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

# **Division of Aging and Adult Services**

**Notice to Administrator: Completion of Evaluation**

Insert Date Here

Insert Facility Name Here

Insert Administrator Name Here

Insert Administrator Address Here

Insert Administrator City, State, Zip Here

RE: Insert Adult Name Here

Dear Insert Administrator Name Here,

An Adult Protective Services (APS) report has been received and evaluated on the resident named below.

Resident’s name:

Summary of alleged complaint:

Results of the Protective Services evaluation:

[ ]  Evidence of abuse was found

[ ]  Evidence of neglect was found

[ ]  Evidence of exploitation was found

[ ]  No evidence of abuse, neglect or exploitation was found

[ ]  The need for protective services was substantiated

[ ]  The need for protective services was not substantiated

General statement about how the conclusion was reached:

Sincerely,

Social Worker Social Worker Supervisor