**ADULT PROTECTIVE SERVICES RISK ASSESSMENT**

Client name:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Referral Date:--------

Allegation:

□ Abuse □ Neglect □Self Neglect □Financial Exploitation (the allegation type)

Scoring : In each section listed below, indicate in the column which number reflects the client ' s status. Risk is to be measured at the beginning and closing of each case.

1= low risk 2= intermediate risk 3= high risk

|  |  |  |
| --- | --- | --- |
| **At Initial** | **At Close** | **Risk Indicators** |
| **CLIENT FACTORS** |
|  |  | * **Client Age/Sex**
 |
| 1 = 18-64 female or 18-74 male2 = 65-74 female3 = 75+ female/ male |
|  |  | **Health Status and Care Needs** |
| 1 = Ambulatory; capable of meeting own AOL's2 = Ambulates with assisted device, needs some assistance with ADL 3 = Non-ambulatory; total care for all AOL's |
|  |  | **Cognitive Ability** |
| 1 = None or mild impairment (none or some forgetfulness but able to function independently or with minimal assistance)2 = Moderate impairment (forgetfulness, confusion, limited capacity to learn new tasks, some oversight required)3 = Severe dementia (confusion, disorientation, needs constant oversight/supervision) |
|  |  | **Acceptance of Services** |
| 1 = Client is willing to accept services/assistance 2 = Client accepts some services but resists others3 = Client refuses all services or is unable to accept services |
|  | ·- | **Financial Resources** |
| 1 = Client has resources to pay for services or has access to a payer source |

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| **At Initial** | **At Close** | **Risk Indicators** |
|  |  | (LTC program, family, other)2 = Client has some resources to pay for services, must spend down to qualify for LTC programs |
| 3 = Client is unable/ | to pay for needed services |
| **ENVIRONMENTAL FACTORS** |
|  |  | **Home/Shelter** . |
| 1 = No issues with the home (structurally fine, reasonably clean, low odors) 2 = Some structural/cleanliness/odor concerns3 = Home is uninhabitable/deplorable; client homeless |
|  |  | **Supervision** |
| 1 = Environment is appropriate for client2 = Some safety issues that can be reduced with services3 = Client unsafe or environment is not appropriate for client |
|  |  | **Support** |
| 1 = Good family/caregiver/program support2 = Family support limited by other factors - distance, time 3 = No family or unwilling family/no caregiver/isolation |
| **CURRENT/PAST FACTORS** |
|  |  | **Abuse/Neglect** |
| 1 = No abuse/neglect issues2 = Client shows signs of some abuse/neglect (lack of proper supervision, care, nutrition)3 = Client at immediate risk that requires emergency treatment |
|  |  | **Financial Exploitation** |
| 1 = No issues identified with finances2 = Possible exploitation identified but client has capacity and refuses assistance or to take steps to eliminate risk3 = Exploitation identified and client is unable to understand or client is at immediate risk of eviction, homelessness, lack of care, rapid depletion offunds |
|  |  | **History of Abuse/Neglect/Exploitation** |
| 1 = No history of abuse, neglect, exploitation2 = Previous reports of abuse, neglect, exploitation that were unsubstantiated or unable to be substantiated |

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| --- | --- | --- |
| **At Initial** | **At Close** | **Risk Indicators** |
|  |  | 3 = Ongoing or increasing history of issues or potential criminal activity |
| **CAREGIVER/ PERPETRATOR FACTORS** |
|  |  | **Access to the client/finances** |
| 1 = No access or supervised access to finances 2 = Limited access to the client's finances3 = Unlimited access to client or household member, POA, guardian |
|  |  | **Caregiver/ Perpetrator mental/physical health** |
| 1 = No issues identified2 = Unrealistic expectations of client, poor coping skills or poor health of caregiver3 = Significant mental health/AODA issues, unresponsive to client's needs, financially dependent on client, threatening to client |
|  |  | **Level of Cooperation and Dynamics** |
| 1 = No problems identified or full cooperation with investigation or arrangement of services2 = Client protects abuser/exploiter and minimally cooperates with investigation or set up of services3 = Client/perpetrator refuses to cooperate or is cognitively unable to cooperate |
|  |  | **Financial Dependence** |
| 1 = Client and perpetrator are not dependent financially on each other 2 = Financial dependency exists but is not exploitative3 = Financial dependency exists and is exploitative |
| **Score Total:** |  |
|  |  |  |

**RISK SCORE/ IMPLICATIONS**

0 -15: No or low risk

16 - 30: Intermediate risk- risk that the issues/situation may continue or escalate

31- 45: High risk that the issues/situation will continue and may escalate without intervention

APS CRISIS PLAN

Client\_ \_\_ \_

DX

Primary MD\_\_\_\_\_\_

\_

Specialist \_

Primary Caregiver Phone Agency Involved Phone

Case Manager Phone Family Member Phone

Family Member Phone

Who is the contact in the event of an emergency?\_\_\_ \_ \_\_\_\_\_\_

If there is an agency providing care, what hours/services are in

place? \_\_ \_\_

Is there a respite provider (agency or facility) already arranged? \_ \_\_ \_

What type of care is needed? \_\_ \_

Other family members/possible caregivers/contacts

What is the plan for the client if the caregiver is unable to provide care?