

APS Basic Skills Module I
Day Two
Participant Materials

SCREENING EXERCISE

CASE #1 Alfred Jones

Alfred Jones, 74, has had a stroke and is completely bedridden. His wife, Mary Jones, has been caring for him at home, although her rheumatoid arthritis has made this increasingly difficult. The home health nurse who has been working with the Jones, Sarah Smith, calls your agency to express concern for Mr. Jones. She says that he has bedsores, which are worsening, and he is losing weight. Ms. Smith doesn't want to get Mrs. Jones "in trouble," however, because she is "doing her best."

CASE #2 Gertrude Brown

The discharge planner from your local hospital, Ann Green, calls to report that Gertrude Brown, 62, will be discharged tomorrow. Mrs. Brown has diabetes which is difficult to control, and she has been in the hospital for a month following amputation of her right leg. Her mobility skills and eyesight are poor, but she wants to return to her apartment, where she has been living alone. Ms. Green reports that the doctor says that Mrs. Brown will not be safe at home. She wants the APS worker to come down and make Mrs. Brown go to a nursing home.

CASE #3 Beulah Williams

Beulah Williams, an 84 year old woman with suspected Alzheimer's Disease, is in the hospital with a broken arm and a black eye. Ms. Williams has significant memory loss and is unable to care for her basic needs such as dressing, bathing, feeding, etc. She depends on her daughter with whom she lives to assist in all of these areas. A concerned neighbor calls and tells you that Ms Williams' daughter caused these injuries. Ms. Williams may be discharged tomorrow, and there are no other family members for her to stay with or to make plans for her. The neighbor is very concerned about Ms. William's safety if she returns to her daughter's home.

CASE #4 Ila Tucker

Ila Tucker, 72 is a resident of Rolling River Rest Home. She has Alzheimer's Disease. Ms. Tucker is unable to meet any of her basic needs and she tends to wander if not supervised very closely. She no longer recognizes family and friends. The administrator of the home, Mr. White, has called you to report that Ms. Tucker's bill has not been paid for three months, and he plans to discharge her as soon as possible. Ms. Tucker's son Felix, is the payee for her Social Security check, but Mr. White has been unable to get him to pay the bill. Felix rarely visits his mother, and he has told Mr. White that he does not plan to send her money to the home because "the state is supposed to take care of old people." Mr. White suspects that Felix is using the money for himself.

CASE #5 Kevin Sloan

Kevin Sloan, 28, has been diagnosed as having schizophrenia. He has been in and out of state mental hospitals for years. He does well when he is taking his medication, but his mental status deteriorates rapidly and he becomes unable to care for himself when he is not taking it. He has had an eviction notice, and a concerned neighbor has brought him to the agency today to request assistance with his rent. Mr. Sloan seems confused and cannot tell you how he has been managing his money or what he did with his SSI check, which came just five days ago.

CASE #6 Gary Leonard

Gary Leonard, 32, is a developmentally disabled resident of Mayberry Group Home #3, a DDA home. The director of the sheltered workshop which Mr. Leonard attends, Kathy Heater, has called to tell you that he appears to have been beaten. Mr. Leonard has a black eye and deep scratches on his arm. When questioned about how he received these injuries, he was reluctant to discuss it, but finally told Ms. Heater that "Eugene hurts me." Eugene is another resident of the home, and he has a history of violent behavior. Mr. Leonard is afraid to return to the home this afternoon.

CASE #7 John Sharp

John Sharpe, 75, lives alone. He has had emphysema and heart trouble for many years. Although these problems confine him to his home, he has managed to live at home with the help of a home delivered meals program and home health services. The home health nurse calls your agency to report that Mr. Sharpe has been beaten. According to the nurse, he has a nephew who visits occasionally and demands money. If Mr. Sharpe does not have any money, the nephew becomes violent. Mr. Sharpe likes to see his nephew, however, and has been unwilling to forbid his visits.

CASE #8 Evelyn Jackson

Evelyn Jackson's son Mike has called you, and he is furious. When he went to visit his mother today at Loving Care Nursing Home, he found that she had a broken arm. Ms. Jackson has Alzheimer's Disease and remains confused most of the time. She is a total care patient at the nursing facility and at times becomes combative when care is being provided. After questioning the administrator Mike found out that an aide had become frustrated and shaken his mother so roughly that her arm was broken. The administrator was very apologetic and told Mike that the aide had been fired and a doctor had been called immediately. Mike is not satisfied, however, and says that "somebody should pay for this." You are familiar with the home, and have had few complaints or APS reports about it in the past.

CASE #9 Moe Collins

Moe Collins, 60, is a homeless man who presents at the local DSS inquiring about shelter for the night and long-term housing. His clothes are ragged and he has an extremely unpleasant odor. Mr. Collins has a history of mental illness and is regularly seen talking to himself. He has been homeless for four weeks after being thrown out of a homeless shelter for coming in intoxicated on two occasions. He has been sleeping in the local park at night and walking the streets during the day. Mr. Collins has no known physical health problems and can be seen at the local soup kitchen every afternoon. He has a son but refuses to ask him for help because of an argument they had two years ago.

CASE #10 Virginia Lee

Virginia Lee is a 49 year-old recent double amputee due to an automobile accident. She is mobile via wheelchair but due to several steep steps, is confined to the house. She is a diabetic who is unable to administer her insulin injections. Ms. Lee requires assistance with housekeeping, personal care, and meal preparation. Ms. Lee is divorced. Her ex-spouse was emotionally and physically abusive to her. Her 24 year old son Malcolm has moved back into the home to assist after being gone for three years. There is no other family to assist. Malcolm was also a victim of his father's emotional and physical abuse. A neighbor has called to report that he observed Malcolm strike Ms. Lee repeatedly in the head during an argument on the front porch and that he overheard him tell her that he wished she was dead.

INTAKE INFORMATION SHEET

Getting the S.T.O.R.Y.

SPECIFICS

_____ **Name, Address, Phone**

_____ **Directions and Location**

_____ **Age, impairments which may affect initial contact**

_____ **Household composition**

_____ **Environmental issues (dogs, cats, etc) which may affect initial contact**

_____ **Safety Issues which may affect initial contact**

TALE

_____ **Allegations and clarification of details**

_____ **History**

_____ **Witnesses**

_____ **Victim Abilities: ADL, IADL, medical and cognitive issues**

_____ **Ability to protect self**

_____ **Guns, drugs, law enforcement involvement**

_____ **Environmental concerns/dangers**

OTHERS

_____ **Relatives, Friends, Neighbors**

_____ **Medical, Mental Health, Recent Hospitalizations**

_____ **Other agencies**

_____ **Income/Source**

_____ **Attorneys, Bankers**

_____ **Health/housing inspectors**

REPORTING PARTY

_____ **NAME, ADDRESS, TELEPHONE**

_____ **REQUESTS ANONYMITY**

_____ **EXPECTATIONS**

_____ **PERCEPTION OF IMMEDIATE RISK**

_____ **PERCEPTION OF CLIENT'S ACCEPTANCE OF HELP**

YES, or NO

_____ **CASE ACCEPTED FOR APS EVALUATION**

_____ **CASE NOT ACCEPTED**

_____ **REFERRALS MADE**

Using the STORY Approach

Step 1: Developing the Questions

You have received the following information on a potential APS intake. Using the STORY approach as your guide, develop a list of questions and clarifications you would need in order to determine if the cases should be screened “in” or “out” for an initial visit.

Intake Case #1:

Name: Maria Gonzalez

Address: 44 Elm Street (senior building)
Los Angeles, CA

Age: 85

Referred by: Carol O'Brien, Building Manager

Allegations: “Ms. Gonzales collects junk. Her apartment is piled up. She never takes the garbage out. There are roaches everywhere. There is hardly a path to get around. Ms. Gonzales is in a wheelchair. The neighbors are complaining because of the smell. We’ve tried to talk to her, but she pretends not to understand English. We’ve called her daughter and left messages, but she doesn’t return our calls. If this continues, we may have to evict her. You (APS) should put her in a nursing home where she belongs.”

Intake Case #2

Name: Flora Popovka

Address: Rd 4
Amityville, CA

Age: 74

Allegations: “My mother is very frail and can’t take care of herself. My brother Demitri moved in with her about 4 years ago. He had been in jail and then couldn’t find a job (as usual) and now he is living off my mother’s income. She has even bought him a car. I take her to doctor’s appointments and sometimes have to bring her food because there is no decent food in the house. When I tell her she should kick him out, she says everything is fine, but I think she is losing it. My brother won’t even talk to me. You (APS) should get him out of there so she can live a peaceful life.”

Intake Case #3

Name: Bob Stevens
Address: Smith's Rooming House
Oakland
Age: 64
Referred by: Bubba Jones, Friend

Allegations: "Bob and I have been friends for years. He can't work anymore because he is pretty confused and acting crazy. He doesn't change his clothes and hasn't showered in a while. He has always liked to drink a bit and have a good time, but now he drinks mostly in his room. I don't know why they deliver all that booze to him. When he goes out, he gets lost. I'm afraid he will get hit by a car. He has a son in New Jersey somewhere and a daughter in Virginia, but they don't keep in touch with him. Somebody has to look out for him (APS).

Intake Case #4

Name: Laverne Jackson
Address: 443 Linden Road
Fresno, CA
Age: 34
Referred by: Frances Brower, Administrator, Sunrise Adult Day Program

Allegations: "Laverne is developmentally disabled. She lives with her mother and stepfather, a sister and her sister's four children. Laverne has been coming to our program for a few years. Lately we have noticed that she is not taken care of very well. She is very hungry when she comes. We noticed some bruises on her face, a bite mark on her arm, and she seemed upset. When we asked her mother, she said Laverne is clumsy and walks into things. She also said that they have a new puppy. There is more to this than meets the eye. Someone (APS) needs to look into this.

Intake Case #5

Name: Penelope Starlight
Address: 7 Magnolia Place
Beverly hills, CA
Age: 79
Referred by: Harold Demone, Mayor

Allegations: "Ms. Starlight is an elegant woman of means and connections. She still lives in her lovely home but is having trouble keeping it clean. Her attorney contacted me and wants to get help for her. He says he noticed that she is going downhill. She has paid her taxes and deserves to live better. I understand you protect older people and expect that you (APS) will take care of this situation.

”

TIPS/STRATEGIES FOR GOOD INTAKE

REMEMBER THAT INTAKE IS A CRITICAL FIRST STEP – GOOD INFORMATION IS VITAL

1. Be familiar with the tool. Know what information is critical. For APS: Disability and how it incapacitates the adult, allegations of abuse, neglect, or exploitation, and the need for protection.
2. Be knowledgeable about the APS service and process.
3. Be professional, courteous, and patient. Identify yourself; explain the process, role of DSS. Explain that it may be a lengthy call; there are a lot of questions and what the purpose is. Offer the opportunity of a follow-up call if time is an issue. Speak in a language that the caller can understand.
4. Allow the reporter to tell their story. Know what questions to ask. Be prepared to ask for clarification, ask additional questions, and redirect when needed. Ask open-ended questions. Use the how, when, what, where, who questions. You may need to structure the interview to keep the caller on track. Be thorough and structure your questions to get what you need.
5. Listen for triggers to ask further questions and to get more information. For example: If the reporter says that the adult is depressed then that might trigger you to ask about any recent loss, their eating and sleeping habits, medications, treatment, suicidal ideation.
6. Summarize with the caller. Make sure that you have all of the information that you need. Ask if they can be called back for any further information if needed. Explain confidentiality. Let them know that they will hear back from you. Urge them to call back with any further information.
7. Complete the intake process. The Intake Worker should make sure that the tool is complete and attach any additional notes or information that may be relevant to the client. Make sure you have completed the tool so that a good screening decision can be made by the screener.
8. Supervisors – review the tool thoroughly before signing off. Make sure the Intake worker has obtained the necessary information. If necessary send the tool back for additional information when possible.
9. Complete notifications: Initial notice to the reporter and others (i.e., Initial notice to DA, Law Enforcement).
10. Assign the report to the APS Worker or Outreach as appropriate. Remember that time is a critical factor. **DON'T DELAY!**
11. Document information on the Intake Log.
12. NOW the Intake process is complete.

ADULT PROTECTIVE SERVICES INTAKE

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 #					
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	I. Race	J. Marital Status	
L. Current Living Arrangement		K. Facility Name		L. County (Where the adult is located)	
M. Address				N. Telephone Number	
				O. Length of Stay at this Address	
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		Relationship to Adult		Age	
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? If yes, complete the following:		
Name	Relationship	Telephone Number/Address/Current Location
C. If allegations indicate specific event(s), when did this happen?		D. Where did this happen?
E. How long has this been going on?	F. When did you last see the adult?	
G. Has this situation caused harm to the adult? If yes, explain.		
H. How has the adult's physical/mental health and functioning declined or changed?		
I. Is the adult possibly in immediate danger of death? If yes, describe the danger.		
J. Is the adult at risk of irreparable harm? If yes, describe the danger.		
K. Did you witness the incident or condition? If not, how did you become aware of the situation?		
L. Is the adult aware of this report? If yes, what is his/her reaction?	M. Is the family aware of the report? 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 Relationship Telephone Number		
O. Has the adult or the family been involved with DSS before? If yes, explain.		

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

Q. Do you know if law enforcement has been involved? 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		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Hazards	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Damage	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vermin/Pests	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate Heating/Cooling	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriately Cared for Pets or Animals	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Falling/Tripping Hazards	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Access to Transportation	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Telephone Access	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External Environmental Hazards	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bills Not Being Paid	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic Needs Not Met/Income Not Sufficient	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lends Money/Support Others Financially	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing Property/Assets/Banking Irregularities	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substantial Debt	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limited Social Contacts (Family, Friends, Church, Etc.)	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent Losses	Explain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Explain
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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?)

Check physical and/or mental problems below and explain:

Yes	No	Reporter Doesn't Know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Term Memory Loss/Signs of Confusion/Wandering/Impaired Judgment	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate Behaviors/Combative Behavior	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual or Auditory Hallucinations	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent Suicide Attempts	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fearful or Anxious/Seems Sad Withdrawn/Cries	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Ambulating/Recent Falls	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined to Bed	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory Impairments	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight Loss or Gain/Malnourished	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continence Problems	Explain
<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.

Review and check strengths below and explain any limitations:

Yes	No	Reporter doesn't know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Bathe Self	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Dress Self	Explain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Manage Basic Hygiene/Grooming/Toileting	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Feed Self	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Transfer	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Prepare Meals	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Administer Medication	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Do Laundry	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Do House-Keeping/Laundry	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Repair Home From Structural Damage/Home Maintenance	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Use Telephone	Explain
<input type="checkbox"/>	<input 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 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? If yes, who and explain.

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

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

E. Is someone managing the adult's finances? If yes, explain.			
7. NEED FOR PROTECTION			
Has anyone attempted to stop what is happening to the adult? If yes, explain what they have done.			
8. SAFETY ISSUES			
Are there any environmental or safety issues that the worker should be aware of? If yes, explain.			
9. REPORTER INFORMATION			
A. Is this an anonymous report?	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			
APS Criteria Explained <input type="checkbox"/>		Confidentiality of Reporter Information Explained <input type="checkbox"/>	Notice to Reporter Requirements Explained <input type="checkbox"/>
Intake Worker Signature		Date	Time
11. DISPOSITION OF REPORT (FOR SUPERVISORY SCREENING USE ONLY)			
A. Is the adult alleged to be disabled?			
B. Is the adult alleged to be abused, neglected, or exploited? Check all that apply:			
<input type="checkbox"/> Abuse <input type="checkbox"/> Self Neglect <input type="checkbox"/> Caretaker Neglect <input type="checkbox"/> Person Exploitation <input type="checkbox"/> Assets Exploitation			
C. 1. Is there someone willing, able, and responsible to provide or obtain essential services?			
2. Is the adult able, willing, and responsible to obtain essential services?			
3. Is the adult alleged to be in need of protective services?			
D. Supervisor Comments			
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) <input type="checkbox"/> DA <input type="checkbox"/> Law Enforcement <input type="checkbox"/> DFS <input type="checkbox"/> AHS <input type="checkbox"/> Reporter			
G. <input type="checkbox"/> Report accepted for evaluation			

H. Initiation Response Time <input type="checkbox"/> Immediate (If the complainant alleges danger of death) <input type="checkbox"/> 24 Hours (If the complainant alleges danger of irreparable harm) <input type="checkbox"/> 72 Hours (If the complainant does not allege danger of death or irreparable harm)							
I. Supervisor/Designee Signature			Date	Time	J. Assigned Social Worker		
K. <input type="checkbox"/> 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.							

ADULT PROTECTIVE SERVICES INTAKE

1. AGENCY INFORMATION					
A. Date of Report January 5, 2001		B. Time 4:00pm			
C. Intake Worker		D. How Received			
E. SIS ID Number:		F. County Case #			
G. APS/Intake #					
2. ADULT AND FAMILY INFORMATION					
A. Last Name of Adult Davis		B. First Lillie	C. Middle Initial M	D. Alias	E. Family's Primary Language English
F. Date of Birth 05/14/1922	G. Age 79	H. Gender Female	I. Race Caucasian	J. Marital Status Unknown	
L. Current Living Arrangement Private Residence		K. Facility Name		L. County (Where the adult is located) Wake	

<p>M. Address 301 West Cabarrus St Raleigh, NC 27393</p>	<p>N. Telephone Number 9198331654</p>						
<p>P. Address of Current Location if Different Than Residence Address</p>	<p>O. Length of Stay at this Address 30 years</p>						
<p>S. Driving Directions to Current Location/Residence From agency, turn left on Dawson, right onto Cabarrus, 3rd house on left.</p>	<p>Q. Telephone Number of Current Location</p>						
<p>T. Others in Household</p> <table border="1"> <thead> <tr> <th data-bbox="120 1010 711 1045">Name</th> <th data-bbox="711 1010 1230 1045">Relationship to Adult</th> <th data-bbox="1230 1010 1524 1045">Age</th> </tr> </thead> <tbody> <tr> <td data-bbox="120 1045 711 1081">Jerome Davis</td> <td data-bbox="711 1045 1230 1081">Son</td> <td data-bbox="1230 1045 1524 1081">Unknown</td> </tr> </tbody> </table>	Name	Relationship to Adult	Age	Jerome Davis	Son	Unknown	<p>R. Length of Stay at this Address</p>
Name	Relationship to Adult	Age					
Jerome Davis	Son	Unknown					
<p>3. ABUSE/NEGLECT/EXPLOITATION</p>							
<p>A. What happened to make you call today? Reporter states that adult's son is not taking proper care of her. The adult cannot get out of bed without help and the adult's son sometimes leaves her alone for 10 to 12 hours. Reporter alleges that the adult has a sore on her right foot and bruises as a result of being mistreated. Reporter indicates that she has heard the son screaming at her and has observed the adult's son drunk to the point of passing out. Reporter alleges that the adult is not getting her insulin. Reporter alleges that the son hits the adult when he is drinking and that on occasion has heard the son threaten to kill her. Reporter states that she saw the sore and bruises while visiting today but the adult denied that her son had done anything wrong. Reporter states that she knows that the adult is in the shape she is because of her son. Reporter wants help for the adult right away. She wants the adult away from her son and feels that she may need to be placed.</p>							

<p>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? Adult is being physically abused by her son. He is also threatening to kill her. Adult is neglected by son in terms of not giving her medication and not giving her food and water for up to 12 hours. Adult is not getting her insulin and has an open sore on her right foot.</p>							
<p>C. Is there a specific individual(s) who mistreated the adult? If yes, complete the following:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> <th>Telephone Number/Address/Current Location</th> </tr> </thead> <tbody> <tr> <td>Jerome Davis</td> <td>Son/Caretaker</td> <td>9198331654/same as adult's</td> </tr> </tbody> </table>		Name	Relationship	Telephone Number/Address/Current Location	Jerome Davis	Son/Caretaker	9198331654/same as adult's
Name	Relationship	Telephone Number/Address/Current Location					
Jerome Davis	Son/Caretaker	9198331654/same as adult's					
<p>C. If allegations indicate specific event(s), when did this happen? N/A</p>	<p>D. Where did this happen? Adult's home</p>						
<p>E. How long has this been going on? Unknown</p>	<p>F. When did you last see the adult? today</p>						
<p>G. Has this situation caused harm to the adult? Yes If yes, explain. Reporter states that the adult is very weak, confused, malnourished and has an open sore on her right foot.</p>							
<p>H. How has the adult's physical/mental health and functioning declined or changed? Yes. She is bedbound, dehydrated, malnourished, has an open sore on her right foot. She is missing her left leg. She is insulin dependant and has not been receiving her insulin on a regular basis. Adult has had 2 strokes and appears in a confused state.</p>							
<p>I. Is the adult possibly in immediate danger of death? Yes If yes, describe the danger. Son threatened to kill her. Adult is not getting her insulin. Adult is not being fed and hydrated consistently.</p>							
<p>J. Is the adult at risk of irreparable harm? Yes If yes, describe the danger. Son is not giving Adult her insulin. Son on occasion, when drunk, has threatened to kill adult. Adult has bruises on her stomach and an open sore on her right foot. Adult is not getting adequate food and water.</p>							
<p>K. Did you witness the incident or condition? Yes If not, how did you become aware of the situation?</p>							
<p>L. Is the adult aware of this report? No If yes, what is his/her reaction?</p>	<p>M. Is the family aware of the report? No If yes, who?</p>						

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	Relationship	Telephone Number
John Davis	Son	Unknown
Roberta (last name unknown)	Daughter	9197158009

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

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

Q. Do you know if law enforcement has been involved? **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		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Hazards	Explain
<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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Access to Transportation	Explain Totally dependant on son
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Telephone Access	Explain

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	External Environmental Hazards	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bills Not Being Paid	Explain
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic Needs Not Met/Income Not Sufficient	Explain
<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 Son does not allow anyone in the house
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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?) **Yes, she has diabetes, is insulin dependant, has physical limitations and is bedbound. Adult is missing her left leg, has had 2 strokes, cannot control her bladder, has heart problems and is confused**

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 is confused
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inappropriate Behaviors/Combative Behavior	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual or Auditory Hallucinations	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recent Suicide Attempts	Explain
<input checked="" type="checkbox"/>	<input 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined to Bed	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sensory Impairments	Explain

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems	Explain Open sore on right foot, bruises on stomach
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight Loss or Gain/Malnourished	Explain adult is dehydrated; son leaves her without food or water up to 12 hours
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continence Problems	Explain Bladder incontinence
<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 is completely dependant on son for assistance with care. She cannot bathe herself, cook or clean. She cannot get out of bed without son's assistance. She cannot take medications without assistance. She is insulin dependant, does not have a phone and is unable to call for help.**

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 bedbound;unable to get up without help
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Dress Self	Explain "
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Manage Basic Hygiene/Grooming/Toileting	Explain "
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Feed Self	Explain "
<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 "
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Use Telephone	Explain No access to telephone
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to Manage Money	Explain She is confused
<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	Relationship	What do they do? How often?
Jerome	Son	Caretaker
Ann Potts	Neighbor	Checks on adult when son is not home

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.
Son lives with his mother and provides her daily care. There are two other siblings not living in the home; son will not allow them in the home.

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

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

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

7. NEED FOR PROTECTION

Has anyone attempted to stop what is happening to the adult? **Yes** If yes, explain what they have done. **Reporter has tried talking with the adult about her situation**

8. SAFETY ISSUES

Are there any environmental or safety issues that the worker should be aware of? **Yes** If yes, explain. **There are 2 large dogs in the home**

9. REPORTER INFORMATION

A. Is this an anonymous report? No	B. Reporter's Last Name <i>Sinclair</i>	C. First Name <i>Mary</i>	D. Relationship to adult <i>Friend</i>
E. Address 305 Jones St Raleigh, NC 27899		F. Telephone Number 9198334950	G. How does the reporter wish to be notified? Written

10. INTAKE SIGN-OFF

APS Criteria Explained <input type="checkbox"/>	Confidentiality of Reporter Information Explained <input type="checkbox"/>	Notice to Reporter Requirements Explained <input type="checkbox"/>
Intake Worker Signature	Date	Time

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

A. Is the adult alleged to be disabled?	
B. Is the adult alleged to be abused, neglected, or exploited? Check all that apply: <input type="checkbox"/> Abuse <input type="checkbox"/> Self Neglect <input type="checkbox"/> Caretaker Neglect <input type="checkbox"/> Person Exploitation <input type="checkbox"/> Assets Exploitation	
C. 1. Is there someone willing, able, and responsible to provide or obtain essential services? 2. Is the adult able, willing, and responsible to obtain essential services? 3. Is the adult alleged to be in need of protective services?	
D. Supervisor Comments	
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) <input type="checkbox"/> DA <input type="checkbox"/> Law Enforcement <input type="checkbox"/> DFS <input type="checkbox"/> AHS <input type="checkbox"/> Reporter	
G. <input type="checkbox"/> Report accepted for evaluation	
H. Initiation Response Time <input type="checkbox"/> Immediate (If the complainant alleges danger of death) <input type="checkbox"/> 24 Hours (If the complainant alleges danger of irreparable harm) <input type="checkbox"/> 72 Hours (if the complainant does not allege danger of death or irreparable harm)	
I. Supervisor/Designee Signature Time	J. Assigned Social Worker Date

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.