

North Carolina Department of Health and Human Services Adult Services Facility Evaluation

IDENTIFYING INFORMATION

County Case #:

SIS 11 Digit #:

Last Name	First Name	Middle Initial	Alias
Date of Birth	Age	Gender	Race
		Choose	Choose

Social Security #:

Family's Primary Language: English Spanish Other

Marital Status: Single Married Domestic Partner Separated Divorced Widowed

Facility Name: **Telephone Number:** **Address:**

Room Number: _____ **Level of Care:** Nursing Home Domiciliary Care Group Home Other

Driving Directions to Current Address or Location:

Admission Date: Click or tap to enter a date.

Education Level (highest level completed): Choose

Able to Write: Yes No Able to Read: Yes No

Religious Preference: Choose

Special Considerations: (e.g. cultural, religious, speaks foreign language, deaf, visually impaired etc.):

History of Reports: Yes No If yes, provide dates of previous APS reports: (Within last two years)

Dates of reports listed below
Click or tap to enter a date.
Click or tap to enter a date.
Click or tap to enter a date.

Were previous photos taken of adult Included in file: Yes No If yes, Where?

Same Perpetrator: Yes No

	Date	Time	AM	PM	
Date of the current report			<input type="checkbox"/>	<input type="checkbox"/>	
Report initiated			<input type="checkbox"/>	<input type="checkbox"/>	
Contact with Facility Administrator			<input type="checkbox"/>	<input type="checkbox"/>	
Date of first face to face contact with adult			<input type="checkbox"/>	<input type="checkbox"/>	
Date of first private interview with adult			<input type="checkbox"/>	<input type="checkbox"/>	
Date of Initial notice to reporter			<input type="checkbox"/>	<input type="checkbox"/>	Written <input type="checkbox"/> Verbal <input type="checkbox"/>
Date of final notice to reporter			<input type="checkbox"/>	<input type="checkbox"/>	Written <input type="checkbox"/> Verbal <input type="checkbox"/>
Date of case decision			<input type="checkbox"/>	<input type="checkbox"/>	
Date of required notice (as needed)			<input type="checkbox"/>	<input type="checkbox"/>	DA
Date of required notice(as needed)			<input type="checkbox"/>	<input type="checkbox"/>	LE
Date of notice (if appropriate)			<input type="checkbox"/>	<input type="checkbox"/>	AHS/DHSR
Date of notice (other)			<input type="checkbox"/>	<input type="checkbox"/>	
5027 completed for 202 services			<input type="checkbox"/>	<input type="checkbox"/>	

Type of alleged maltreatment:

- Abuse causing pain/injury
 Abuse
 Caretaker neglect
 Self neglect
 Exploitation of person's assets
 Exploitation of person
 Other

At substantial risk: Yes No Specify type:

Summary of Allegations:

Were there any problems accessing the adult? Yes No

If Yes, document dates of attempts to see the adult and describe efforts taken to resolve them.

Dates	Efforts to resolve explained below
Click or tap to enter a date.	
Click or tap to enter a date.	
Click or tap to enter a date.	

Click or tap to enter a date.

Did a life-threatening situation exist? Yes No

If Yes, describe situation and action(s) taken to address the danger:

SOCIAL SUPPORT

Family and Significant Others Outside Facility

Name	Relationship	Type, Frequency of Contact

Describe the relationship between the adult and facility:

Describe the relationship between the adult and the other residents of the facility:

Are there any community agencies involved with the adult? Yes No

If yes, list:

Agency Name	Contact Person	Telephone Number	Purpose & Frequency of Contact

Environment: Environmental Risk Factors

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sleeping accommodations
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Deteriorating structure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eating area
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heating/Cooling
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fire hazards/No smoke detectors
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Laundry
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unsanitary conditions (specify)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lighting

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pest/Vermin
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Toilet facilities
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Water/Plumbing
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lack of access to/from general interior areas in facility
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lack of access to/from general exterior of facility
<input type="checkbox"/> Yes	<input type="checkbox"/> No	External risk hazards
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internal risk hazard
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (Please specify)
Comments		

Level of Endangerment:

Immediate Life Threat Potential of Serious Harm No Evident Danger At Substantial Risk

Description of Conditions and Risk Factors:

If there are environmental conditions that place the adult and other residents/patients of the facility at risk, identify the date and method of reporting the conditions to the Adult Home Specialist or Health Services Regulation

The following are indicators of mistreatment in facility settings. Presence of these “red flags” indicate a possible risk for maltreatment and requires careful evaluation. “Yes” to any of these indicators requires that information is needed to determine the effect it has on the adult’s safety.

Resident Risk Factors	Yes	No	*Source	Comments
Alcohol/Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Self-blaming	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Assaultive/Hostile	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
History of multiple incidents	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Fearful of caregivers	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Stoicism (No Emotions)	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Sexual acting out behavior(s)	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Self-abusive behavior(s)	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Demanding	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Passive/Passive aggressive	<input type="checkbox"/>	<input type="checkbox"/>	Choose	

***Source Code**

C=Client statement

F= Family member/guardian/responsible party

O=Other collateral (specify)

M=FL-2, Other medical

S=Social Worker

Facility Risk Factors	Yes	No	*Source	Comments
Accepting residents whose needs cannot be met by facility	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Crowding/Concentration of vulnerable adults	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
High personnel turnover	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Frequent "reorganizations"	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
High overtime demands	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Inadequate and uninformed administrator/manager response to Abuse/Neglect/Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Inconsistent and unclear job expectations of staff	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Lack of staff training which means that staff are not prepared to act wisely	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Staff shortages (e.g., facility not meeting minimum staffing requirements per State regulations, least experienced staff required to work holiday when staffing is skeletal, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Poor communication between administrators and staff (in both directions)	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Previous APS reports	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Poor building maintenance (ventilation, lighting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Choose	

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Alleged Perpetrator Risk Factors	Yes	No	*Source	Comments
Alcohol/drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Lack of training in job responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Excessive absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Blaming adult/hypercritical	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Private gifts to the adult	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Reluctance to provide care	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Favoritism toward the adult	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Numerous disciplinary actions	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Overeager to provide care	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Role reversal (i.e., looking to resident to fulfill their needs)	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Tardiness/unexplained absences	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Social isolation	<input type="checkbox"/>	<input type="checkbox"/>	Choose	
Works excessive hours	<input type="checkbox"/>	<input type="checkbox"/>	Choose	

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ECONOMIC FUNCTIONING

Adult's financial affairs are managed by: Self Other- Name and relationship:

Income	Monthly Amount	Expenses	Monthly Amount	Benefits Received	Monthly Amount
Social Security		Room & Board		<input type="checkbox"/> Medicare Part A	
SSI		Resident trust account		<input type="checkbox"/> Medicare Part B	
VA Pension		Medicine		<input type="checkbox"/> Medicaid	
RR Retirement		Life insurance		<input type="checkbox"/> Special Assistance (SA)	
Other Pension		Health insurance		<input type="checkbox"/> Other health insurance (specify)	
Public Assistance		Burial		<input type="checkbox"/> FNS Benefits	
Interest/dividends		Other medical expenses		Other (specify)	
Other (specify)					

Medicare Number	
Medicaid Number	
Health Insurance (Company and Policy #)	

Assets: Provide value, description and location of assets, if known	
Checking account	
Saving account	
Real estate	
Securities	
Personal	
Burial	
Other (Specify)	

Legal Status: Does the adult have one or more persons who represent them as:

<input type="checkbox"/> Legal Guardian	Date of appointment/authority given: Click or tap to enter a date.
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<input type="checkbox"/> Guardian of Person	Click or tap to enter a date.
<input type="checkbox"/> Guardian of Estate	Click or tap to enter a date.
<input type="checkbox"/> General	Click or tap to enter a date.

Identify any limitation placed on the Guardianship:

Power of Attorney (Identify type)	Registered in: <input type="checkbox"/> County <input type="checkbox"/> State
<input type="checkbox"/> General	Click or tap to enter a date.
<input type="checkbox"/> Durable	Click or tap to enter a date.
<input type="checkbox"/> Health care	Click or tap to enter a date.
<input type="checkbox"/> Living Will	Click or tap to enter a date.

Representative payee for

If adult has legal and/or payee representative, list contact information below:

Name	
Address	
Telephone number	
Type	

Contact made with the adult's legal representative Yes No

What is the adult's legal representative's response to the allegations of mistreatment of the adult (e.g. does the representative have any concerns related to the reported allegations? What does the representative plan to do/not do, in response to the allegations of mistreatment?).

Mental/Emotional Functioning:

Orientation

Complete the following questions to review the adult's orientation.

Time:	Does the adult know the correct day of the week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Non-Responsive	<input type="checkbox"/> Refused to Answer
	Does the adult know the correct month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Non-Responsive	<input type="checkbox"/> Refused to Answer
	Does the adult know the correct year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Non-Responsive	<input type="checkbox"/> Refused to Answer
Place:	Does the adult know the name of the facility where he/she is residing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Non-Responsive	<input type="checkbox"/> Refused to Answer
Self:	Does the adult know his/her name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Non-Responsive	<input type="checkbox"/> Refused to Answer
	Does the adult his/her relationship to significant others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Non-Responsive	<input type="checkbox"/> Refused to Answer

Memory

Assess distant, recent, and immediate memory. Responses to many of the other questions asked during the interview can be used to complete the ratings. Enter one of the responses below on the line in front of each area.

1- Good	2- Some loss of detail	3- Total or marked impairment	4- Non-responsive	5- Refused to answer
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	DISTANT: Discuss early events in the adult's life (e.g. childhood, date of birth, school, marriage, birth, of children) to assess distant memory
	RECENT: Discuss recent events (e.g., community/family events, doctor's visits, medical treatments, taking of medication) to access recent memory.
	IMMEDIATE: Assess immediate memory by returning to topics covered earlier (e.g. Did I remember to ask where you were born?) and in talking about what the adult was doing earlier in the day.

Describe any Memory Impairments:

Judgment

Assess the adult's response to both routine and emergency situations. Enter one of the responses below on the line in front of each area.

1-Good decision making/problem solving skills	2-Mild deficit: can handle everyday decisions/problems, but not good with complex issues	3-Moderate deficit: questionable decision making/problem solving skills; may be able to handle some routine decisions	4-Severe deficit: difficulty with simple issues; cannot make decisions or solve problems	5-Non-responsive	6-Refused to answer
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	ROUTINE: Describe several routine situations that may occur (e.g., light bulb burns out; need assistance from staff; concern about food; staff treatment); and assess ability to gather and accept facts, weigh advice, make decisions, and understand their consequences.
	EMERGENCY: Describe several emergency situations that may occur (e.g., power goes out, adult falls, roommate falls; sees or smells smoke), and assess ability to gather and accept facts, weigh advice, discern unsafe/threatening situations

COMMENTS:

Arithmetic

The adult's ability to handle simple arithmetic tasks provides an indication of mental function, distinguishes between depression and dementia, and is linked to the capability to perform other tasks such as managing funds. Assessment of this area can be performed as part of other areas such as the assessment of economic

status. The worker may also ask the adult to perform simple tasks such as subtracting by “2’s” from 20. Enter one of the responses below to indicate the adult’s arithmetic ability.

1-Adult can perform simple tasks with no or minimal errors	2-Adult cannot perform simple tasks with reliable accuracy	3-Adult non-responsive	4-Refused to answer
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_____ **Arithmetic Ability**

MENTAL/EMOTIONAL ASSESSMENT

Diagnosis/Symptom	*Source	Notes (e.g., onset, severity, functional impact, history, untreated condition, needs professional assessment, current treatment)
Aggressive/Abusive behavior	Choose	
Agitation/Anxiety/Panic attacks	Choose	
Change in activity level (sudden/extreme)	Choose	
Change in appetite	Choose	
Cognitive impairment/memory impairment (specify)	Choose	
Intellectual and Developmental disability-(specify)	Choose	
Hallucinations/Delusions	Choose	
Inappropriate affect (flat or incongruent)	Choose	
Impaired judgment	Choose	
Mental anguish	Choose	
Mental illness (specify)	Choose	
Orientation impaired: person, self, place, time	Choose	
Persistent sadness	Choose	
Sleep disturbances	Choose	
Substance use disorder (specify)	Choose	
Thoughts of death/suicide	Choose	
Wandering	Choose	
Other:	Choose	

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MENTAL HEALTH

Does the adult have a Mental Health Diagnosis or Condition? Yes No If Yes, list diagnosis or condition.

1.	3.
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ACTIVITIES/INSTRUMENTAL ACTIVITIES OF DAILY LIVING

ADL & IADL Tasks	Independent	Some Assist	Totally Dependent	*Source	Needs Met?	Comments
Ambulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bathing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
To/from bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
To/from chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Into/out of car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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PHYSICAL HEALTH

Diagnosis/Symptom	*Source	Notes (e.g. onset, severity, history, functional impact, untreated condition, needs professional assessment, current treatment)
Arthritis/osteoporosis/gout	Choose	
Asthma/emphysema/COPD/other respiratory diagnosis	Choose	
Bladder/urinary problems or incontinence	Choose	
Bowel problems or incontinence	Choose	
Cancer	Choose	
Dental problems	Choose	
Diabetes	Choose	
Dizziness/falls	Choose	
Eye disease or conditions	Choose	
Headaches	Choose	

Hearing difficulty	Choose	
Heart disease/angina	Choose	
Hypertension/high blood pressure	Choose	
Kidney disease/renal failure	Choose	
Liver diseases	Choose	
M. Sclerosis/M. Dystrophy/C. Palsy	Choose	
Pain	Choose	
Paraplegia/quadruplegia/spinal problems	Choose	
Parkinson's disease	Choose	
Rapid weight gain/loss	Choose	
Seizures	Choose	
Shortness of breath/persistent cough	Choose	
Skin Condition/wounds/sores/rash (specify)	Choose	
Speech impairment	Choose	
Stroke	Choose	
Other:		

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Date adult was last seen by a physician: Click or tap to enter a date.

APS worker contact with adult's physician? Yes No Unnecessary

If Yes, please provide the following information:

Provider's name	
Provider's primary contact number	
Name of facility/office	

Findings:

*******MEDICAL REPORTS REVIEWED (Check, date, attach all that apply) ****

Check if documents(s) attached	Document	Date Reviewed	Comments
Resident/Patient incident reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	
Physician notes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	
Physician orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	

Nursing assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	
Nurses notes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	
Social Work assessment & progress notes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	
Plan of care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	
Medication administration records	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	
Pertinent staff training information	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	
Staff work schedules	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	

Has Adult recently been hospitalized? Yes No If yes, give date: Click or tap to enter a date.
and location If yes, give reason:

MEDICATIONS

Name of Medication	OTC	Prescription	Date filled	Note dosage, frequency and any side effects
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	

	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	
	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.	

Note: Additional medications may be noted on added sheet

Copy of MAR Attached? Yes No

Name of Pharmacy used:

Is the adult receiving medication as prescribed? Yes No

If no, why not?

COLLATERAL CONTACT INFORMATION

Collateral contacts MUST be made with others who have knowledge of the adult's functioning and/or the allegations of mistreatment. Collaterals can include but are not limited to: relatives, friends, neighbors, medical and/or mental health professionals, individuals the adult mentions who may have pertinent information, law enforcement, etc. (use additional pages, if needed)

Date of Contact:	Click or tap to enter a date.
Name of Collateral	
Relationship to Adult	
Address (Optional)	
Telephone Number	
Information Given	

Date of Contact:	Click or tap to enter a date.
Name of Collateral	
Relationship to Adult	
Address (Optional)	
Telephone Number	
Information Given	

Date of Contact:	Click or tap to enter a date.
Name of Collateral	
Relationship to Adult	
Address (Optional)	
Telephone Number	
Information Given	

Date of Contact:	Click or tap to enter a date.
Name of Collateral	

Relationship to Adult	
Address (Optional)	
Telephone Number	
Information Given	

Date of Contact:	Click or tap to enter a date.
Name of Collateral	
Relationship to Adult	
Address (Optional)	
Telephone Number	
Information Given	

Evidence of Abuse, Neglect or Exploitation or a Substantial Risk (*Substantial Risk is defined as allegations that do not indicate that a disabled adult has been, or is being abused, neglected, or exploited; but conditions exist that if not addressed may result in abuse, neglect or exploitation*).

ABUSE BY CARETAKER - check all that apply

<input type="checkbox"/> Hitting, slapping, or kicking	<input type="checkbox"/> Old and/or new bruises, welts, or injuries	<input type="checkbox"/> Injuries to head, face, genitals
<input type="checkbox"/> Restrained, tied, locked in, isolated	<input type="checkbox"/> Non-consenting sexual activity	<input type="checkbox"/> Objects thrown at adult
<input type="checkbox"/> Verbal assaults, threats	<input type="checkbox"/> Threatened/Injured with a weapon	<input type="checkbox"/> Prolonged interval between injury and treatment
<input type="checkbox"/> Injuries in odd places	<input type="checkbox"/> Demonstrates fear of caretakers	<input type="checkbox"/> Explanation inconsistent with injury
<input type="checkbox"/> Adult fearful of others	<input type="checkbox"/> Willful Deprivation	<input type="checkbox"/> Non-Applicable
<input type="checkbox"/> Other (specify):		

Level of Endangerment

<input type="checkbox"/> Immediate life threat	<input type="checkbox"/> No evident danger
<input type="checkbox"/> Potential of serious harm	<input type="checkbox"/> Adult understands
<input type="checkbox"/> At substantial risk	<input type="checkbox"/> Adult does not understand
<input type="checkbox"/> Adult unwilling to accept assistance	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Adult willing to accept assistance	

Comments/Description (if needed):

NEGLECT: (Check all that apply)

<input type="checkbox"/> Excess dirt, fleas, lice on person	<input type="checkbox"/> Doesn't get/take medications	<input type="checkbox"/> Overgrown nails
<input type="checkbox"/> Bedsores or other ulcerated sores	<input type="checkbox"/> Skin rashes/dyscoloration	<input type="checkbox"/> Lack of needed supervision

<input type="checkbox"/> Dental problems	<input type="checkbox"/> Untreated medical needs (specify)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Lack of glasses/Lack of hearing aid or other prosthetic devices	<input type="checkbox"/> Prolonged time between/injuries and medical care	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Lack of needed assistance with ADLs	<input type="checkbox"/> Fecal/urine smell or presence	
<input type="checkbox"/> Malnourished or dehydrated	<input type="checkbox"/> Inadequate clothing	

Level of Endangerment

<input type="checkbox"/> Immediate life threat	<input type="checkbox"/> Adult understands	<input type="checkbox"/> Adult willing to accept assistance
<input type="checkbox"/> Potential of serious harm	<input type="checkbox"/> Adult does not understand	<input type="checkbox"/> Adult unwilling to accept assistance
<input type="checkbox"/> At substantial risk	<input type="checkbox"/> No evident danger	<input type="checkbox"/> Not Applicable

Comments/Description (if needed):

SELF ENDANGERING BEHAVIORS: (Check all that apply)

<input type="checkbox"/> Suicidal threats	<input type="checkbox"/> Refuses medical treatment	<input type="checkbox"/> Wandering
<input type="checkbox"/> Suicidal acts	<input type="checkbox"/> Denial of problems	<input type="checkbox"/> Frequenting dangerous places (specify):
<input type="checkbox"/> Refused medication	<input type="checkbox"/> Abuse of medications: <input type="checkbox"/> Rx <input type="checkbox"/> OTC	<input type="checkbox"/> Refuses mental health Tx
<input type="checkbox"/> Self-inflicted injuries	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Substance use disorder (Specify):		

Level of Endangerment

<input type="checkbox"/> Immediate life threat	<input type="checkbox"/> Adult understands	<input type="checkbox"/> Adult willing to accept assistance
<input type="checkbox"/> Potential of serious harm	<input type="checkbox"/> Adult does not understand	<input type="checkbox"/> Adult unwilling to accept assistance
<input type="checkbox"/> At substantial risk	<input type="checkbox"/> No evidence of danger	<input type="checkbox"/> Not Applicable

Comments:

EXPLOITATION OF ASSETS

<input type="checkbox"/> Unexplained disappearance of funds or valuables	<input type="checkbox"/> Caretaker refuses to use adult's funds to meet daily care needs	<input type="checkbox"/> Chronic failure to pay for services and/or bills
<input type="checkbox"/> Depleted funds/banks account, questionable reason	<input type="checkbox"/> Checks un-cashed	<input type="checkbox"/> Transfer of other assets without adult's knowledge & benefit
<input type="checkbox"/> Adult unaware of income amount & expenses	<input type="checkbox"/> Unusual activity in bank account	<input type="checkbox"/> Facility misusing adult's money

<input type="checkbox"/> Family misusing adult's money	<input type="checkbox"/> Significant Debt	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Lack of payment arrangements to facility & responsible party	<input type="checkbox"/> Money lost or misplaced	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Evasive about making arrangements		

Level of Endangerment

<input type="checkbox"/> Immediate life threat	<input type="checkbox"/> Adult understands	<input type="checkbox"/> Adult willing to accept assistance
<input type="checkbox"/> Potential of serious harm	<input type="checkbox"/> Adult does not understand	<input type="checkbox"/> Adult unwilling to accept assistance
<input type="checkbox"/> At substantial risk	<input type="checkbox"/> No evident danger	<input type="checkbox"/> Not Applicable

Comments/Description (if needed):

E. EXPLOITATION OF THE PERSON

<input type="checkbox"/> Sexual exploitation	<input type="checkbox"/> Coerced to perform tasks	<input type="checkbox"/> Forced to work without pay or fair compensation
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Not applicable	

Level of Endangerment

<input type="checkbox"/> Immediate life threat	<input type="checkbox"/> Adult understands	<input type="checkbox"/> Adult willing to accept assistance
<input type="checkbox"/> Potential of serious harm	<input type="checkbox"/> Adult does not understand	<input type="checkbox"/> Adult unwilling to accept assistance
<input type="checkbox"/> At substantial risk	<input type="checkbox"/> No evident danger	<input type="checkbox"/> Not Applicable

Comments/Description (if needed):

Summary of adults understanding and willingness to accept assistance:

Adult previously victimized? No One time Several times over a short period of time
 Many times, over a long period of time Unknown Other, please explain:

Alleged Perpetrator Information

Current alleged perpetrator's name	
Date of birth	Click or tap to enter a date.
Telephone number	
Relationship	

Date of contact	Click or tap to enter a date.
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Alleged perpetrator's contact with adult: Daily Weekly Other: Explain

Alleged perpetrator's employment: Shift worked: Days worked:

Alleged perpetrator's reaction to APS Worker: Cooperative Uncooperative Refused to be interviewed Interviewed with legal counsel

Summary of alleged perpetrator's statement concerning APS allegations:

Criminal records checked: (optional) Click or tap to enter a date.

No contact made with alleged perpetrator and reason:

RECOMMENDED SOCIAL WORK PRACTICE FOR MAKING A CASE DECISION

1. Do not consider the disabled adult's capacity to consent to APS at the case decision juncture; this may result in denying the victim access to APS.
2. Do not unsubstantiate the need for APS for the disabled adult due to lack of a thorough evaluation, lack of staffing resources, lack of formal resources, lack of access to the court system, or prior history with same victim who has historically refused APS services.
3. Do not unsubstantiate the need for APS for the disabled adult due to elements of the case decision being unclear; more information may need to be obtained.
4. Do not assume that because it appears that the disabled adult can perform an essential service but chooses not to, that they are in fact capable. There may be many reasons why a "seemingly" capable adult chooses to not act on their own behalf. "Learned Helplessness", fear, and/or cognitive issues may be present.
5. Unless the social worker is reasonably assured that the identified "able, willing, and responsible" person will be able to act comprehensively on the adult's behalf to provide essential services, the determination must be made that this person is not able, willing and responsible. Consider these questions:
 - a. Is the person physically capable and has the skill to provide or mobilize all protective services needed?
 - b. Is the person emotionally mature, trustworthy, reliable, and have a history of using good judgment and sound thinking?
 - c. Does this identified person understand the protective services needs and willing to make sure that all of the needs are met?
 - d. Does the identified person have a physical or mental illness, substance abuse or other issues that may impact their ability to mobilize all protective services?

CASE FINDINGS

DISABLED ADULT:

An individual 18 years of age or a lawfully emancipated minor, present in North Carolina and has a disability that physically or mentally incapacitates them.

Is a disabled adult? Yes No Why or why not?

CARETAKER:

An individual who has the responsibility for the care of the disabled adult as a result of family relationship or who has assumed the responsibility for the care of the disabled adult voluntarily or by contract. A caretaker would have comprehensive responsibility for the adult's day-to-day wellbeing.

Has a caretaker? Yes No

ABUSE:

The willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation by a caretaker of services which are necessary to maintain mental and physical health.

Has been abused by their caretaker? Yes No If Yes, state how.

NEGLECT:

A disabled adult who is either living alone and not able to provide for himself services which are necessary to maintain his physical or mental health or is not receiving the services from his/her caretaker.

Has been neglected by their caretaker? Yes No If Yes, state how.

EXPLOITATION:

The illegal or improper use of a disabled adult or his resources for another's profit or advantage.

Has been exploited? Yes No If Yes, state how.

IN NEED OF PROTECTIVE SERVICES:

A disabled adult shall be in need of protective services if that person, due to his physical or mental incapacity is unable to perform or obtain for himself essential services and if that person is without able, responsible, and willing persons to perform or obtain for him essential services.

Case Decision

Need for APS has been substantiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Need for APS has been unsubstantiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maltreatment confirmed but unsubstantiated	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the Need for APS is substantiated, then complete Form # 0010: Determination of Ability to Consent to Protective Services

SUBSTANTIAL RISK OF ABUSE, NEGLECT, OR EXPLOITATION:

Allegations that do not indicate that a disabled adult has been or is being abused, neglected, or exploited but conditions exist, that if not addressed may result in abuse, neglect or exploitation.

Is a substantial risk <input type="checkbox"/> Yes <input type="checkbox"/> No	Services offered <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Accepted <input type="checkbox"/> Refused	Adult/Client referred to:
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	Click or tap to enter a date.
Signature of APS Social Worker	Date
	Click or tap to enter a date.

SUMMARY

Additional notes or narrative should indicate which section of the evaluation it refers to. May list agency staff involved in the case decision here.