|  |  |
| --- | --- |
|  | Adult protective services**Diligent Efforts to Locate Adult/Elder-At-Risk****\*Form to be completed upon case closure when no contact with alleged victim occurred.\***  |
|  |  |
| Name (Last, First, M.I.): |  |
|  |
| Case Assignment Date: |  |
|  |  |
|  |  |
|  |  |
| Home visits attempted on:  |  |
| **Phone contacts attempted on:** |  |
| **Letter sent to Adult/Elder-At-Risk on:** |  |
| **Contacted Reporter on:** |  |
|  | Contacted supports (family, friends, social worker, case manager, medical providers, law enforcement) |
| **Name** | **Date** | **Relationship** | **Outcome** |
|  |  |  |  |
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|  |  |  |  |
|  | **WITS Report Completed [date]:**  |
|  | **Submitted by:**  | **Date:**  |  |
|  | **Supervisor Signature: Date:** |
|   |  |

Last updated: 2/22/17