**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 #: