

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADULT SERVICES**

REPORT TO ADULT PROTECTIVE SERVICES REGISTER

1. COUNTY	2. CASE MANAGER NAME, LAST	FI	MI	DATE
3. CLIENT ID	4. CLIENT NAME, LAST		FIRST	

I. REPORT A.M. P.M.

5. Date of Report 5 (a) Time of Report

6. Source(s) of Report 7 (a) Timeframe

7. Type(s) of Mistreatment Reported A.M. P.M.

8. Date Evaluation Initiated 8 (a) Time Initiated

II. EVALUATION

9. Type of Disability(ies)

9 (a) HCBS Waiver Participation

9 (b) Military Status

10. Others in Household

11. Other Agency(ies) Assisting with the Evaluation

12. Other Agency(ies) Needed but Assistance Couldn't Be Obtained

13. Type(s) of Mistreatment Confirmed

14. Need for Protective Services

15. Case Decision 16. Date of Case Decision

III. SERVICES (For Substantiated Case Only)

17. Type of Authorization

18. Other Court Order(s) Obtained

19. Perpetrator(s)

20. Contributing Factor(s) - Victim

21. Contributing Factor(s) - Perpetrator

22. Essential Service(s) Needed

23. Essential Service(s) Needed But Not Available

24. Reason Service(s) Not Available

Note: Codes 20 thru 23 can be used ONLY if Item 19 is coded 09, 10 or 11.

DHHS-AS-5026 (UPDATED 2024)

Original - Client File

Copy - Data Entry

**REPORT TO ADULT PROTECTIVE SERVICES REGISTER
FORM DHHS-AS-5026
DESK REFERENCE**

I. REPORT

ITEM 6 Source(s) of Report

- | | | |
|--------------------------------|------------------------------|---|
| 01 Relative | 06 Home Health Agency | 11 DSS |
| 02 Non-Relative | 07 Aging Agency | 12 Other Local Agency |
| 03 Mental Health Agency | 08 Hospital/Physician | 13 Self |
| 04 Law Enforcement | 09 Nursing Facility | 14 Anonymous |
| 05 Health Department | 10 Adult Care Home | 15 Banks and Other
Financial Institutions |

ITEM 7 Type(s) of Mistreatment Reported

- | | |
|---|-------------------------------------|
| 1 Abuse - Causing Pain or Injury | 4 Caretaker Neglect |
| 2 Abuse - Other | 5 Exploitation of the Person |
| 3 Self Neglect | 6 Exploitation of Assets |

ITEM 7a Timeframe

- | |
|--------------------|
| 1 Immediate |
| 2 24 hour |
| 3 72 hour |

II. EVALUATION

ITEM 9 Type of Disability(ies)

- | | |
|--|---|
| 01 Mental Illness | 06 Substance Abuse |
| 02 Other Mental Impairment | 07 Alzheimer's Disease/Related Disorders |
| 03 Cerebral Palsy, Epilepsy, Autism | 08 Physical Illness |
| 04 Mental Retardation | 09 Other Physical Impairment |
| 05 Other Development Disabilities | 10 No Disability |

ITEM 9 (a) Medicaid Home and Community Based Services (HCBS) Recipient

- | | |
|-------------------|--------------------------------|
| 1 CAP/C | 4 PACE |
| 2 CAP/DA | 5 NC INNOVATIONS WAIVER |
| 3 CAP/MRDD | 6 NONE |

ITEM 9 (b) Military Status

- | |
|----------------------------|
| 1 Active Military |
| 2 Veteran |
| 3 None of the above |

ITEM 10 Others in Household

- | | | |
|-----------------|----------------------------|---------------------------------------|
| 1 Spouse | 4 Grandchild | 7 Non-Relative (Caretaker) |
| 2 Parent | 5 Sibling | 8 Non-Relative (Non-Caretaker) |
| 3 Child | 6 Other Relative(s) | 9 None |

ITEMS 11 and 12 Other Agency(ies) Needed

- | | | |
|---|--------------------------|----------------|
| 1 Health Department | 4 Law Enforcement | 6 Other |
| 2 Public Mental Health System | 5 Medical | 7 None |
| 3 Private Mental Health Provider | | |

ITEM 13 Type(s) of Mistreatment Confirmed

- | | |
|---|-------------------------------------|
| 1 Abuse - Causing Pain or Injury | 5 Exploitation of the Person |
| 2 Abuse - Other | 6 Exploitation of Assets |
| 3 Self Neglect | 7 No Mistreatment |
| 4 Caretaker Neglect | |

ITEM 14 Need for Protective Services

- | | |
|----------------|---------------|
| 1 = Yes | 2 = No |
|----------------|---------------|

ITEM 15 Case Decision

- | | |
|--------------------------|----------------------------|
| 1 = Substantiated | 2 = Unsubstantiated |
|--------------------------|----------------------------|

SEE REVERSE SIDE OF CARD FOR CODES TO BE USED FOR SUBSTANTIATED CASES