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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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: | | |  | | | | | | |
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| 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