

WISCONSIN APS INCIDENT DATA COLLECTION DATA DICTIONARY

SECTION A: INITIAL INFORMATION

Category: Caller's Initial Concern AND Primary Issue Identified	Referral Source	Who Received the Initial Call/Referral
Self-neglect	ADRC or aging services	Adult Protective Services (APS) unit
Financial exploitation	Adult-at-Risk (AAR) employer	Crisis Response unit
Neglect by other(s)	Alleged abuser	Human Services department (other than APS or Crisis)
Emotional abuse	Anonymous	Aging and Disability Resource Center (ADRC) or Aging Unit
Physical abuse	Bank or financial institution	Social Services department (other than ADRC or Aging)
Sexual abuse	Corporate guardian	Department of Community Programs (51.42/437)
Treatment without consent	Friend/neighbor	Law enforcement
Unreasonable confinement or restraint	IRIS consulting agency	Public Health department
Other	Housing inspection/Zoning	Elder Abuse Helpline (DOJ/GWAAR)
	In-home care provider	Regulatory authority (DQA)
	Law enforcement	Ombudsman program (BOALTC)
	Managed care organization	Managed care organization
	Medical/Clinical staff	IRIS Consulting agency
	Mental health or crisis provider	Bank or other financial institution
	Regulatory authority (DQA)	Animal control/Humane Society
	Relative	Disability services agency
	Residential facility: assisted living/nursing home	Tribal agency
	Substance abuse service provider	Housing inspection/Zoning
	Tribal agency	Other (specify)
	Vocational/Day support provider	
	Other referral source (specify)	

SECTION B: INFORMATION ABOUT ADULT-AT-RISK (AAR)

How Was Age Collected

Self-reported by AAR
 Estimated based on observation
 Data received from another system

AAR Gender Identity

Male or man (cisgender)
 Female or woman (cisgender)
 Transgender man/masculine
 Transgender woman/feminine
 Nonbinary, gender queer, gender fluid
 Two-spirit
 Questioning
 Declined to answer
 Not collected gender identity
 Other (specify)

How was Gender Identity Collected

Self-reported by AAR
 Estimated based on observation
 Data received from another system

Pronouns Requested by AAR

No, pronouns are not mentioned
 AAR requests they/ them pronouns
 AAR requests she/her pronouns
 AAR requests he/him pronouns
 AAR requests other pronouns (specify)
 Other (specify)

AAR Living Arrangement

Own home/apt. alone
 Own home/apt. with others
 Relative's home
 Friend's home
 Adult family home (1-2 bed)
 Adult family home (licensed)
 Skilled nursing facility
 Community-based residential facility
 Residential care apartment complex
 Hospital
 Unhoused
 Other institution
 Declined to answer
 Not collected
 Other (specify)

AAR Racial Identity

Black, African, or African American
 American Indian, Native American,
 Indigenous, or Alaska Native
 East Asian (for example, Chinese,
 Japanese, Korean)
 Southeast Asian (for example, Hmong,
 Laotian, Vietnamese)
 South Asian (for example, Indian,
 Nepali, Pakistani)
 Arab, Arab-American, Middle Eastern,
 or North African
 Native Hawaiian or Other Pacific
 Islander
 White
 Hispanic/Latin American/Latino/x
 Two or more races
 Other
 Declined to answer
 Not collected

How was Racial Identity Collected

Self-report by AAR
 Estimated based on observation
 Data received from another system

What county/state programs or services have served this individual?

Community support program
 Comprehensive community services
 Family care
 IRIS
 PACE or partnership
 Medicaid (Title 19, Card Services)
 Unknown
 None
 Other (specify)

If There is Substitute Decision Maker, Identify Type of Decision Maker

Conservator
 Guardian of the Estate
 Guardian of the Person
 Power of Attorney – finances
 (activated)
 Power of Attorney – health care
 (activated)
 Representative payee program
 Temporary guardian

Power of Attorney – finances (not
 activated)
 Power of Attorney – health care (not
 activated)
 Supported Decision Making
 Agreement
 Other (specify)

AAR Health Circumstances

Medical fragility/frailty
 Intellectual or developmental disability
 Cognitive impairment due to dementia
 Other disorientation or confusion
 Mobility impairment
 Physical disability
 Diabetes
 Incontinence
 Deafness or hearing loss
 Blindness or vision loss
 Stroke-related impairments
 Traumatic brain injury
 Inability to speak/communication
 disorder
 None
 Other (specify)

AAR Behavioral Health Circumstances

Alcohol abuse or alcoholism
 Substance use disorder or drug abuse
 Alzheimer's or related dementia
 Mental health concerns or mental
 illness
 Challenging or dangerous behavior

AAR Social and Economic Circumstances

Unemployed (not retired)
 Unable to leave home
 Financially dependent on alleged
 abuser
 Alleged abuser financially dependent
 on AAR
 Limited English proficiency
 Unable to read or write

SECTION C: INFORMATION ABOUT ALLEGED ABUSER

How Was Age Collected

Self-reported by AAR
 Estimated Based on Observation
 Data Received from Another System

Alleged Abuser Gender Identity

Male or man (cisgender)
 Female or woman (cisgender)
 Transgender man/masculine
 Transgender woman/feminine
 Nonbinary, gender queer, gender fluid
 Two-spirit
 Questioning
 Declined to answer
 Not collected gender identity
 Other (specify)

How was Gender Identity Collected

Self-reported by AAR
 Estimated based on observation
 Data received from another system

Alleged Abuser Racial Identity

Black, African, or African American
 American Indian, Native American,
 Indigenous, or Alaska Native
 East Asian (for example, Chinese,
 Japanese, Korean)
 Southeast Asian (for example, Hmong,
 Laotian, Vietnamese)
 South Asian (for example, Indian,
 Nepali, Pakistani)
 Arab, Arab-American, Middle Eastern,
 or North African
 Native Hawaiian or Other Pacific
 Islander
 White
 Hispanic/Latin American/Latino/x
 Two or more races
 Other
 Declined to answer
 Not collected

How was Racial Identity Collected

Self-reported by AAR
 Estimated based on observation
 Data received from another system

Alleged Abuser Relationship to AAR

Spouse or domestic partner
 Child or stepchild
 Grandchild
 Sibling
 Parent or stepparent
 Aunt or uncle
 Other relative
 Friend/Neighbor
 Residential service provider
 Vocational/Day service provider
 Transportation provider
 Unknown
 Other (specify)

Alleged Abuser Decision Making Status

Conservator
 Guardian of the Estate
 Guardian of the Person
 Power of Attorney – finances
 (activated)
 Power of Attorney – health care
 (activated)
 Representative Payee Program
 Temporary guardian
 Power of Attorney – finances (not
 activated)
 Power of Attorney – health care (not
 activated)
 Supported Decision Maker
 Other

Alleged Abuser Health Circumstances

Medical fragility/frailty
 Intellectual or developmental disability
 Cognitive impairment due to dementia
 Other disorientation or confusion
 Mobility impairment
 Physical disability
 Diabetes
 Incontinence
 Deafness or hearing loss
 Blindness or vision loss
 Stroke-related impairments
 Traumatic brain injury
 Inability to speak/communication
 disorder
 None
 Other (specify)

Alleged Abuser Behavioral Health Circumstances

Alcohol abuse or alcoholism
 Substance use disorder or drug abuse
 Alzheimer's or related dementia
 Mental health concerns or mental
 illness
 Challenging or dangerous behavior

Alleged Abuser Social and Economic Circumstances

Unemployed (not retired)
 Unable to leave home
 Financially dependent on alleged
 abuser
 Alleged abuser financially dependent
 on AAR
 Limited English proficiency
 Unable to read or write

SECTION D: Investigation

Categories of Concern Identified During Investigation
Self-Neglect

Financial exploitation
Neglect by others(s)
Emotional abuse
Physical abuse
Sexual abuse
Treatment without consent
Unreasonable confinement or restraint
Other

Detailed Issues of Concern Identified During Investigation
Self-Neglect

Medical needs
Medication
Mismanaging basic financial activities
Physical needs
General lack of attention or supervision
Unsafe, unsanitary environment
Hoarding
Nutritional needs
Other self-neglect (specify)

Neglect by Other(s)

Medical needs
Medication
Mismanaging basic financial activities
Physical needs
General lack of attention or supervision
Unsafe, unsanitary environment
Hoarding
Nutritional Needs
Other neglect (specify)

Financial Exploitation

Computer or phone scam
Deception
Diverting income
Embezzlement
Financial transaction card crimes
Forgery or fraudulent writings
Misappropriation of personal identifying information or documents
Mismanagement of property
Security fraud
Substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities
Theft by fraud
Theft from a person
Other financial exploitation (specify)

Emotional Abuse

Demeaning statements
Harassment
Isolating person from family, friends
Threats, intimidation, frightening
Other emotional abuse (specify)

Physical Abuse

Abrasions, cuts, punctures, bites
Beating
Bone fracture
Bruises, welts
Burns, scalding
Internal injuries
Pain, no physical marks
Sprains, dislocations
Strangling
Other physical abuse (specify)

Sexual Abuse

Rape-Unwanted penetration vagina or anus
Oral genital contact
Prostitution of adult at risk
Sexual comments, jokes, discussion
Sexualized kissing
Showing victim pornography
Unwelcome sexual interest in victim's body
Using alleged victim to produce pornography
Other sexual abuse (specify)

Treatment Without Consent

Administration of medication without an individual's informed consent
Provision of unnecessary or excessive medication to an individual
Other treatment without consent (specify)

Unreasonable Confinement

Intentional and unreasonable confinement of an individual in a locked room
Involuntary separation of an individual from their living area
Use of physical restraining devices on an individual
Other unreasonable confinement (specify)

Investigation Result

Evidence shows that the Adult at Risk has been hurt or harmed
Evidence does not show that the Adult at Risk has been hurt or harmed
Evidence is not conclusive on whether there is hurt or harm
Adult at Risk Unavailable or Unable for investigation

Result of Service Planning for Adult at Risk

The investigation determined that services are not needed
Services were offered but not accepted
Services were offered, but only some were accepted
Services were offered and all were accepted
Services needed are not available

Referrals Arranged for Adult at Risk

Referral to ADRC or Aging Unit for supportive services
Referral to Independent Living Center for supportive services
Referral to law enforcement/ Department of Justice
Referral to protection/advocacy agencies
Referral to MCO/IRIS/Long-Term Care organization
Referral to Regulatory Authority (DQA)
Referral to Caregiver Misconduct Registry (DQA)
Referral to Ombudsman
Referral to Mental Health Services
Referral to Detoxification Services
No referrals arranged
Other referral (specify)

Services Planned for the Adult at Risk

Legal or Advocacy Services
Community-Based Supportive Services
Adult Day Services or Treatment
Emergency Response Services
Facility-Based Care
Medical Services
Service Coordination/Care Planning
Substitute Decision-Making
Transportation Services
Victim Services
Emergency Detention (Chapter 51)
Emergency Protective Placement (Chapter 55)
Guardianship
Protective Placement
None
Other Services (specify)

Services Planned for the Alleged Abuser(s)

Legal or Advocacy Services
Community-Based Supportive Services
Adult Day Services or Treatment
Emergency Response Services
Facility-Based Care
Medical Services
Service Coordination/Care Planning
Substitute Decision-Making
Transportation Services
Victim Services
Emergency Detention (Chapter 51)
Emergency Protective Placement (Chapter 55)
Guardianship
Protective Placement
None
Other Services (specify)

SECTION E: Case Closing and Notes

If Case is Closed Without a Complete Investigation, Select a Reason

The AAR can't be found

The AAR left the county

The case was transferred to another county

The AAR refused to cooperate

The AAR died of causes unrelated to the situation

Other reason (specify)