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

# **Division of Aging and 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗖am / pm 🗖

(date) (time)

* Adult’s home/location visited on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗖am / pm 🗖

(date) (time)

* Adult’s home/location visited on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗖am / pm 🗖

(date) (time)

* Contacted neighbors, if N/A: 🗖

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date | Time | Type of Contact | Results |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* Checked with Reporter (if identified) on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_ to get more information on possible whereabouts of adult.
* Contacted medical providers, including medical doctors, local hospitals, etc.

|  |  |  |
| --- | --- | --- |
| Name | Date | Results |
|  |  |  |
|  |  |  |
|  |  |  |

* 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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* Additional Efforts (Describe below):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Action | 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