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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](mailto: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 | | | | | | | | | |
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| **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) | | | | | | | | | |
|  | | | | | | | | | |