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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-21150 (07/2016) | | | | |  | | | | **STATE OF WISCONSIN**  Wisconsin Statutes  § 46.90(5) and § 55.043(1r) | | |
| Elder adults / adults-at-Risk Agency Conflict of InterestNotification and Transfer of Investigation Powers | | | | | | | | | | | |
| Counties are required by Wisconsin statute to notify the Department of Health Services when it determines that it is unable to perform an unbiased investigation of a report of elder adult/adult-at-risk abuse, neglect, exploitation, or self neglect. Use of this form is optional.  The county elder adults/adults-at-risk agency has determined that a relationship exists that would not allow for an unbiased response to a reported incident of abuse, neglect, or exploitation of an elder adult/adult at risk [pursuant to Wisconsin Statutes §§ 46.90(5) and 55.043(1r)]. | | | | | | | | | | | |
|  | | | | | | Date of Incident (Case Identifier) | | | | | Number for this date (1 to 9) |
|  | | | | | | | | | | | |
|  | County has already acted on issues of immediate safety to protect the elder adult/adult at risk. | | | | | | | | | | |
| (County of Origin) |  | | | | | | | | | | |
|  | County has asked that the duties and powers of an elder adults/adults-at-risk investigation be transferred in order to complete an unbiased and objective investigation. | | | | | | | | | | |
| (County of Origin) |  | | | | | | | | | | |
|  | Transfer this investigation to | |  | | | | | | | County. | |
|  |  | | (Transfer County) | | | | | | |  | |
| **COUNTY CONTACT INFORMATION** | | | | | | | | | | | |
| **County of Origin** | | | |  | | | **Transfer County** | | | | |
| Name of Contact | | | |  | | | Name of Contact | | | | |
| Email Address | | | |  | | | Email Address | | | | |
| Telephone Number     -   -    , Ext. | | | |  | | | Telephone Number     -   -    , Ext. | | | | |
| Fax Number     -   - | | | |  | | | Fax Number     -   - | | | | |
| Email forms to [DHSStopAbuse@wisconsin.gov](mailto:DHSStopAbuse@wisconsin.gov) or Fax to 608-267-3203 | | | | | | | | | | | |
| **FOR DHS USE ONLY**  **DHS Response** (signed and returned to county of origin and transfer county) | | | | | | | | | | | |
|  | County is designated by DHS, in cooperation with the county of origin, to perform this elder adults/adults-at-risk investigation. | | | | | | | | | | |
| (County) |  | | | | | | | | | | |
| **SIGNATURE** – DHS Representative | | Date Signed | | | | | | Title | | | |
|  | |  | | | | | |  | | | |
| Upon receipt of this completed notice, the county department under Wisconsin Statutes §§ 46.215, 46.22, 51.42, or 51.437 (relating to county duties and powers) designated by the department shall conduct an independent investigation. | | | | | | | | | | | |
| If you need help finding another county to conduct the investigation, contact DHS Elder Adults/Adults-at-Risk staff at 608-266-2536 or at [DHSStopAbuse@wisconsin.gov](mailto:DHSStopAbuse@wisconsin.gov). | | | | | | | | | | | |