Insert Date Here

Insert Reporter Name Here

Insert Reporter Address Here

Insert Reporter City, State, Zip Here

RE: Insert Adult Name Here

Dear Insert Reporter Name Here,

Our agency appreciates the concern you demonstrated for the above-named adult when you contacted our Adult Protective Services (APS) Unit.

In accordance with North Carolina Law (N.C.G.S. 108A-101) three separate criteria must be met for APS to conduct an APS evaluation:

1. The adult must be disabled.
2. The allegations must indicate the adult is being abused, neglected and/or exploited.
3. The adult is alleged to be in need of protective services at the current time.

The following marked boxes indicate the actions taken after receiving your report:

We will evaluate the need for protection based on the allegations. At the completion of the evaluation, you will be notified of the findings.

An APS evaluation will not be completed as your referral does not meet the criteria because: Describe screen out rationale here.

We will refer the report to the District Attorney’s Office and/or Law Enforcement.

We will refer the report to the Division of Facility Services/Adult Home Specialist.

We are referring you to the following other appropriate community resources that may be available to assist: List additional referrals here.

If you believe you have additional information that may change this decision, please contact me at      .

Thank you again for your concern.

Sincerely,

Social Worker Social Worker Supervisor