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| **Wisconsin APS IncidENT Data Collection Form** |
| **Instructions:** This form contains the data fields collected in the Wisconsin reporting system for APS, WRAPS. This form is intended to be a tool for local use only; some investigators find it helpful for prompts and note taking. Use of this form is not required, but may assist APS staff in preparing the information required for entry into WRAPS per statute for each APS investigation. The completed form may contain confidential personally identifiable information. Please protect client privacy by storing securely; do not share or forward this form to DHS. Please direct any questions to: DHSAPS@dhs.wisconsin.gov. |
| **SECTION A – INFORMATION ABOUT THE INITIAL CONTACT/REFERRAL** |
| Referral Date\* (mm/dd/yyyy) | Reporting Year\* | County/Tribe\* |
|       |       |       |
| Concerns Expressed in Initial Call/ Referral\*(check all that apply) |
| [ ]  Emotional Abuse[ ]  Physical Abuse[ ]  Sexual Abuse[ ]  Unreasonable Confinement or Restraint[ ]  Treatment without Consent | [ ]  Self-neglect[ ]  Neglect by Other(s)[ ]  Financial Exploitation | [ ]  Other (specify):       |
| Details Regarding the Caller’s Initial Concerns |
|       |
| Does the referral indicate an immediate or critical concern for health or safety? \* [ ]  Yes [ ]  No [ ]  Unknown |
| Location of Incident (at or near)\*: |
| [ ]  Place of Residence[ ]  Place of Employment/ Day Services[ ]  School[ ]  Transportation[ ]  Public or Community Setting[ ]  Medical Facility or Hospital[ ]  Other (specify):        |
| Who made the call or referral?\* | Who received the initial call?\* |
|  |  |
| If “Other” Specify: | If “Other” Specify |
|       |       |
| **SECTION B – INFORMATION ABOUT THE ADULT-AT-RISK (AAR)** |
| AAR First Name\* | MI | AAR Last Name\* | Phone Number |
|       |       |       |       |
| Current Address\* |
|       |
| City\* | State\* | ZIP Code |
|       |       |       |
| AAR Living Arrangement\* (check one): |
| [ ]  Own Home/Apartment Alone[ ]  Own Home/Apartment with Others[ ]  Relative’s Home[ ]  Friend’s Home | [ ]  Adult Family Home (1-2 Bed)[ ]  Adult Family Home (Licensed)[ ]  Community Based Residential Facility[ ]  Residential Care Apartment Complex[ ]  Hospital[ ]  Other Institution | [ ]  Unhoused[ ]  Temporary Shelter[ ]  Declined to Answer[ ]  Not Collected[ ]  Other (specify):       |
| Has this Agency Received a Previous Report Involving this Individual\*: [ ]  Yes [ ]  No [ ]  Unknown |
| AAR Age\*:       | AAR Gender Identity\*:[ ]  Male/Man (cisgender)[ ]  Female/Woman (cisgender)[ ]  Transgender man/masculine[ ]  Transgender woman/feminine[ ]  Nonbinary, gender queer, gender fluid[ ]  Two spirit[ ]  Questioning[ ]  Other (specify):      [ ]  Declined to answer[ ]  Not collected | How was gender identity collected?\*[ ]  Self-report by AAR[ ]  Estimate based on observation[ ]  Data received from another system |
| How was age collected?\*[ ]  Self-Report by AAR[ ]  Estimate based on observation[ ]  Data received from another system |  |  |
|  |  | Are specific pronouns requested by the AAR?\*[ ] No, pronouns are not mentioned[ ] AAR requests they/them pronouns[ ] AAR requests she/her pronouns[ ] AAR requests he/him pronouns[ ] AAR requests other pronouns (specify):       |
| AAR Racial Identity:\* (Choose all that apply)[ ]  Black, African, or African American[ ]  American Indian, Native American, Indigenous, or Alaska Native[ ]  East Asian (for example Chinese, Japanese, Korean)[ ]  Southeast Asian (for example Hmong, Laotian, Vietnamese)[ ]  South Asian (for example Indian, Nepali, Pakistani)[ ]  Arab, Arab-American, Middle Eastern, or North African[ ]  Native Hawaiian or Other Pacific Islander[ ]  White[ ]  Hispanic/Latin American/Latino/x[ ]  Two or more races[ ]  Declined to answer[ ]  Not collected[ ]  Other (specify):       | How was racial identity collected?\*[ ]  Self-report by AAR[ ]  Estimate based on observation.[ ]  Data received from another system |
| What county/state programs or services have served the AAR?[ ]  Community Support Program[ ]  Comprehensive Community Services[ ]  Family Care[ ]  IRIS[ ]  PACE or Partnership[ ]  Medicaid (Title 19, Card Services)[ ]  None[ ]  Other (specify):       |
| Does the AAR have a substitute decision maker?\*[ ]  Yes[ ]  No[ ]  Unknown | If yes, what type of substitute decision maker?[ ]  Conservator[ ]  Guardian of the Estate[ ]  Guardian of the Person[ ]  Power of Attorney – Finances (activated)[ ]  Power of Attorney – Health Care (activated)[ ]  Representative Payee Program[ ]  Temporary guardian[ ]  Power of Attorney Finances - Not Activated[ ]  Power of Attorney Health Care - Not Activated[ ]  Other (specify):       |
| The AAR is living with the following concerns in the following areas that Impact their Risk (check all that apply):  |
| Health Circumstances: [ ]  Medical fragility/frailty[ ]  Intellectual or developmental disability[ ]  Cognitive impairment due to dementia[ ]  Other disorientation or confusion[ ]  Mobility impairment[ ]  Physical disability[ ]  Diabetes[ ]  Incontinence[ ]  Deafness or hearing loss[ ]  Blindness or vision loss[ ]  Stroke-related impairments[ ]  Traumatic brain injury[ ]  Inability to speak/communication disorder | Social and Economic Circumstances:[ ]  Unemployed (not retired)[ ]  Unable to leave home[ ]  Financially dependent on alleged abuser[ ]  Alleged abuser financially dependent on AAR[ ]  Limited English proficiency[ ]  Unable to read or write | Behavioral Health Circumstances: [ ]  Alcohol abuse or alcoholism[ ]  Substance use disorder or drug abuse[ ]  Alzheimer's or related dementia[ ]  Mental health concerns or mental illness[ ]  Challenging behavior[ ]  Dangerous behavior |
| Other Notes regarding AAR’s Circumstances:       |
| **SECTION C – INFORMATION ABOUT ALLEGED ABUSER(S)** |
| [ ]  Self-Neglect Investigation (Skip completion of Section C)[ ]  Alleged Abuser Unknown (Complete note detail below and skip Section C) Notes on Unknown Abuser\*       |
| First Name (Alleged Abuser) | MI | Last Name (Alleged Abuser) | Phone Number |
|       |       |       |       |
| Current Address |
|       |
| City | State | ZIP Code |
|       |       |       |
| Alleged Abuser Age:       | Alleged Abuser Gender Identity | How was gender identity collected? |
| How was age collected?[ ]  Self-report by AAR[ ]  Estimate based on observation[ ]  Data received from another system | [ ]  Male/Man (cisgender)[ ]  Female/Woman(cisgender)[ ]  Transgender man/masculine[ ]  Transgender woman/feminine[ ]  Nonbinary, gender queer, gender fluid[ ]  Two spirit[ ]  Questioning[ ]  Other (specify):      [ ]  Declined to answer[ ]  Not collected | [ ]  Self-report[ ]  Estimate based on observation[ ]  Data received from another system |

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| Alleged Abuser Racial Identity (Choose all that apply):[ ]  Black, African, or African American[ ]  American Indian, Native American, Indigenous, or Alaska Native[ ]  East Asian (for example Chinese, Japanese, Korean)[ ]  Southeast Asian (for example Hmong, Laotian, Vietnamese)[ ]  South Asian (for example Indian, Nepali, Pakistani)[ ]  Arab, Arab-American, Middle Eastern, or North African[ ]  Native Hawaiian or Other Pacific Islander[ ]  White[ ]  Hispanic/Latin American/Latino/x[ ]  Two or more races[ ]  Declined to answer[ ]  Not collected[ ]  Other (specify):       | How was racial identity collected?[ ]  Self-report by AAR[ ]  Estimate based on observation.[ ]  Data received from another system |
| Is the Alleged Abuser the AAR Caregiver?[ ]  Yes [ ]  No [ ]  Unknown | Does the Alleged Abuser Live with the AAR?[ ]  Yes [ ]  No [ ]  Unknown |
| Alleged Abuser Relationship to the AAR |
| [ ] Spouse or Domestic Partner[ ] Child or Stepchild[ ] Grandchild[ ] Sibling[ ] Parent or Stepparent[ ] Aunt or Uncle[ ] Other Relative | [ ] Friend/Neighbor[ ] Residential Service Provider[ ] Vocational/Day Service Provider[ ] Transportation Provider[ ] Unknown[ ]  Other (specify):       |
| Is the alleged abuser a substitute decision maker for the AAR? [ ]  Yes [ ]  No [ ]  Unknown |
| If yes, Alleged Abuser’s Legal Status (check all that apply): |
| [ ]  Conservator[ ]  Guardian of the Estate[ ]  Guardian of the Person[ ]  POA-Finances – Activated[ ]  POA- Health Care- Activated | [ ]  POA-Finances – Not Activated[ ]  POA-Health Care – Not Activated[ ]  Representative Payee | [ ]  Temporary Guardian[ ]  None[ ]  Unknown[ ]  Other (specify):       |
| Alleged Abuser’s Characteristics (check all that apply): |
| Health Circumstances: [ ]  Medical fragility/frailty[ ]  Intellectual or developmental disability[ ]  Cognitive impairment due to dementia[ ]  Other disorientation or confusion[ ]  Mobility impairment[ ]  Physical disability[ ]  Diabetes[ ]  Incontinence[ ]  Deafness or hearing loss[ ]  Blindness or vision loss[ ]  Stroke-related impairments[ ]  Traumatic brain injury[ ]  Inability to speak/communication disorder[ ]  None | Social and Economic Circumstances:[ ]  Unemployed (not retired)[ ]  Unable to leave home[ ]  Financially dependent on alleged abuser[ ]  Alleged abuser financially dependent on AAR[ ]  Limited English proficiency[ ]  Unable to read or write | Behavioral Health Circumstances: [ ]  Alcohol abuse or alcoholism[ ]  Substance use disorder or drug abuse[ ]  Alzheimer's or related dementia[ ]  Mental health concerns or mental illness[ ]  Challenging or dangerous behavior |
| Notes Detailing Alleged Abuser’s Circumstances (any category):       |
| **SECTION D – INVESTIGATION** |
| Date of Initial Investigator Contact\* | Categories of Concerns Identified During Investigation\* (check all that apply): |
|       | [ ]  Emotional Abuse[ ]  Physical Abuse[ ]  Sexual Abuse[ ]  Unreasonable Confinement or Restraint[ ]  Treatment without Consent | [ ]  Self-Neglect[ ]  Neglect by Other(s)[ ]  Financial Exploitation[ ]  Other (specify):       |
| **Self – Neglect** [ ]  Medical needs[ ]  Medication[ ]  Mismanaging basic financial activities[ ]  Physical needs [ ]  General lack of attention or supervision[ ]  Unsafe, unsanitary environment[ ]  Hoarding[ ]  Nutritional Needs[ ]  Other self-neglect (specify):       | **Neglect by Other(s)**[ ]  Medical needs[ ]  Medication[ ]  Mismanaging basic financial activities[ ]  Physical needs [ ]  General lack of attention or supervision[ ]  Unsafe, unsanitary environment[ ]  Hoarding[ ]  Nutritional Needs[ ]  Other neglect (specify):      | **Financial Exploitation (A)**[ ]  Computer or phone scam[ ]  Deception[ ]  Diverting income[ ]  Embezzlement[ ]  Financial transaction card crimes[ ]  Forgery or fraudulent writings[ ]  Misappropriation of personal identifying information or documents[ ]  Mismanagement of property[ ]  Security fraud[ ]  Substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities[ ]  Theft by fraud[ ]  Theft from a person[ ]  Other financial exploitation (specify):       |
| **Emotional Abuse**[ ]  Demeaning statements[ ]  Harassment[ ]  Isolating person from family, friends[ ]  Threats, intimidation, frightening[ ]  Other emotional abuse (specify):       | **Physical Abuse** [ ]  Abrasions, cuts, punctures, bites[ ]  Beating[ ]  Bone fracture[ ]  Bruises, welts[ ]  Burns, scalding[ ]  Internal injuries[ ]  Pain, no physical marks[ ]  Sprains, dislocations[ ]  Strangling[ ]  Other physical abuse (specify):       | **Financial Exploitation (B)**1. How much monetary value was lost in the incident?

     1. How much monetary value was recovered through intervention?
 |
| **Sexual Abuse**[ ]  Rape-Unwanted penetration of vagina or anus[ ]  Oral genital contact[ ]  Prostitution of adult at risk[ ]  Sexual comments, jokes, discussion[ ]  Sexualized kissing[ ]  Showing victim pornography[ ]  Unwelcome sexual interest in victim’s body[ ]  Using alleged victim to produce pornography[ ]  Other sexual abuse (specify):       | **Treatment without Consent**[ ]  Administration of medication to an individual who has not provided informed consent[ ]  Provision of unnecessary or excessive medication to an individual[ ]  Other treatment without consent (specify):       | **Unreasonable Confinement** [ ]  Intentional and unreasonable confinement of an individual in a locked room[ ]  Involuntary separation of an individual from their living area[ ]  Use of physical restraining devices on an individual[ ]  Other unreasonable confinement (specify):       |
| Notes on Additional Issues Identified:      |
| Was the incident life threatening? | [ ]  Yes [ ]  No [ ]  Unknown |
| If yes, has individual died?  | [ ]  Yes [ ]  No [ ]  Unknown |
| If the individual has died, was fatality related to incident? | [ ]  Yes [ ]  No [ ]  Unknown |
| **Investigation Results:**[ ]  Evidence shows that the Adult at Risk has been hurt or harmed[ ]  Evidence does not show that the Adult at Risk has been hurt or harmed[ ]  Evidence is not conclusive on whether there is hurt or harm[ ]  AAR Unavailable or refused to cooperate | **Result of Service Planning for AAR:** [ ]  The investigation determined that services are not needed[ ]  Services were offered but not accepted[ ]  Services were offered, but only some were accepted[ ]  Services were offered and all were accepted[ ]  Services needed are not available |
| **Referrals Arranged for AAR (check all that apply):**[ ]  Referral to ADRC or Aging Unit for supportive services[ ]  Referral to Independent Living Center for supportive services[ ]  Referral to law enforcement/Department of Justice[ ]  Referral to protection/advocacy agencies[ ]  Referral to MCO/IRIS/Long-Term Care organization[ ]  Referral to Regulatory Authority (DQA)[ ]  Referral to Caregiver Misconduct Registry (DQA)[ ]  Referral to Ombudsman Program[ ]  Referral to Mental Health Services[ ]  Referral to Detoxification Services[ ]  No referrals arranged[ ]  Other Referral (specify):       | **Other Services Planned for AAR (check all that apply):**[ ]  Legal or Advocacy Services[ ]  Community-Based Supportive Services[ ]  Adult Day Services or Treatment[ ]  Emergency Response Services[ ]  Facility-Based Care[ ]  Medical Services[ ]  Service Coordination/Care Planning[ ]  Substitute Decision-Making[ ]  Transportation Services[ ]  Victim Services[ ]  Emergency Detention (Chapter 51)[ ]  Emergency Protective Placement (Chapter 55)[ ]  Guardianship Order[ ]  Protective Placement Order[ ]  None[ ]  Other Services (specify):       |
| **Services Planned for Alleged Abuser(s) (check all that apply):** |
| [ ]  Legal or Advocacy Services [ ]  Community-Based Supportive Services[ ]  Adult Day Services or Treatment[ ]  Emergency Response Services[ ]  Facility-Based Care[ ]  Medical Services[ ]  Service Coordination/Care Planning[ ]  Substitute Decision-Making[ ]  Transportation Services[ ]  Victim Services[ ]  None[ ]  Other Services (specify):       | [ ]  Emergency Detention Ch 51.15[ ]  Emergency Protective Placement Ch 55.135[ ]  Guardianship[ ]  Protective Placement |
| **Notes on Disposition of Case or Service Plan:**       |
| **SECTION E – CASE CLOSING AND NOTES** |
| If case is closed without a complete investigation, select a reason**:**[ ]  The AAR can’t be found[ ]  The AAR left the county[ ]  The case was transferred to another county[ ]  The AAR refused to cooperate [ ]  The AAR died of causes unrelated to the situation[ ]  Other reason (specify):       |
| **Notes on Disposition of Case or Service Plan:**       |
| Report Prepared By\* (Name of staff) | Closing Date\* | Date Report Completed (mm/dd/yyyy) |
|       |       |       |
| Data Entered By (if different from report preparer) |
|       |