ADULT PROTECTIVE SERVICES INTAKE REPORT

Virginia Department for Aging and Rehabilitative Services

CLIENT BACKGROUND						
				FIPS CODE/LOCALITY	DATE OF REPORT	TIME OF REPORT
WORKER WHO TOOK CALL	ASSIGNED WORKER			CITY/COUNTY OCCURRED	DATE REPORT WRITTEN	TIME REPORT WRITTEN
NAME OF CLIENT (First, Middle, Last)				CLIENT TELEPHONE #		CLIENT SOCIAL SECURITY #
ADDRESS				DIRECTIONS TO HOME		
CITY, STATE, ZIP						
AGE	BIRTH DATE	RACE	GENDER	MARITAL STATUS		EDUCATION

INCIDENT BACKGROUND

LOCATION OF INCIDENT		LIVING ARRANGEMENTS OF CLIENT		TYPE OF ALLEGED ABUSE/NEGLECT/EXPLOITATION (CHOOSE ALL THAT APPLY)	
☐ ADULT DAY CARE	☐ NURSING FACILITY	☐ ADULT FOSTER CARE	☐ NURSING FACILITY	☐ SELF-NEGLECT	
☐ ADULT FOSTER CARE	☐ OTHER	☐ ASSISTED LIVING FACILITY	☐ OTHER	☐ NEGLECT	ALLEGED SOURCE:
☐ ASSISTED LIVING FACILITY	☐ OTHER'S HOUSE/APT	☐ HOMELESS	☐ OTHER'S HOUSE/APT	☐ PHYSICAL ABUSE	☐ SELF
☐ DAY TREATMENT CENTER	☐ OWN HOUSE/APT	☐ LOCAL/REGIONAL JAIL	☐ OWN HOUSE/APT	☐ MENTAL ABUSE	
☐ HOMELESS	☐ SENIOR CENTER	☐ DBHDS FACILITY	☐ SHELTER	☐ SEXUAL ABUSE	☐ OTHER
☐ HOSPITAL	☐ SHELTER	☐ DBHDS GROUP HOME		☐ FINANCIAL EXPLOITATION	
☐ LOCAL/REGIONAL JAIL	☐ SHELTER WORKSHOP			☐ OTHER EXPLOITATION	
☐ DBHDS GROUP HOME	☐ DBHDS FACILITY	COMMENTS/NOTES:			
	☐ TRANSPORT-ATION PROVIDER				

REPORTER BACKGROUND

	ANONYMOUS	REPORTER IS A MANDATED REPORTER
NAME OF REPORTER	☐ YES	☐ YES
	☐ NO	☐ NO
ADDRESS		
	REPORTER'S RELATIONSHIP / TITLE (SPECIFY)	
CITY, STATE, ZIP		
	COMMENTS/NOTES:	
TELEPHONE NUMBER		

INTERESTED PERSONS OR AGENCIES

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP

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ALLEGED PERPETRATORS			
NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP

PHYSICIANS (IF KNOWN)		
NAME	ADDRESS	TELEPHONE NUMBER

MEDICAL INFORMATION	
DESCRIPTION OF MEDICAL PROBLEMS:	DESCRIBE INCAPACITY OF THE ALLEGED VICTIM

CIRCUMSTANCES THAT DESCRIBE ABUSE/NEGLECT/EXPLOITATION OF THE ADULT

REPORTER'S DESCRIPTION OF SITUATION:

INITIATION DECISION	DETERMINE REPORT VALIDITY (CHECK ALL THAT APPLY)
IS THERE IMMINENT DANGER TO THE ADULT? ☐ YES ☐ NO	LIVING IDENTIFIABLE ADULT ☐ YES ☐ NO
IS THE ALLEGED ABUSE, NEGLECT OR EXPLOITATION SEVERE? ☐ YES ☐ NO	60 YEARS OF AGE OR OLDER ☐ YES ☐ NO
DO THE CIRCUMSTANCES SURROUNDING THE ALLEGATION REQUIRE IMMEDIATE RESPONSE? ☐ YES ☐ NO	INCAPACITATED ADULT ☐ YES ☐ NO
IS THE PHYSICAL AND/OR MENTAL CONDITION OF THE ADULT AFFECTED? ☐ YES ☐ NO	CIRCUMSTANCES DESCRIBE A/N/E ☐ YES ☐ NO
EMERGENCY ☐ YES ☐ NO	AGENCY OF JURISDICTION ☐ YES ☐ NO
	REPORT VALID ☐ YES ☐ NO

APS CASE STATUS ☐ OPEN ☐ CLOSED ☐ NEW

032-02-0130-03-eng (10/13)