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| (INSERT LETTER HEAD) | | | | | | | | |
|  | Adult protective services risk assessment | | | | | | | |
| Name (Last, First, M.I.): | | | |  | | **Case Assignment** |  |
| Allegation: | |  | | | | | | |
|  | 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.  \*\*The “At Case Closure” column does not need to be completed if information received at the first face-to-face contact clearly demonstrates that no additional information needs to be gathered and the case is ready for case closure. | | | | | | | |
|  | **1= low risk 2=intermediate risk 3=high risk unknown/not applicable=0** | | | | | | | |
| **First Face to Face Contact** | | | **At Case Closure** | | **Risk Indicators** | | |
| **CLIENT FACTORS** | | | | | | | |
|  | | |  | | **Client Age/Sex** | | |
| 18 – 69 = 0 | | |
| 70 – 79 = 1 | | |
| 80 – 89 = 2 | | |
| 90 + = 3 | | |
|  | | |  | | **ADL’s** | | |
| 1= Capable of meeting own ADL’s | | |
| 2= Need some assistance with ADL’s | | |
| 3= Total care for all ADL’s | | |
|  | | |  | | **Cognitive Ability** | | |
| 1= None or mild impairment | | |
| 2= Moderate impairment | | |
| 3= Severe impairment | | |
|  | | |  | | **Acceptance of Services** | | |
| 0= Client is willing to accept services/assistance or no services are needed | | |
| 1= Client accepts some services but resists others | | |
| 2= 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 | | |
| 2= Client has some resources to pay for services, must spend down to qualify for programs | | |
| 3= Client is unable/unwilling to pay for needed services | | |
|  | | |  | | **Mobility** | | |
| 1= Ambulatory | | |
| 2= Impaired mobility | | |
| 3= Non-ambulatory | | |
|  | | | | | | | |
| **ENVIRONMENTAL FACTORS** | | | | | | | |
|  | | |  | | **Home / Shelter** | | |
| 1= No issues with the home (structurally fine, reasonably clean, low odors) | | |
| 2= Some structural/cleanliness/odor concerns | | |
| 3= Home is uninhabitable/deplorable; client homeless | | |
|  | | |  | | **Supervision** | | |
| 1= Supervision is appropriate for client | | |
| 2= Some safety issues that can be reduced with services | | |
| 3= Client unsafe or supervision is not appropriate for client | | |
|  | | |  | | **Support** | | |
| 1= Good support | | |
| 2= Support limited | | |
| 3= No supports in place | | |
| **Current / Past Factors** | | | | | | | |
|  | | |  | | **Abuse/Neglect** | | |
| 0= No abuse/neglect issues | | |
| 1= Client shows signs of some abuse/neglect (lack of proper supervision, care, nutrition) | | |
| 2= Client at immediate risk that requires emergency treatment | | |
|  | | |  | | **Financial Exploitation** | | |
| 1= No issues identified with financial exploitation or Individual was a victim of a scam and took steps to ameliorate the situation | | |
| 2= Possible exploitation identified but client has capacity and refuses assistance or to take steps to eliminate risk | | |
| 3= Exploitation identified and client is unable to understand or client is at immediate risk of eviction, homelessness, lack of care, rapid depletion of funds | | |
|  | | |  | | **History of Abuse/Neglect/Exploitation** | | |
| 0 = No history of abuse, neglect, exploitation | | |
| 1 = 1 or 2 previous reports of abuse, neglect, exploitation | | |
| 2= 3 or More previous reports of abuse, neglect, exploitation | | |
| **Caregiver / Alleged Abuser Factors** | | | | | | | |
|  | | |  | | **Access to the client/finances** | | |
| 1=No access to finances or Abuser is not longer involved | | |
| 2=Limited access to client’s finances | | |
| 3= Unlimited access to client’s finances | | |
|  | | |  | | **Caregiver/Perpetrator mental/physical health** | | |
| 1= No issues identified | | |
| 2= Unrealistic expectations of client, poor coping skills or poor health of caregiver | | |
| 3= Significant mental health/AODA issues, unresponsive to client’s needs threatening to client | | |
|  | | |  | | **Level of Cooperation and Dynamics** | | |
| 1= Cooperative or Abuser is no longer involved | | |
| 2= Minimally cooperative | | |
| 3= Not cooperative | | |
|  | | | | | | | |
|  | | |  | | **Financial Dependence** | | |
| 1= Client and alleged abuser are not dependent financially on each other | | |
| 2= Financial dependency exists but is not exploitative | | |
| 3= Financial dependency exists and is exploitative | | |
| **Subtotal for Abuse, Neglect & Financial Exploitation Situation** | | |  | |  | | |
| **Subtotal for Self Neglect Situation** | | |  | |  | | |
|  | | | | | | | | |

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| Risk Score / Implications for Abuse, Neglect and Financial Exploitation Cases |
| 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 |
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| **Risk Score / Implications for Self Neglect Cases** |
| 0 – 12: No or low risk |
| 13 – 26: Intermediate risk-risk that the issues/situation may continue or escalate |
| 27-39: High risk that the issues/situation will continue and may escalate without intervention |

Supervisor Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_