

**North Carolina Department of Health and Human Services
Adult Services
Written Report of Adult Protective Services Evaluation**

I. Date of written report:

Report is being sent to: DA LE DHSR DHB AHS SOS SSA

DSS (County Name):

COI County DSS:

Other Agency:

II. Initial Notice was sent to the DA or LE prior to completion of the APS Evaluation:

Yes No

Date Sent:

III. Identifying Information:

Name of disabled adult:

Address:

Phone number(s)

Name of Alleged Perpetrator 1:

Address:

Phone number(s):

Name of Alleged Perpetrator 2:

Address:

Phone number(s):

The disabled adult resides in what type setting: Domestic Institutional Other

IV. Date of APS Report:

Reported allegations(s):

V. Law enforcement currently involved: Yes No

Branch

Name of law enforcement officer:

VI. APS evaluation findings and conclusions:

Date of APS case decision:

- Confirmed maltreatment and substantiated the need for protection
- Confirmed maltreatment and unsubstantiated the need for protection
- No maltreatment findings and unsubstantiated the need for protection

Mark the appropriate maltreatment findings(s): Abuse Neglect Exploitation None

1. Description of acts committed or omitted by the caretaker/perpetrator. (If neglect is identified, what services were not provided to maintain the disabled adult's physical and/or mental health.)
2. Describe how the disabled adult was physically and/or emotionally impacted by the maltreatment if exploitation, describe how the disabled adult's resources were improperly used for another's profit or advantage.
3. Description of how items "1" and "2" were identified.

Attachment(s): Yes No

4. Date evidence (such as medical evaluations, photographs and/or financial records)

VII. Additional comments/recommendations:

Evidence such as medical evaluations, photographs and/or financial records, if applicable, is attached. The names of the complainant and others that have knowledge of the situation will be provided upon request from the District Attorney's office and the Division of Health Service Regulation. 10A NCAC 71A.0802 and 10A NCAC 71A.0803.

Name of DSS contact

Telephone number

Signature of DSS supervisor

Telephone number