

**APS REFERRAL FORM:**

Client Info:

Client Name: \_\_\_\_\_ DOB/Approx Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SS #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Does Client Reside at:      Home                      Facility                      Homeless

Primary Language: \_\_\_\_\_ Does Client Need an Interpreter? ☐ Yes ☐ No

**Income Source:**

SSI                      Private Pension                      SS Retirement                      VA Pension  
SSDI                      Unknown

**Health Insurance:**

Tri Care                      Medicaid                      Medicare                      Private Insurance  
None/Unknown

**Reporting Party Info: \*Reminder- If you are a Mandated Reporter you can NOT remain anonymous\***

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**Alleged Perp Info:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Does AP have access to the Client? \_\_\_\_\_

**\*\*Please complete entire form-if it does not apply, write N/A\*\***

**Support Network Info:**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**Legal Authority:**

Med Proxy

POA- Financial

Guardianship  
(Permanent or Emergency)

POA-General

POA-Medical

Rep Payee

Conservator  
(Permanent or Emergency)

**\*If POA or Guardianship, please attach supporting documents\***

**Does Support have access to the Client?**

**Allegations: (Check all that apply)**

Caretaker Neglect

Exploitation

Self-Neglect

Sexual Abuse

No Mistreatment

Physical Abuse

**Caretaker Neglect**

**What care is needed but not being provided?**

Adequate nutrition/hydration

Adequate supervision

Appropriate medical treatment

Bathing and hygiene

Medication management

Transportation

Social interaction, family/friends visitation

Managing home cleanliness

Explain:

**\*\*Please complete entire form-if it does not apply, write N/A\*\***

**Exploitation**

How is the money/property being used?	Is there undue influence/coercion?	Yes	No
For another person's personal needs			For things adult would not use/purchase
There is a questionable transfer of money/property			For illegal activity
There is an unexplained loss of money/property			Without adult's knowledge/permission

Explain:

**Physical Abuse**

**Has the adult experienced any of the following?**

Inappropriate confinement	Inappropriate Restraint
Pain as a result of the person's action	

**Are there any injuries?**

Broken Bones	Cuts	Scratches	Visible Marks/Injuries
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Explain:

**Self-Neglect**

**Concerns impacting health/safety:**

Malnutrition; weight loss/gain	Mismanagement of medications	Substance abuse
Refuses recommended services	Untreated medical condition	
Poor hygiene; not bathing	Untreated mental health	

Explain:

**Concerns that make the living environment unsafe:**

Hoarding, including animals	Unpaid utilities	Illegal activity
Lack of access/pathways	Non-working utilities	Imminent foreclosure or eviction
Vermin/pest infestation	Non-working appliances	Unclean

Explain:

**Sexual Abuse:**

Harasses the adult in a sexual manner	Makes sexual innuendos toward the adult
Makes the adult perform sexual acts	Makes the adult watch pornography

Explain:

**\*\*Please use next page for a narrative of the events occurring as well as to provide additional information/comments\*\***

**\*\*Please complete entire form-if it does not apply, write N/A\*\***

**Does the Client have any diagnosed Medical, Cognitive, or Physical Disabilities?**

Decision-making/understanding deficits	Medical conditions
Memory-deficits	Mental illness
Physical Conditions	Substance abuse

Explain:

**Please list any diagnoses here:**

**The conditions cause the Client to be unable to manage the following:**

ADLs (toileting, bathing, hygiene, etc.)	IADLs (cleaning, laundry, cooking, etc.)
Bills/finances	Healthcare/medical needs
Unknown	None

Explain:

**Narrative of Events/Additional Information:**

**\*\*Please attach or submit supporting and relevant documents (face sheet, medical records, NP, bank statements\*\***

**\*\*Please complete entire form-if it does not apply, write N/A\*\***