**INVESTIGATION REPORT**

Intake Date/time: Intake Social Worker: County: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**At Risk Information**

AAR Name: Previous Report: Yes[ ]  No[ ]

Gender: DOB: Age:

Elder: [ ]  Adult: [ ]

Address: City: State: Zip:

Home Phone: Cell:

Living Arrangement:

**Surrogate Decision Maker:**

Guardian: [ ]  Person [ ]  Estate [ ]  Describe/Identity:

Power of Attorney: [ ]  Health Care [ ]  Finances[ ]  Describe/Identity: Activated: [ ]

**Medical:**

Primary MD/Clinic:

**Health History/Details:**

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**Reporter Information**

Name: Address:

Primary Number: Secondary Number: Work:

Relationship: Anonymous: Yes[ ]

Comments: Letter Sent to reporter: [ ]

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**Allegations**

**Category of Report:**

Physical Abuse:[ ]  Dementia:[ ]  Self-neglect:[ ]  Mental Health/Alcohol:[ ]  Emotional Abuse:[ ]

Financial Exploitation:[ ]  Type of Financial Exploitation: Tx W/O Consent:[ ]  Sexual Abuse:[ ]  Confinement/Restraint:[ ]  Neglect:[ ]  Other:[ ]

**Abuser Information:**

Alleged Abuser: Home Phone: Cell Phone:

Address: Relationship:

 Lives with at Risk Adult: Yes[ ]  No[ ]

Caregiver: Yes [ ]  No [ ]

**Narrative Information:**

Background of concern/allegations:

Comments:

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**Safety Review Hostile on Scene 24-Hour Response**

Weapons:[ ]  Aggressive Animals:[ ]  Call Reported:[ ]

Environmental: [ ]  Aggressive persons:[ ]  Home Visit:[ ]

Remote Setting:[ ]  Law Enforcement:[ ]

CCAP:[ ]  Supervisor Discussion:[ ]

Alcohol/Drug Use:[ ]  Other:[ ]

Wandering/driving Risks: [ ]

**Details of Safety review:**

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**Investigation**

**Case Contacts/Notes:**

Date: Staff Name Case Notes:

Date: Staff Name Case Notes:

Date: Staff Name Case Notes:

Date: Staff Name Case Notes:

Date: Staff Name Case Notes:

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**Collaterals/Family:**

Last Name: First Name: Address: City:

State: Zip: Phone: Relationship:

**Conclusions**

**Findings:**

Substantiated: [ ]  Unsubstantiated: [ ]  Unable to Substantiate: [ ]  Information only: [ ]

Follow Up/ Recommendations:

**Date Closed:**

**WITS Entered** Date:  WITS #: