**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  No  If 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 HomelessWith FamilyOther (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):** |
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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 use  of 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 Refused  If yes, explain: | **Client Referred to:**    **Services arranged:** |

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| Signature of APS Worker | Date |
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| 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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