

ADULT-AT-RISK ABUSE, NEGLECT, AND / OR EXPLOITATION VALID VALUES

SECTION A: INITIAL INFORMATION

Category: Caller's Initial Concern AND Primary Issue Identified	Sexual Abuse	Referral Source
Self-Neglect Financial Exploitation Neglect by Other(s) Emotional Abuse Physical Abuse Sexual Abuse Treatment without Consent Unreasonable Confinement or Restraint Other	Digital penetration of vagina or anus Exhibitionism Exposure of victim's buttocks, breast, genitalia to humiliate/embarrass Harmful genital practices (not for the benefit of the adult at risk) Oral genital contact Prostitution of victim Rape (anal) Rape (vaginal) Rape (vaginal/anal rape with an object) Sadistic sexual activity Sexual jokes and comments Sexualized kissing Showing victim pornography Unwelcome description or discussion of sexual topics or threats Unwelcome sexual interest in victim's body Using alleged victim to produce pornography Voyeuristic activity Other sexual abuse (specify) Unknown	ADRC Agency (specify) Alleged abuser Anonymous Employer Friend/neighbor Housing Inspection/Zoning Law enforcement Medical professional Mental health service provider Regulatory authority (DHFS/DQA) Relative Residential support provider Substance abuse service provider Victim Vocational/day support provider Other provider (specify) Other referral source (specify)
Details: Caller's Initial Concern AND Primary Issue Identified AND Other Issues Identified	Treatment without Consent	Call Received By
Self Neglect	Administration of medication to an individual who has not provided informed consent. Experimental research on an individual who has not provided informed consent. Performance of electroconvulsive therapy on an individual who has not provided informed consent Performance of psychosurgery on an individual who has not provided informed consent Other treatment without consent (specify)	ADRC Aging unit Animal control / humane society Department of Community Programs (51.42/437) Developmental disability Board Disability Rights Wisconsin (WI Coalition for Advocacy) Housing Inspection/Zoning Human services department Law enforcement Ombudsman (BOALTC) Publicized helpline number Regulatory authority (DHFS/DQA) Social services department Other (specify)
Financial Exploitation	Unreasonable Confinement or Restraint	Initial Response Agency Assigned
Computer Crimes 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)	Intentional and unreasonable confinement of an individual in a locked room. Involuntary separation of an individual from his/her living area Provision of unnecessary or excessive medication to an individual Use of physical restraining devices on an individual Other unreasonable confinement (specify)	ADRC Aging unit Animal control/humane society BOALTC/Ombudsman Department of Community Programs (51.42/437) Developmental Disability Board DQA/Licensing and Reg Housing inspection/zoning Human services dept Law enforcement Public health dept Social services dept WI DOJ Other (specify)
Neglect by Other(s)	Other	
Medical needs Medication Physical needs Psychiatric needs Supervision Unsafe, unsanitary environment Other neglect (specify)	Other Issues Identified	
Emotional Abuse	Same as for Primary Reason for Call	
Demeaning statements Harassment Isolating person from family, friends Threats, intimidation, frightening Other emotional abuse (specify)	Incident Occurred At or Near	
Physical Abuse	Place of employment/day services Place of residence School Transportation Other (specify)	
Abrasions, cuts, punctures, bites Beating Bone fracture Bruises, welts Burns, scalding Freezing Internal injuries Pain, no physical marks Skull fracture Sprains, dislocations Strangling Other physical abuse (specify)		

SECTION B: INFORMATION ABOUT ADULT-AT-RISK (AAR)

<p>AAR Sex</p> <p>Male Female Unknown</p> <p>AAR Living Arrangement</p> <p>Own home/apt. alone Own home/apt. with others Relative's home Friend's home Adult family home Adult family home (licensed) Nursing home CBRF RCAC Homeless Institution Other (specify)</p> <p>AAR Race</p> <p>American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other</p> <p>AAR – Ethnicity</p> <p>Hispanic or Latino Hmong</p>	<p>What county/state programs or services have served this individual?</p> <p>Community Support Program Comprehensive Community Services Family Care Home and Community Based Waivers Medicaid (Title 19, Card Services) Other Unknown None</p> <p>Current Waiver Participant</p> <p>Yes No Unknown</p> <p>If there is Substitute Decision Maker, identify type of decision maker</p> <p>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)</p> <p>AAR Characteristics</p> <p>Adult-at-Risk financially dependent on alleged abuser Alcohol abuse Alleged abuser financially dependent on Adult at Risk</p>	<p>Alzheimer's or related dementia Blind/visually impaired Brian injury Challenging/dangerous behavior Chronic alcoholic Chronically mentally ill Communication disorder Deaf or hard of hearing Developmentally disabled Diabetic Disoriented/confused Drug abuse Frail elderly Functionally illiterate Homebound Incontinent Limited English Proficiency Medically fragile Mental illness Mobility impaired Morbidly obese Physically disabled Stroke-related impairments Unemployed Other medical condition (specify) Other physical disability (specify) Other (specify) None</p>
--	--	---

SECTION C: INFORMATION ABOUT ALLEGED ABUSER

<p>Abuser Sex</p> <p>Male Female Unknown</p> <p>Abuser Race</p> <p>American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other</p> <p>Abuser - Ethnicity</p> <p>Hispanic or Latino Hmong</p>	<p>Abuser Relationship to AAR</p> <p>Daughter Employer Friend/neighbor Grandchild Parent Roommate Service provider – facility staff Service provider – home agency staff Sibling Son Spouse Transportation provider Vocational/day service provider Other relative (specify) Other residential service provider (Specify) Other (specify) Unknown</p>	<p>Abuser Legal Status to AAR</p> <p>Power of Attorney Finances - Activated Power of Attorney Health Care - Activated Conservator Guardian of the Estate Guardian of the Person Representative payee Temporary guardian Power of Attorney Finances - Not Activated Power of Attorney Health Care - Not Activated Other (specify) Unknown None</p> <p>Abuser Characteristics</p> <p>Same as AAR Characteristics</p>
--	--	--

SECTION D: REPORT SUMMARY

<p>Incident Result</p> <p>Substantiated Unsubstantiated Unable to Substantiate</p> <p>Action Taken</p> <p>Guardian referral Investigation not accepted Mental health commitment Outreach continues Protective services/placement Referral made to other agency (specify) Referral made to state agency Referral to Caregiver Misconduct Registry/DQA Referral to detoxification services Referral to law enforcement/Dept of Justice</p>	<p>Referral to protection/advocacy agencies Referral to regulatory authority/DQA Response/investigation continues Services needed are not available (specify) Services not needed Services offered - all accepted Services offered - some accepted Services offered but not accepted Other legal action (specify) Other disposition (specify)</p> <p>Services Planned for AAR Person AND Alleged Abuser</p> <p>Advocacy/Legal</p> <p>Advocacy and defense resources Attorney (Agency) Attorney (Attorney General's office)</p>	<p>Attorney (County corporation counsel) Attorney (District Attorney's office) Attorney (Private) Benefit specialist services Court intake and studies Law Enforcement Protective Services/Protective Placement Temporary Restraining Order/Restraining Order Other legal services (specify) Community Based Aids and Services Adaptive aids Adaptive aids - other Assistive technology Chore services - major (e.g., dumpster, exterminator)</p>
--	--	--

Chore services - routine (e.g., sweep, mop, vacuum)
 Communication aids
 Companion animal assistance/rehoming

Congregate meals
 Durable medical equipment
 Energy Assistance
 Home delivered meals

Home modifications
 Housing Assistance

Cont'd on next page

SECTION D: REPORT SUMMARY (Cont'd)

Community Based Aids and Services (Cont'd)

Housing startup
 Interpreter services
 Personal care
 Respite care (in adult day care)
 Respite care (other)
 Specialized medical supplies
 Supportive home care services
 Other services (specify)
Day Care Services and Treatment
 Adult day care
 Alcohol and other drug abuse day treatment services (in all settings)
 Alcohol and other drug abuse outpatient services
 Community support program
 Consumer education and training
 Counseling/therapeutic resources
 Daily living skills training
 Day svcs/Adult (Sheltered workshop)
 Financial management
 Medical outpatient care
 Mental health day treatment
 Mental health outpatient services
 Peer counseling
 Prevocational services
 Recreation/alternative activities
 Support group
 Supported employment
 Other services (specify)
Emergency Response Services
 Client supplies/misc. services (specify)
 Crisis Intervention
 Detoxification services
 Emergency funds for clothing
 Emergency funds for food
 Emergency funds for medical needs
 Emergency funds for transportation
 Personal emergency response system
 Shelter care
 Other services (specify)

Facility Based Care

Adult family home (certified)
 Adult family home (licensed)
 Community-Based Residential Facility (CBRF)
 Inpatient - Alcohol/Drug
 Inpatient - Medical
 Inpatient - Psychiatric
 Institution for Mental Disease (IMD)
 Intermediate Care Facility for people with Intellectual Disabilities (ICF-IDD).
 Nursing Home
 Residential Care Apartment Complex (RCAC)
 Other setting (specify)
Medical Services
 Home health care agency
 Nursing services
 Occupational therapy (in all settings except for inpatient hospital)
 Physical therapy (in all settings except for inpatient hospital)
 Speech and language pathology services
 Other services (specify)
Service Coordination
 Care/Case management (including assessment and case planning)
 Crisis intervention
 Housing counseling
 Information and referral
 Outreach
 Relocation services
 Vocational futures planning
 Other services (specify)

Substitute Decision Making

Conservatorship
 Guardian of the Estate
 Guardian of the Person
 Power of Attorney – Finances/Activated
 Power of Attorney – Finances/Not Activated
 Power of Attorney - Health Care/Activated
 Power of Attorney – Health Care/Not Activated
 Representative Payee Program
 Temporary guardianship
 Other (specify)
Transportation
 Escort services
 Transportation
 Other transportation (specify)
Victim Services
 Domestic violence victim services including shelter and advocacy
 Sexual assault/abuse victim services including counseling and support services
 Victim/Witness Program
 Other services (specify)
Other Services
 Other direct services (specify)
None

Services Planned for Alleged Abuser
 Same as for Adult-at-Risk