

**North Carolina Department of Health and Human Services
Adult Services
Adult Protective Services Intake**

1. AGENCY INFORMATION				
A. Date of Report		B. Time		
C. Intake Worker		D. How Received		
E. SIS ID Number:		F. County Case #		
G. APS/Intake #		H. Social Security #		
2. ADULT AND FAMILY INFORMATION				
A. Last Name of Adult		B. First	C. Middle Initial	D. Alias
E. Family's Primary Language				
F. Date of Birth	G. Age	H. Gender	I. Race	J. Marital Status
Residence Information				
K. Residence Address			L. Residence Telephone Number	
			M. Length of Stay at Residence Address	
N. Residence Living Arrangement/Facility Name			O. County (Of Adult's Residence)	
Current Location Information				
P. Address of Current Location if Different Than Residence Address			Q. Telephone Number of Current Location	
			R. Length of Stay at this Address	
S. Current Living Arrangement			T. County (Where the Adult is Located)	
U. Driving Directions to Current Location/Residence				
V. Others in Residence/Location				
Name	Relationship to Adult	Age	Residence or Location	

3. ABUSE/NEGLECT/EXPLOITATION

A. What happened to make you call today?

B. In what way do you think the adult is abused, neglected, or exploited; is self-neglecting; or is at risk of abuse, neglect or exploitation?

C. Is there a specific individual(s) who mistreated the adult?	If yes, complete the following:
Name	Relationship
Telephone Number/Address/Current Location	

D. If allegations indicate specific event(s), when did this happen?

E. Where did this happen?

F. How long has this been going on?

G. When did you last see the adult?

H. Has this situation caused harm to the adult?

If yes, explain.

I. How has the adult's physical/mental health and functioning declined or changed?

J. Is the adult possibly in immediate danger of death?

If yes, describe the danger.

K. Is the adult at risk of irreparable harm?

If yes, describe the danger.

L. Did you witness the incident or condition?

If not, how did you become aware of the situation?

M. Is the adult aware of this report?
If yes, what is his/her reaction?

N. Is the family aware of the report?
If yes, who?

O. Is there someone who might have additional knowledge regarding the adult's situation?

Do they see a doctor?

If yes to either, provide:

Name

Relationship

Telephone Number

P. Has the adult or the family been involved with DSS before?

If yes, explain.

Q. Do you know if other reports have been made about the adult/family?

If yes, give details.

R. Do you know if law enforcement has been involved?

If yes, give details.

4. RISK FACTORS OF ABUSE, NEGLECT, OR EXPLOITATION

A. Are there other conditions or circumstances that put the adult at risk of abuse, neglect, or exploitation?

If yes, check below and explain:

Yes	No	Reporter Doesn't Know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Hazards	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Damage	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vermin/Pests	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate Heating/Cooling	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriately Cared for Pets or Animals	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Falling/Tripping Hazards	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Access to Transportation	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Telephone Access	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External Environmental Hazards	Explain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bills Not Being Paid	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic Needs Not Met/Income Not Sufficient	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lends Money/Support Others Financially	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing Property/Assets/Banking Irregularities	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substantial Debt	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limited Social Contacts (Family, Friends, Church, Etc.)	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent Losses	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Explain

5. DISABILITY ALLEGATIONS

A. Describe the adult's physical and/or mental problems. (Ask the reporter to share information he/she has regarding the adult's problems. Does the adult take any medicines? Choose Item Do they have a specific illness or diagnosis?)

Check physical and/or mental problems below and explain:

Yes	No	Reporter Doesn't Know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Term Memory Loss/Signs of Confusion/Wandering/Impaired Judgment	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate Behaviors/Combative Behavior	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual or Auditory Hallucinations	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent Suicide Attempts	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fearful or Anxious/Seems Sad Withdrawn/Cries	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Ambulating/Recent Falls	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined to Bed	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory Impairments	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight Loss or Gain/Malnourished	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continence Problems	Explain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Explain
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B. Describe how the adult is limited in performing activities and/or obtaining services necessary for daily living.

Review and check strengths below and explain any limitations:

Yes	No	Reporter doesn't know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Bathe Self	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Dress Self	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Manage Basic Hygiene/Grooming/Toileting	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Feed Self	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Transfer	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Prepare Meals	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Administer Medication	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Do Laundry	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Do House-Keeping/Laundry	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Repair Home from Structural Damage/Home Maintenance	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Use Telephone	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Manage Money	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Explain

6 CARETAKER

A. Is there anyone who helps the adult on a regular basis? Choose an item. If yes, provide the following information:
 Name Relationship What do they do? How often?

B. Has any one of the above individuals assumed the responsibility for the adult's day-to-day well-being? If yes, who and explain.

C. Does someone help with the decision-making? If yes, who and describe role (i.e. POA, Legal Guardian, etc.).

D. Are they aware of the situation? If no, explain.

E. Is someone managing the adult's finances? If yes, explain.

7. NEED FOR PROTECTION

Has anyone attempted to stop what is happening to the adult? If yes, explain what they have done.

8. SAFETY ISSUES

Are there any environmental or safety issues that the worker should be aware of? If yes, explain.

9. REPORTER INFORMATION

A. Is this an anonymous report? <small>Yes No</small>	B. Reporter's Last Name	C. First	D. Relationship to adult
E. Address		F. Telephone Number	G. How does the reporter wish to be notified?

10. INTAKE SIGN-OFF

Criteria Explained Confidentiality of Reporter Information Explained Notice to Reporter Requirements Explained

Intake Worker Signature APS Date Time

11. DISPOSITION OF REPORT (FOR SUPERVISORY SCREENING USE ONLY)

A. Is the adult alleged to be disabled?

B. Is the adult alleged to be abused, neglected, or exploited?

Check all that apply:

Abuse
 Self Neglect
 Caretaker Neglect
 Person Exploitation
 Assets Exploitation

C. 1. Is there someone willing, able, and responsible to provide or obtain essential services?

2. Is the adult able, willing, and responsible to obtain essential services?

3. Is the adult alleged to be in need of protective services?

D. 1. Is the adult a resident of another NC county? Yes No If yes, which county?

2. County of Residence Supervisor/Designee informed Yes No

If yes, date and time: _____ Supervisor/Designee Name: _____

Supervisor/Designee Phone/Fax/Email: _____

3. Date APS Intake report sent to County of Residence. Yes No Date and time: _____

4. County of Residence Confirmed receipt Yes No If yes date and time: _____ Confirmed by: _____

5. APS Case will be initiated by: _____ County of Residence County of Location

E. Supervisor Comments:

F. Report accepted for evaluation
 Outreach
 Information & Referral

G. Initiation Response Time

Immediate (If the complainant alleges danger of death)

24 Hours (If the complainant alleges danger of irreparable harm)

72 Hours (if the complainant does not allege danger of death or irreparable harm)

H. Assigned Social Worker:

I. Supervisor Signature Date Time

J. Secondary Screener Signature Date Time

K. Report not accepted for evaluation. If not, explain which of the criteria were not met.

L. Notification (Check any notifications that are needed) District Attorney
 Law Enforcement
 Div. of Health Service Regulation

Adult Home Specialist
 Reporter
 Other, specify: _____

M. Referrals

1. Referral information given to reporter for community service. Choose an item. If yes, list agencies.

2. In-house referrals made. Choose an item. If yes, list unit or department, information provided, and expected follow-up.