**North Carolina Department of Health and Human Services**

**Adult Services**

**Diligent Efforts to Locate Adult**

**Name of Adult**:       **Date of APS Report**:       **Time of APS Report**:

[ ]  Reviewed Additional DSS Records

|  |  |
| --- | --- |
| **Type of Record (Ex: Medicaid, Food Stamps, Services, etc.)** | **Date of Review** |
|       |       |
|       |       |
|       |       |
|       |       |

[ ]  Adult’s home/location visited on Date at Time (indicate AM/PM)

[ ]  Adult’s home/location visited on Date at Time (indicate AM/PM)

[ ]  Adult’s home/location visited on Date at Time (indicate AM/PM)

[ ]  Contacted neighbors, if N/A: [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date** | **Time** | **Type of Contact** | **Results** |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |

[ ]  Checked with Reporter (if identified) on Date at Time (indicate AM/PM) to get more information of possible whereabouts of the adult.

[ ]  Contacted medical providers, including medical doctors, local hospitals, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date** | **Time** | **Type of Contact** | **Results** |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |

[ ]  Contacted other public/private agencies e.g., EMS, police department, mental health, public transportation service, home health, senior center, post office, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date** | **Time** | **Type of Contact** | **Results** |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |

[ ]  Additional Efforts (Describe below):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Actions** | **Name** | **Date** | **Time(s)** | **Results** |
|       |       |       |  |       |
|       |       |       |  |       |
|       |       |       |  |       |
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|       |       |       |  |       |
|       |       |       |  |       |

Date of first face-to-face contact with adult (if applicable):

Social Worker:       Date:

Social Worker Supervisor:       Date: