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

**Division of Aging and Adult Services**

**Written Report of Adult Protective Services Evaluation**

1. **Date of written report**: Click or tap to enter a date.

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

**DSS (County Name):** Click or tap here to enter text.

**COI County DSS:** Click or tap here to enter text.

**Other Agency:** Click or tap here to enter text.

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

**Yes No**

**Date Sent:** Click or tap to enter a date.

1. **Identifying Information:**

**Name of disabled adult:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone number(s)** Click or tap here to enter text.

**Name of Alleged Perpetrator 1:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone number(s):** Click or tap here to enter text.

**Name of Alleged Perpetrator 2:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone number(s):** Click or tap here to enter text.

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

1. **Date of APS Report:** Click or tap to enter a date.

Reported allegations(s):

1. **Law enforcement currently involved:** Yes No

Branch

Name of law enforcement officer:

1. **APS evaluation findings and conclusions:**

**Date of APS case decision:** Click or tap to enter a date.

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.)

1. 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.

1. Description of how items “1” and “2” were identified.

Attachment(s): Yes No

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

Click or tap to enter a date.

1. **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