | | C. First | | | | | | | | | D. Relationship to adult | | | | |
| E. Address | | | | | | | | | | | F. Telephone Number | | | | | | | | | G. How does the reporter wish to be notified? | | | | |
| 10. INTAKE SIGN-OFF | | | | | | | | | | | | | | | | | | | | | | | | |
| Criteria Explained | | | | | | Confidentiality of Reporter Information Explained | | | | | | | | | | | | | Notice to Reporter Requirements Explained | | | | | |
| Intake Worker Signature APS | | | | | | | | | | | | | | | | | | | Date Time | | | | | |
| 11. DISPOSITION OF REPORT (FOR SUPERVISORY SCREENING USE ONLY) | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Is the adult alleged to be disabled? Yes No | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Is the adult alleged to be abused, neglected, or exploited? Yes No 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? Yes No  2. Is the adult able, willing, and responsible to obtain essential services? Yes No  3. Is the adult alleged to be in need of protective services? Yes No | | | | | | | | | | | | | | | | | | | | | | | | |
| D. 1. Is the adult a resident of another NC county? Yes  No  If yes, which county? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. County of Residence Supervisor or designee informed Yes  No  If yes, date and time:  Yes No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Phone/Fax/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Date APS Intake report sent to County of Residence.  Yes  No Date and time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. County of Residence Confirmed receipt Yes  No  If yes date and time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. APS Case will be initiated by: County of Residence  County of Location | | | | | | | | | | | | | | | | | | | | | | | | |
| E. Supervisor Comments: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| F.  Report accepted for evaluation  Outreach  Information & Referral | | | | | | | | | | | | | | | | | | | | | | | | |
| G. 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) | | | | | | | | | | | | | | | | | | | | | | | | |
| H. Assigned Social Worker: | | | | | | | | | | | | | | | | | | | | | | | | |
| I. Supervisor Signature Date Time | | | | | | | | | | | | | | | J. Secondary Screener Signature Date Time | | | | | | | | | |
| K.  Report not accepted for evaluation. If not, explain which of the criteria were not met. | | | | | | | | | | | | | | | | | | | | | | | | |
| L. Notification (Check any notifications that are needed)  District Attorney  Law Enforcement  Div. of Health Service Regulation  Adult Home Specialist  Reporter Other, specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| M. Referrals   1. Referral Information Given to Reporter for Community Service: Yes No If yes, list agencies. 2. In-House Referrals Made.Yes No If yes, list unit or department, information provided, and expected follow-up. | | | | | | | | | | | | | | | | | | | | | | | | |