**ADULT PROTECTIVE SERVICES**

**INTAKE EVALUATION**

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| **Staff Assigned** |  |
| **Date Assigned** |  |
| **Client ID** |  |

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| **1. IDENTIFYING INFORMATION** |

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| **Last Name of Adult**      | **First**      | **MI**      | **Alias**      |
| **Birth Date**      | **Age**      | **Gender** | **Race**      | **Marital Status**      | **Social Security #**      |
| **Permanent Address**      | **Telephone Number**      |

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| **History of APS Reports?** [ ]  **Yes / No** [ ]  **Same perpetrator as last reports:** [ ]  **Yes [ ]  No [ ] N/A** |
| **Special Considerations (e.g. cultural, religious, speaks foreign language, deaf, visually impaired etc.)**      |
| **Date of Referral:**      /     /      | **First Contact Made:**      /     /      | **Date Outcome Letter sent :**      **Date WITS Submitted:**       |  |
| **Type of Alleged Maltreatment:** |
| [ ]  Abuse- | [ ]  Self-Neglect |
| [ ]  Caretaker Neglect | [ ]  Exploitation of Person’s Assets |
| **Summary of Allegations:**       |
| **Were there any problems accessing the adult?** [ ]  Yes [ ]  NoIf Yes, complete the Diligent Efforts to Locate Adult form: |

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| **2.** **PHYSICAL HEALTH** **[ ]  Not Applicable** |

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| **Diagnosis / Symptom** | **Notes (e.g., onset, severity, history, functional impact, untreated condition, needs professional assessment, current treatment )** |

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| **Date of last medical visit:** |       **Location:**       [ ]  **Unknown** |
| **APS worker contact with medical provider?** | **Name:** | **Date** |
| [ ]  Yes [ ]  No |       |       |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*ATTACH MEDICAL REPORTS\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |
| **Has Adult recently been hospitalized?** | **If yes, give date and location:** |
| [ ]  Yes [ ]  No |  |
| **If yes, reason for admission:**      |
| **3. MEDICATION** **[ ]  See Attached [ ]  No Medications [ ]  Unknown** |

 Relevant Information:

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| **4. MEDICATION ASSESSMENT** |

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| [ ]  Client can identify prescribed medication and its purpose |
| [ ]  Able to take medication in prescribed doses at proper time |
| [ ]  Can prepare and take medication with reminder |
| [ ]  Can take medication if assisted with preparation |
| [ ]  Unable to take medication correctly without assistance |
| [ ]  Refuses to take medication as prescribed |
| If adult needs assistance with medication, is he/she receiving assistance needed? [ ]  Yes [ ]  No |
| **If YES**, from whom?  |       |
| **If No**, why is he/she not receiving the medication assistance? |

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| **5. ACTIVITIES OF DAILY LIVING** |

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|  | Needs Assistance |  |  |
| **ADL Tasks****IADL Tasks** | **[ ] Yes****[ ] Yes** | **[ ] No****[ ] No** | **Who Provides Help** | **Comments**  |

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| **6. Cognative Functioning** **[ ]  MoCA Administered, Date/Score** **[ ]  Not Applicable** |

Relevant Information:

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| **7. Mental Health/behavioral Assessment** **[ ]  NONE** |

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| **Diagnosis/Symptom:** | **Notes:** |

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| **8. SOCIAL SUPPORT****Household Composition [ ] None**  |
| Name | Age | Relationship | Assistance Provided |
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| **Informal Supports Outside the Home (Family, friends, neighbors, church, etc.)** |
| Name | Age | Relationship | Type & Frequency of Contact |
|       |       |       |       |
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| **9. Caretaker Assessment [ ]  None [ ]  Not Applicable** |
| **Agency/Caretaker** | **Contact Information** | **Service(s) Provided** |
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| **10. Indicators of caregiver Mistreatment** **[ ]  N/A if NO Caretaker** |

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| The following are potential indicators of mistreatment. Presence of these “red flags” indicate a high risk for mistreatment and requires careful evaluation. “Yes” to any of these indicators requires that information is needed to determine the affect it has on the adult’s safety.  |

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| **A. Caretaker Indicators** | Yes | No | **If “Yes”, comment on effect on adult’s safety** |
| Alcohol / Drug Misuse | **[ ]**  | **[ ]**  |  |
| Mental / Emotional Impairment | **[ ]**  | **[ ]**  |  |
| Financially Dependent on Adult | **[ ]**  | **[ ]**  |  |
| No Contacts Outside the Home | **[ ]**  | **[ ]**  |  |
| Blaming Adult/ Hypercritical | **[ ]**  | **[ ]**  |  |
| Deterioration of Physical Health | **[ ]**  | **[ ]**  |  |
| Reluctance to Provide Care | **[ ]**  | **[ ]**  |  |
| Inexperienced / Unrealistic Expectations of Adult and/or Self | **[ ]**  | **[ ]**  |  |

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| **B. Family Systems Indicators** | **Yes** | **No** | **If “Yes”, comment on effect on adult’s safety** |
| Lack of Family Support | **[ ]**  | **[ ]**  |  |
| Disagreement over Shared Responsibility | **[ ]**  | **[ ]**  |  |
| History of Violence in Handling Stress/Conflict | **[ ]**  | **[ ]**  |  |
| Economic/ Financial Problems | **[ ]**  | **[ ]**  |  |
| Overcrowding | **[ ]**  | **[ ]**  |  |
| Marital Conflict | **[ ]**  | **[ ]**  |  |
| Intergenerational Conflict | **[ ]**  | **[ ]**  |  |

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| Comments:      |
| **11. Environmental Situation** |
| **Adult’s Living Arrangement:****[ ]**  Own Home**[ ]**  Rents**[ ]**  Homeless**[ ]** With Family**[ ]** Other (specify)      |
| **Environmental Risk Factors (Check all that apply) [ ]  None** |
| **[ ]**  Threatened Eviction[ ]  Water Concerns**[ ]**  Inadequate heating/cooling source[ ]  Unsanitary conditions (specify)      **[ ]**  Deteriorating Structure[ ]  No Access to Telephone[ ]  No Access to Transportation**[ ]**  No electricity**[ ]**  Accumulated Debris | [ ]  Accessibility issues**[ ]**  Animal Infested living quarters[ ]  Mobility barriers**[ ]**  Inadequate toilet facilities**[ ]** Fire Hazards (specify):      **[ ]**  Other (specify):       |
| **Describe any Environmental Risk Factors and Adult’s Understanding of Risk Factors:**       |

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| **12. ECONOMIC FUNCTIONING [ ]  N/A** |

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| **Adult’s financial affairs are managed by:** [ ]  Self[ ]  Other: Name       [ ]  Informal Support[ ]  Representative Payee [ ]  Guardian |
| **INCOME** | **Monthly** |  |  | Type of Insurance |
| Source(s):       | $      |  |  |  |

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| **ASSETS** Provide value, description and location of assets, if known. |
| Checking/Savings Account |  |
| Real Estate |  |
| Other (specify) |  |
| **Does the adult experience financial problems in meeting basic needs such as (check all that apply):** [ ] Food [ ] Shelter [ ] Utilities [ ] Medical/Medications [ ] Other       |
| **Adult/Family’s perception of Adult’s financial situation and ability to manage finances:**       |
| **13. COLLATERAL CONTACT INFORMATION [ ]  None**Collateral contacts MUST be made with others who have knowledge of the adult’s functioning and/or the allegations of mistreatment. Collaterals can include but are not limited to: relatives, friends, neighbors, medical and/or mental health professionals, individuals the adult mentions who may have pertinent information, law enforcement, etc. (Use additional pages, if needed) |

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| **Date of Contact:**      | **Name of Collateral:**      |
| Address (optional):      | **Telephone Number(s):**      |
| **Information Obtained:**       |
| **Date of Contact:**      | **Name of Collateral:**      |
| Address (optional):      | **Telephone Number(s):**      |
| **Information Obtained**       |
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| **Information Obtained:**       |

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| **14. EVIDENCE OF ABUSE, NEGLECT OR EXPLOITATION OR AT SUBSTANTIAL RISK:***(Substantial Risk is defined as allegations that do not indicate that a disabled adult has been, or is being abused, neglected, or exploited, but conditions exist, that if not addressed may result in abuse, neglect, or exploitation).*  |

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| **A. ABUSE BY CARETAKER – check all that apply** **[ ]  Not applicable****[ ]**  Hitting, slapping or kicking **[ ]**  Objects thrown at adult **[ ]**  Demonstrates fear of caretaker**[ ]**  Broken bones or wounds **[ ]**  Verbal assaults, threats **[ ]**  Willful Deprivation**[ ]**  Multiple or severe bruises, burns or welts **[ ]**  Delayed treatment after injury**[ ]**  Restrained, locked in, isolated **[ ]**  Threatened/injured with weapon **[ ]**  Non-consenting sexual activity**[ ]**  Other (Specify):        |
| **Comments/Description (if needed):**       |
| **B. Neglect- check conditions present** **[ ]  Not Applicable****[ ]** Dirt, fleas, lice on person **[ ]** Inadequate clothing **[ ]** Untreated medical condition **[ ]** Malnourishment **[ ]** Fecal/Urine concerns **[ ]** Bedsores **[ ]** Homeless **[ ]** Lack of assistive devices **[ ]** No utilities  |
| **Comments/Description (if needed):**       |
| **C. SELF ENDANGERING BEHAVIORS – check all that apply** **[ ]  Not applicable****[ ]**  Suicidal acts **[ ]**  Refuses medical treatment **[ ]**  Wandering**[ ]**  Self-inflicted injuries **[ ]**  Threats of suicide **[ ]**  Denial of problems**[ ]**  Frequenting dangerous places **[ ]**  Abuse of medications **[ ]**  Other (specify):      (specify):      [ ]  RX [ ]  OTC **[ ]**  Other (specify)      [ ]  Refuses MH Treatment [ ]  Substance Abuse **[ ]** Refuses SA Treatment  |
| **Comments/Description (if needed):**      |

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| **D. EXPLOITATION OF ASSETS** **[ ]  Not applicable****[ ]**  Unexplained disappearance **[ ]**  Inappropriate use of adult’s **[ ]**  Caretaker refuses to useof funds or valuables telephone, food, other resources funds to meet essential needs**[ ]**  Excessive payment for care **[ ]**  Chronic failure to pay for and/or services services and/or bills**[ ]**  Transfer of real property **[ ]**  Transfer of other assets **[ ]**  Significant Debt toward adult**[ ]**  Other (specify):      |
| **Comments/Description (if needed):**       |
| **E. EXPLOITATION OF THE PERSON [ ]  Not applicable****[ ]** Forced to work without pay **[ ]** Sexual exploitation **[ ]** Other (specify):      |
| **Comments/Description (if needed):**      |
| **Summary of level of risk, adults understanding and willingness to accept assistance related 7A-E:**      |

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| **CASE FINDINGS** |

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| **DISABLED ADULT:**An individual 18 years of age or a lawfully emancipated minor, present in Wisconsin and has a disability that physically or mentally incapacitates them.Is a disabled adult. [ ]  Yes [ ]  No       |
| **CARETAKER:**An individual who has the responsibility for the care of the disabled adult as a result of family relationship or who has assumed the responsibility for the care of the disabled adult voluntarily or by contract. A caretaker would have comprehensive responsibility for the adult’s day-to-day well being.Has a caretaker. [ ]  Yes [ ]  No |
| **ABUSE:**The willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation by a caretaker of services which are necessary to maintain mental and physical health.Has been abused:[ ]  Yes [ ]  No If yes, describe.      |
| **Is self-neglectful:**[ ]  Yes [ ]  No If yes, describe.      |
| **EXPLOITATION:**The illegal or improper use of a disabled adult or his/her resources for another’s profit or advantage.Has been exploited:[ ]  Yes [ ]  No If yes, state how.      |

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| **IN NEED OF PROTECTIVE SERVICES:**A disabled adult shall be in need of protective services if that person, due to his physical or mental incapacity, is unable to perform or obtain for himself essential services and if that person is without able, responsible, and willing persons to perform or obtain for him essential services.Abuse, Neglect, Exploitation or Substantial Risk has been substantiated [ ] Abuse, Neglect, Exploitation or Substantial Risk has not been Substantiated [ ] It could not be determined if Abuse, Neglect, or Exploitation has occurred [ ]  |
| **SUBSTANTIAL RISK OF ABUSE, NEGLECT, OR EXPLOITATION**Allegations that do not indicate that a disabled adult has been or is being abused, neglected, or exploited but conditions exist, that if not addressed may result in abuse, neglect or exploitation. |
| **Is a substantial risk**[ ]  Yes [ ]  No | **Services Offered**[ ]  Yes [ ]  No [ ]  Accepted [ ] RefusedIf yes, explain:       | **Client Referred to:**     **Services arranged:** |

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|       |       |
| Signature of APS Worker | Date |
|       |       |
| Signature of Supervisor | Date |

**PROGRESS NOTES:**

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**CASE SUMMARY AND PLAN**

**(Additional notes or narrative should indicate which section of the evaluation it refers to. May list staff involved in the case decision, referrals made, and any case transitions.)**

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