

APS REFERRAL FORM:

Client Info:

Client Name: _____ DOB/Approx Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

SS #: _____

Phone #: _____ Gender: _____ Ethnicity: _____

Does Client Reside at: Home Facility Homeless

Primary Language: _____ Does Client Need an Interpreter? Yes No

Income Source:

SSI Private Pension SS Retirement VA Pension
SSDI Unknown

Health Insurance:

Tri Care Medicaid Medicare Private Insurance
None/Unknown

Reporting Party Info: *Reminder- If you are a Mandated Reporter you can NOT remain anonymous*

Name: _____ Agency: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Relationship to Client: _____

Alleged Perp Info:

Name: _____ DOB: _____

Gender: _____ Ethnicity: _____ Language: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Relationship to Client: _____ Does AP have access to the Client? _____

****Please complete entire form-if it does not apply, write N/A****

Support Network Info:

Name: _____ Agency: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Relationship to Client: _____

Legal Authority:

Med Proxy

POA- Financial

Guardianship
(Permanent or Emergency)

POA-General

POA-Medical

Rep Payee

Conservator
(Permanent or Emergency)

If POA or Guardianship, please attach supporting documents

Does Support have access to the Client?

Allegations: (Check all that apply)

Caretaker Neglect

Exploitation

Self-Neglect

Sexual Abuse

No Mistreatment

Physical Abuse

Caretaker Neglect

What care is needed but not being provided?

Adequate nutrition/hydration

Adequate supervision

Appropriate medical treatment

Bathing and hygiene

Medication management

Transportation

Social interaction, family/friends visitation

Managing home cleanliness

Explain:

****Please complete entire form-if it does not apply, write N/A****

Exploitation

How is the money/property being used? Is there undue influence/coercion? Yes No

For another person's personal needs	For things adult would not use/purchase
There is a questionable transfer of money/property	For illegal activity
There is an unexplained loss of money/property	Without adult's knowledge/permission

Explain:

Physical Abuse

Has the adult experienced any of the following?

Inappropriate confinement	Inappropriate Restraint
Pain as a result of the person's action	

Are there any injuries?

Broken Bones	Cuts	Scratches	Visible Marks/Injuries
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Explain:

Self-Neglect

Concerns impacting health/safety:

Malnutrition; weight loss/gain	Mismanagement of medications	Substance abuse
Refuses recommended services	Untreated medical condition	
Poor hygiene; not bathing	Untreated mental health	

Explain:

Concerns that make the living environment unsafe:

Hoarding, including animals	Unpaid utilities	Illegal activity
Lack of access/pathways	Non-working utilities	Imminent foreclosure or eviction
Vermin/pest infestation	Non-working appliances	Unclean

Explain:

Sexual Abuse:

Harasses the adult in a sexual manner	Makes sexual innuendos toward the adult
Makes the adult perform sexual acts	Makes the adult watch pornography

Explain:

****Please use next page for a narrative of the events occurring as well as to provide additional information/comments****

****Please complete entire form-if it does not apply, write N/A****

Does the Client have any diagnosed Medical, Cognitive, or Physical Disabilities?

- | | | |
|--|--------------------|-----------------|
| Decision-making/understanding deficits | Medical conditions | |
| Memory-deficits | Mental illness | Substance abuse |
| Physical Conditions | | |

Explain:

Please list any diagnoses here:

The conditions cause the Client to be unable to manage the following:

- | | |
|--|--|
| ADLs (toileting, bathing, hygiene, etc.) | IADLs (cleaning, laundry, cooking, etc.) |
| Bills/finances | Healthcare/medical needs |
| Unknown | None |

Explain:

Narrative of Events/Additional Information:

****Please attach or submit supporting and relevant documents (face sheet, medical records, NP, bank statements****

****Please complete entire form-if it does not apply, write N/A****