



WHAT DO YOU DO IF YOU SUSPECT SOMETHING IS WRONG?

Elder Abuse/Adults at Risk/
Adult Protective Services
Guide for IRIS Consultants



IRIS Elder Adults/Adults at Risk/ Adult Protective Services GUIDE

Introduction

As an IRIS Consultant, you are the primary point of contact for individuals participating in the IRIS Program. Part of your job is to support IRIS participants to be safe and free from abuse. This includes being a reporter of suspected abuse. Abuse can have devastating and even life threatening consequences for people.

The term “**abuse**” as used in this guide means physical, emotional, and sexual abuse, as well as neglect, self-neglect, and financial exploitation.

This guide will provide you with information and resources about how to protect vulnerable participants through awareness, appropriate identification, and reporting. It will define “individuals at risk,” list common types of abuse, including what to look for, and provide information about when and who to call. Remember, you do not need to be certain that abuse is occurring or be able to prove it. Investigating allegations is the job of other professionals, who will respond to and investigate reports of suspected abuse.

Some participants may not want you to report that you suspect they are being abused. Competent participants have the right to make their own decisions about their safety and living conditions, including choosing or refusing to report abuse. A participant who is being hurt may be ashamed or embarrassed to admit what is happening, especially when the abuse is by a family member. Some may not identify the behavior as abusive. Others may recognize it as abuse, but may minimize its importance because of “not wanting to get the abuser in trouble.” For still others, if the abuser

is providing care and is removed from the home or arrested, a participant may fear ending up without needed care, or being forced to move from his or her home into an institution.

The IRIS Consultant should make a report of suspected abuse, if a participant is not competent to decide whether he or she is in need of help. If you find yourself in a situation where a competent individual does not want you to report suspected abuse and your efforts at obtaining his or her voluntary cooperation to report abuse have been unsuccessful, then a report should not be made as it is important to respect a competent participant's wishes. There are still ways you can help. [See insert.]

You should report abuse against a participant's wishes (1) when you believe the situation is so hazardous or so harmful that it overrides his or her right to live life as he or she so chooses, or (2) when the abuser is a paid professional caregiver. [See discussion under Reporting at pages 13-16.]

You can still help — Even when they say no

- Maintain contact and stay as connected as possible to the participant.
- Continue to talk to the participant privately about your concerns.
- Encourage the participant to connect with others.
- Encourage the participant to get out to socialize if he or she is able; help the participant to arrange transportation.
- Encourage the participant to set up in-home services, such as home health, meals on wheels, or cleaning services, so that he or she will have more outside contact and support, if necessary.
- Encourage contact with domestic abuse or sexual assault providers, if applicable; help arrange for someone to accompany the participant to the first appointment.
- Talk to the participant about services that are available for safety planning, counseling, socialization, benefit specialist programs, in-home care and assistance, and transportation.
- Reassure the participant that what he or she is experiencing is not his or her fault.

Individuals at Risk and the County System for Reporting Abuse

Abuse can happen to anyone. It affects men and women of all ages across all races, cultures, religions, and socioeconomic groups. Reduced capacity to care for oneself due to physical and/or cognitive impairments and the corresponding need to depend on others to provide basic necessities heightens a person's vulnerability to abuse. Individuals can be harmed by others, either intentionally or unintentionally, or individuals can fail to provide for their personal needs.

Each county is required to identify a lead "elder-adults-at-risk" agency for adults age 60 and over and an "adults-at-risk" agency for adults ages 18-59 to take primary responsibility for receiving and responding to allegations of abuse. "Elder adults-at-risk" and "adults-at-risk" are referred to collectively as "individuals at risk." Most counties combine these functions in the same agency. Each county is also required to designate an adult protective services (APS) agency responsible for providing protective services and protective placement to all adults at risk, regardless of age. A distinctive feature of APS is the use of legal action when required. The elder adults/adults at risk and APS agencies are often referred to as the county APS unit. By law, the designated agency is also required to report their findings to the Department of Health Services.

The authority and expertise to keep individuals at risk safe is vested in these agencies. They provide mechanisms for receiving and responding to reports of abuse; for organizing, planning, and delivering services; and for determining whether services or placement can be provided without consent of the individual at risk, either with con-

sent of a guardian or by court order. The website where the telephone numbers and other information about the reporting agencies in each county for “elder adults-at-risk” and “adults-at-risk” is located at:

<http://www.dhs.wisconsin.gov/aps/index.htm>

What is Abuse?

Abuse refers to intentional or neglectful acts or omissions by a caregiver, family member, or other trusted person that result in or may result in harm of an individual at risk. It is important to distinguish between unintentional and intentional harm. Unintentional harm occurs in ways that are accidental, such as falls, medication errors, or accidental burns or cuts. However, if the injuries suffered in the “accident” do not logically fit the explanation, the harm may be intentional. Unintentional harm is also the result of actions by ill-equipped caregivers or family members, or as a result of behavior by the individual at risk.

When others intentionally harm individuals at risk, it is often an issue of power and control. The harm can result from the abuser’s belief that he or she is entitled to control the individual at risk’s behavior or financially exploit him or her. It can also result from greed and opportunity. The abuser’s actions are purposeful and harm is inflicted so the abuser can get what he or she wants from the person. The abuse is generally not an isolated event, but a pattern of behavior. The abuser exerts or tries to exert power and control not only over the individual at risk, but over others with whom the individual at risk has either a personal or professional relationship. As an IRIS Consultant, you could be one of those “others” the abuser will attempt to manipulate. Individuals at risk can also fail to provide for their own personal needs, thereby jeopardizing their own physical or mental health. When this happens, it is called self-neglect.

Some signs of abuse are easily recognizable while others are subtle. You may have the opportunity to observe signs of abuse related to the IRIS participant, a caregiver or family member, and the environment. Signs of abuse of an IRIS participant may also be directed at you. For example, your access to the participant may be limited, or you may be allowed access only in the presence of the abuser, you may not be allowed into the participant's home, or you may not be allowed to talk by phone to the participant.

Types of Abuse and What to Look For

In many cases, the actions or signs you observe may lead you to suspect that a certain type of abuse is being inflicted upon the participant. This section explains what physical, emotional, and sexual abuse, as well as financial exploitation, neglect, and self-neglect are, and includes a list of signs to look for with regard to each type of abuse. Abusers may not necessarily use all of these tactics or they may use one tactic more often than others. Any combination of tactics can be used to maintain power and control. If you observe the existence of any one or more of these signs of abuse in the course of your work, then it may mean the person has been abused. Recognizing these “red flags” may help you protect the individual.

Physical abuse is an intentional act that results in physical pain, injury, or impairment. Abusers may inflict bruises, welts, lacerations, punctures, fractures, burns, swelling, scratches, or other injuries. Physical abuse includes not only physical assaults, such as hitting, strangling, kicking, shoving, and burning, but the inappropriate use of drugs, physical restraints, and confinement. Signs of physical abuse include, but are not limited to:

- Bruises (presence of old and new, shape similar to an object such as a belt or finger, bilateral on upper arms)

from holding or shaking, clustered on trunk from repeated shaking), black eyes, burns (unusual location, type, or shape similar to an object such as an iron or cigarette burn), lacerations, or pressure marks (rope burns);

- Broken bones, skull fractures, sprains, dislocations, internal injuries/bleeding;
- Open wounds, cuts, punctures, injuries that have not been cared for properly;
- Repeated, unexplained injuries;
- Broken eyeglasses, hearing aids, or other devices;
- Access is denied to communication or mobility aids (talking boards, battery pack removed from wheelchair);
- Signs of confinement or restraint, such as being locked in a room or tied to furniture; or
- Frequent use of the emergency room or hospital care, or doctor hopping (so no one has an accurate record of injuries).

Emotional abuse is language or behavior intended to intimidate, humiliate, ridicule, threaten, frighten, harass, coerce, blame, or scapegoat, or otherwise cause emotional pain or distress. It can also take non-verbal forms, such as ignoring the individual at risk or isolating him or her from friends or activities. Signs that an individual may be experiencing emotional abuse include, but are not limited to:

- Being passive, helpless, withdrawn, non-responsive, or non-communicative;
- Being anxious, trembling, agitated, fearful, or scared of someone or something;
- Being overly worried about the fact of his or her conversation with you getting back to a caregiver or family member;
- Blaming him/herself for the situation or for the behavior of a caregiver or family member;

- Caregiver or family member yells, threatens, belittles, or calls the individual names;
- Caregiver or family member claims to be or appears to feel entitled to make all decisions, or speaks for the individual at medical, financial, or other appointments;
- Caregiver or family member denies or creates long waits for food, medication, personal care, heat, transportation, or does not follow medical recommendations;
- Caregiver or family member tries to control what the individual at risk does or who he/she sees, or denies access to phone or mail;
- Access is denied to communication or mobility aids (talking boards, battery pack removed from wheelchair);
- Caregiver or family member threatens to institutionalize the person (place in nursing home or CBRF); or
- Caregiver or family member threatens to abuse or kill service or companion animals.

Sexual abuse is non-consensual sexual contact of any kind. Sexual contact with an individual at risk incapable of giving consent is also considered sexual abuse. Sexual abuse includes “hands off” offenses, such as exhibitionism, sexually explicit photographing, and forcing an individual at risk to watch pornography; “hands on” offenses, such as rape or sodomy; and, “harmful genital practices” which involve unwarranted, intrusive, and/or painful procedures in caring for genitals or rectal area. For several reasons, individuals with disabilities and developmental disabilities in particular, are especially vulnerable to sexual abuse. Most identified sexual perpetrators of both men and women are men. Signs of sexual abuse include but are not limited to:

- Bruises around the breasts or genital area;
- Unexplained sexually transmitted diseases or genital infections;

- Unexplained vaginal or anal bleeding, pain, or itching;
- Torn, stained, or bloody underclothing; or
- Difficulty in walking or sitting.

Although you may not observe actual signs of sexual abuse because many of these signs are normally covered by clothing, an individual at risk may tell you about an incident of being sexually abused.

Financial exploitation is the illegal or improper use of the funds, assets, or property of an individual at risk. It includes cashing checks without authorization or permission; forging an individual at risk's signature; misusing or stealing money or possessions; coercing or deceiving an individual at risk into signing any document (check, contract, will); and, abuse of guardianship or power of attorney. An elder adult at risk is more likely to be a victim of financial exploitation than a younger adult at risk because elder adults at risk tend to have more assets. However, the exploitation of a younger adult at risk with limited assets can be equally, if not more, devastating. Signs of financial exploitation include but are not limited to:

- Sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money by a person accompanying the individual at risk;
- Additional names on a bank signature card;
- Unauthorized withdrawal of funds using the individual at risk's ATM card;
- Unexplained disappearance of funds or valuable possessions;
- Sudden transfer of assets to caregiver or family member;
- Caregiver or family member suddenly spending money on something he or she cannot afford, such as a car or an expensive vacation;
- Unexplained changes in powers of attorney, wills, or other legal documents;

- Signature being forged on checks or other financial or legal documents;
- Unexplained charges or overpayment for goods or services;
- Caregiver or family member being more concerned about the cost of care than the quality of care; or
- Substandard care being provided or bills unpaid although there are adequate resources.

Neglect is the refusal or failure to provide an individual at risk with life necessities, such as food, water, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials. Neglect can be intentional or unintentional. Unintentional neglect may result from ignorance by the caregiver or family member or denial that an individual needs as much care as he or she does.

However, be cautious about situations involving suspected neglect for which the caregiver or family member is making excuses. Signs of neglect include, but are not limited to:

- Individual is physically unclean, has bedsores, soiled clothing or bedding;
- Inadequate food in the house or spoiled, rotten, or moldy food;
- Individual is underweight, physically frail, weak, or dehydrated;
- Untreated health problems;
- Medications not given properly or not being given at all;
- Unsafe living conditions that increase the risk of danger, such as excessive heat or cold temperatures, compromised utilities, fire hazards;
- Lack of needed home medical equipment, such as a walker or beside commode;
- The home unsafe, unclean, or difficult to move around; fecal/urine smell; insect infestation, animals that are not

- being care for; objects, garbage, or animals accumulating to the point of being unsanitary;
- Finances and bills neglected; or
- Obvious indifference, anger, or an absence of assistance by the caregiver or family member.

Self-neglect differs from the other types of abuse discussed here because it does not involve an abuser. Instead, it occurs when the individual at risk fails to obtain adequate care, including food, shelter, clothing, personal hygiene, medical or dental care, or safety precautions for him or her self, and that failure to obtain care results in significant danger to the individual's physical or mental health. Self-neglect can only occur with regard to care for which the individual retains responsibility. It generally excludes a situation in which a mentally competent person, who understands the consequences of his or her decisions, makes a conscious and voluntary decision to engage in acts that threaten his or her health or safety. However, a person in the latter example may be self-neglecting due to depression or some other mental health condition, which may need to be addressed. Although many of the signs of caregiver or family member neglect listed above can also be signs of self-neglect, the distinction between them is critical.

Anyone Can Be an Abuser

Anyone can be an abuser of an individual at risk. However, abusers are most likely to be spouses or intimate partners, adult children, or other family members. Abusers can also be caregivers in positions of trust and authority, personal acquaintances, other non-family members, or opportunistic strangers who commit crimes against individuals at risk.

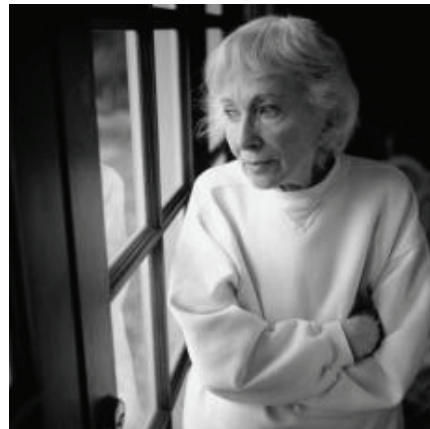
Abusers try to hide evidence of abuse. An abuser may isolate the individual at risk from others or refuse to accept

community services so that the abuse is not discovered. Abusers may justify or minimize abuse or deny they are abusive. Abusers may say things like “she’s just too difficult to care for” or “he abused me as a child” to blame the victim, or try to minimize the abuse by saying the victim “bruises easily” or that the injuries are the incidental result of providing care.

The following risk factors relate to the caregiver. They indicate there is an increased probability or likelihood that a caregiver will be abusive to the individual for whom he or she is caring:

- Has complex behaviors;
- Is financially dependent on the individual for whom care is being provided;
- Has mental health or emotional difficulties;
- Has an alcohol/substance abuse problem;
- Lacks understanding of the individual’s medical condition;
- Is a reluctant or inexperienced caregiver;
- Is experiencing/has experienced marital/family conflict;
- Is/has been in a poor current/past relationship; or
- Is a blamer.

Abuse can occur anywhere. Most abuse occurs in the home, but it also takes place in regulated facilities and community settings, such as adult day care, community based residential facilities, or workplaces, or by specialized transportation drivers.



Reporting

For almost all situations involving abuse of individuals at risk, Wisconsin relies on voluntary reporting. Any person may report possible abuse when he or she is aware of facts or circumstances that would lead a reasonable person to suspect abuse has occurred. As an IRIS Consultant, you will be either a voluntary reporter or a limited required reporter in cases of suspected abuse involving IRIS participants. In all cases, your identity and report are confidential and protected by law.

You will be a voluntary reporter unless you are:

- A health care provider, as defined in s. 155.01(7), Wis. Stats.; *or*
- A social worker or professional counselor, or marriage and family therapist certified under Ch. 457, Wis. Stats.; *and*
- You are working as an IRIS Consultant or other position under your license.

For example, if you are a licensed nurse, which is a health care provider under the statute cited above, and you are working as a nurse in the IRIS Program under your nursing license, then you are a limited required reporter. Likewise, if you are a licensed social worker and you are working as a social worker in the IRIS Program under your social work license, then you are a limited required reporter.

If you are a limited required reporter, then you must file an abuse report if the individual at risk is seen in the course of your professional duties *and* at least one of the following three conditions is present:

- The individual at risk has requested you make the report; *or*
- There is reasonable cause to believe the individual at

risk is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and he or she is unable to make an informed judgment about whether to report the risk; *or*

- Other individuals at risk are at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by the suspected perpetrator.

There is an exception to the above rule for limited required reporters. You are not required to report abuse when you believe filing the report would not be in the best interest of the individual at risk and you document the reason for your belief in the case file of the suspected victim. Limited required reporters who intentionally do not report abuse may be fined or imprisoned.

If it is an emergency – a life threatening situation or one involving imminent danger – then call law enforcement or 911 immediately. Otherwise, report suspected abuse by calling the appropriate county lead agency. Trust your instincts. If something doesn't add up or when in doubt, report!

Residents in Regulated Facilities

You may suspect that a participant in a regulated facility or community setting is being abused. If the abuser is a paid professional caregiver in the facility or program, report the abuse to the Office of Caregiver Quality (OCQ) in the Division of Quality Assurance (DQA) in the Wisconsin Department of Health Services. The DQA handles allegations of client abuse which occur in regulated facilities and community programs. You must report abuse by a paid professional caregiver in a facility or program in all cases, even when the individual does not want you to report. DQA regulated facilities and programs have a duty to protect all

residents. This duty to protect all residents overrides an individual's wish not to have an abuser reported. Once you have reported the abuse to the DQA, notify the facility or program administrator you have contacted the DQA. However, if the abuser is a family member or other non-caregiver, report the abuse to the lead county agency and also notify the facility or program.

Applicable Laws

Wis. Stat. § 46.90 Elder Abuse Reporting System

Section 46.90, Wis. Stats., provides for the establishment of the county elder adults-at-risk agency with responsibility for receiving and responding to reports of abuse of adults age 60 or older. The statute specifies the agency's duties along with requirements for responding to and investigating reports, offering services, making referrals to law enforcement and other agencies, and initiating other appropriate action (guardianship; protective services/placement). [See pages 4-5 for full explanation of Individuals at Risk and the County System for Reporting Abuse.]

Chapter 51, Wis. Stats. State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act

Chapter 51, the Wisconsin Mental Health Act, sets forth the roles of the state and counties in providing mental health services, the procedures for voluntary admissions of adults and juveniles to inpatient facilities, the standards and procedures for civil commitment, and the rights of individuals receiving mental health care. The statute has a clear policy in favor of providing a range of services which will enable individuals to receive treatment in the least restrictive environment appropriate to their needs. It also has a strong focus on protecting individual rights and liberties and favors voluntary over involuntary treatment. Chapter 51 does not apply to individuals with Alzheimer's disease or other dementias who do not have a dual diagnosis that includes a Chapter 51 condition.

**Chapter 54, Wis. Stats.
Guardianships**

Chapter 54 dictates the procedures, standards, and required findings for guardianship of individuals based on a finding of incompetence. A court may appoint a guardian to manage an individual's personal affairs (guardian of the person) or financial affairs (guardian of the estate) or both. Guardianships are required to be tailored to the individual's needs and to be as unrestrictive to the individual's rights as possible. The court order creating the guardianship must specify the areas of decision-making where the guardian has authority to act, and any restrictions the court has imposed on the ability of the individual to exercise rights. Therefore, guardianship may be limited to certain functions or may cover many or all of the decisions an individual could make.

**Chapter 55, Wis. Stats.
Adult Protective Services System**

The protective services system established by Chapter 55 provides a mechanism for organizing, planning, and delivering services to protect individuals at risk. Protective placements are a type of protective service, which must meet all of the requirements for protective services as well as separate standards and procedural protections that apply only to placements. Protective services can be voluntary or involuntary, and can also be ordered by a court as part of a protective order for individuals who have been found to be incompetent. Voluntary services are favored over involuntary ones, and care must be provided in the least restrictive environment. The adult protective services system is closely linked to the county systems for reporting and responding to abuse of elder adults and adults-at-risk. Section 55.043, Wis. Stats., provides for the establishment of the county adults-at-risk agency with responsibility for receiving and responding to reports of abuse of adults ages 18-59. [See pages 4-5 for a full explanation of Individuals at Risk and the County System for Reporting Abuse.]

Wis. Stat. § 813.123
Individual at Risk Restraining Orders

- Individual at risk (IAR) restraining orders can be used by or on behalf of adults or elder adults (60+) who are at risk of being abused because of a physical/mental condition that impairs their ability to care for themselves. Any person can petition for a restraining order. This means that the IAR can file a petition or someone else can file on their behalf. If the IAR does not file the petition, the petitioner must provide notice of the petition to the IAR and the court must appoint a Guardian ad Litem (GAL) to help the court decide what is best for the IAR. IAR restraining orders cover the following types of abuse:
 - Physical abuse;
 - Emotional abuse;
 - Sexual abuse;
 - Unreasonable confinement/restraint;
 - Financial exploitation;
 - Neglect;
 - Stalking;
 - Harassment;
 - Mistreatment of an animal;
 - Medical treatment without consent; and
 - Interference with an abuse investigation.

Obtaining a restraining order is a two-step process. First, a petitioner must obtain a temporary restraining order (TRO), which protects the IAR until a hearing occurs, usually within seven days of the petition being filed. Second, after a hearing, the court can order an injunction, which can last up to four years, to stop the abuser from harming the IAR or engaging in abusive conduct against the IAR.

Resources

Board on Aging and Long Term Care

The Board on Aging and Long Term Care (BOALTC) advocates for the interests of the state's citizens in need of long-term care, informs consumers of their rights, and educates the public at large about health care systems and long term care. The BOALTC operates the Long Term Care Ombudsman, Volunteer Ombudsman, and Medigap Helpline Programs.

Contact information:

Board on Aging and Long Term Care

1402 Pankratz Street, Suite 111

Madison, Wisconsin 53704

Email: BOALTC@Wisconsin.gov

Fax: 608-246-7001

Ombudsman Program/Volunteer Program:

1-800-815-0015

Medigap Helpline: 1-800-242-1060

Department of Health Services, Division of Quality Assurance, Office of Caregiver Quality

The Office of Caregiver Quality (OCQ) in the Wisconsin Department of Health Services, Division of Quality Assurance has primary responsibility for receiving, screening and investigating incidents of caregiver misconduct in Department-regulated facilities and maintaining the Wisconsin Caregiver Misconduct Registry. All incident reports, regardless of perpetrator, must be submitted to the OCQ. OCQ will review reports involving non-credentialed staff (nurse aides, caregivers, housekeepers, etc.) for possible investigation and refer reports involving credentialed staff (doctors, RNs, LPNs, social workers, etc.) to the Department of Safety and Professional Services (formerly the Department of Regulation and Licensing) for review. OCQ will also refer reports to other agencies including the Department of Jus-

tice, county departments, adults-at-risk agencies, local law enforcement agencies, and others, as appropriate.

Contact Information:

Office of Caregiver Quality
Division of Quality Assurance
Department of Health Services
1 W. Wilson Street
PO Box 2969
Madison, Wisconsin 53701-2969
Email: DHSCaregiverIntake@wisconsin.gov
608-261-8319

Department of Health Services, Office of Inspector General

The Office of the Inspector General (OIG) has Department wide responsibilities for auditing use of Department funds. The OIG conducts audits of providers who receive Department funds, performs internal audits of Department programs and operations, and investigates allegations of fraud, waste, or abuse of Department resources by contractors, providers, or recipients. The inappropriate use of IRIS Program funds by IRIS participants or their providers should be reported to the OIG.

Contact Information:

Office of the Inspector General
Department of Health Services
1 W. Wilson Street
PO Box 309
Madison, Wisconsin 53701-0309
608-266-7436 or 1-877-865-3432

Disability Rights Wisconsin

Disability Rights Wisconsin (DRW) is a private non-profit organization that ensures the rights of all state citizens with disabilities to services and opportunity through individual advocacy and sys-

tem change. DRW serves people of all ages, including people with developmental disabilities, people with mental illness, people with physical or sensory disabilities, and people with traumatic brain injury.

Contact information: *Note toll free numbers are for people with disabilities and their families.

Madison

Disability Rights Wisconsin
131 W. Wilson Street, Suite 700
Madison, Wisconsin 53703
608-267-0214
TTY: 888-758-6049
Fax: 608-267-0368
Toll Free: 1-800-928-8778*

Milwaukee

Disability Rights Wisconsin
6737 W. Washington Street, Suite 3230
Milwaukee, Wisconsin 53214
414-773-4646
TTY: 888-758-6049
Fax: 414-773-4647
Toll Free: 1-800-708-3034*

Rice Lake

Disability Rights Wisconsin
217 W. Knapp Street
Rice Lake, Wisconsin 54868
715-736-1232
TTY: 888-758-6049
Fax: 715-736-1252
Toll Free: 1-877-338-3724*

Disability Drug Benefit Helpline (Medicare Part D):

1-800-926-4862

Disability Voting Rights Helpline: 1-800-928-8778

Wisconsin Guardianship Support Center

The Wisconsin Guardianship Support Center (WGSC) is a statewide resource for information about guardianships and related issues, such as protective placements, conservatorships, powers of attorney for health care, powers of attorney for finances, living wills, and do-not-resuscitate orders. The WGSC answers questions and provides legal information, case consultation and referrals, but does not provide legal representation, legal advice, or find or provide guardians. The WGSC telephone helpline is operated on a call-back basis. You will be asked to leave a detailed message and your call will be returned.

Contact Information:

Wisconsin Guardianship Support Center

Toll Free: 1-855-409-9410

Fax: 1-866-561-2652, Attn: WGSC

Email: guardian@gwaar.org

Elder Financial Empowerment Project

The Elder Financial Empowerment Project (EFEP) provides information, advocacy, referral and legal assistance to senior victims of financial exploitation (age 60+) and their surrogate decision makers. The EFEP telephone helpline is operated on a call-back basis. You will be asked to leave a detailed message and your call will be returned.

Contact Information:

Elder Financial Empowerment Project

608-224-0606, ext. 328

Toll Free: 1-800-366-2990, ext. 328

Fax: 608-224-0607, Attn: EFEP

Email: jhendrick@gwaar.org



Wisconsin Department of Health Services
Division of Long Term Care
Bureau of Aging and Disability Resources

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