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| **ADT APS Assessment for Abuse/Neglect** |

**Case Number: Case Name:**

 **Assessment Number:**

**Section 1: Assessment Summary**

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| Name: Role:  Refused to be interviewed Unable to be interviewed   |

**Summary of current allegations/Type of maltreatment alleged:**

**Section 2: Cognitive Capacity ADL’s**

Complete Adult Cognitive Capacity and Activities of Daily Living sections for adult victim only

**Cognitive Capacity/ADL’s/Level of Functioning**

|  |  |
| --- | --- |
| **Risk Factors** Acquired Brain Injury/Traumatic Brain InjuryBlind/Visual ImpairmentCannot identify current locationCannot identify location of events relevant to assessmentCannot provide any historical data relevant to assessmentCannot provide any personal dataCannot provide day, month, and/or yearCannot provide nameCognitive capacity is limitedDeaf/Hearing ImpairmentDevelopmental disabilityIntellectual disabilityLanguage barrier/foreign languageLimited or no awareness of current situationNo ability to analyze risk or safety issuesNon-VerbalProvides first name onlyProvides limited personal informationPsychological disabilityStruggles to remain on topicUnable to maintain information provided about assessmentUnable to recall information provided aboutAssessment | **Protective Factors**Ability to analyze situation, including risk/safety issuesHas a guardian/POA/payeeHas substitute decision maker |
| Identifies current locationMaintains cognitive capacity under stressProvides a cohesive description relevant to the assessmentProvides historical data relevant to assessmentProvides nameProvides personal data relevant to assessmentProvides today’s dateRetains information through the assessment |
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**Adult Cognitive Capacity, Level of Functioning, Disability, and Diagnosis (if known) Notes:**

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 **Activities of Daily Living and alleged Victim History**

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| --- | --- |
| **Risk Factors**Cannot readCriminal historyDifficulty accessing alternative transportationDifficulty choosing appropriate clothing Difficulty doing laundry | **Protective Factors**Ability to dress/undressAbility to get in/out of bedAbility to self-administer medicationsAbility to use American Sign LanguageAbility to use phoneAble to communicateAccess transportationAmbulatoryAppropriately clothedClimbs stairsDietary needs are metDoes laundryIn recovery from alcohol/substance abuseIs able to shopLevel of functioning intactMaintains housekeepingMaintains personal hygieneMaintains self-sufficiency or independent livingManages money/financesNo alcohol/substance abuse historyNo APS/CPS history of maltreatmentNo criminal historyOriented time/place or personPrepare mealsSupport network in placeUnderstands directionsUses service dog/assistive technology |
| Difficulty dressing/undressing |
| Difficulty getting in/out of bed |
| Difficulty in climbing stairsDifficulty in cookingDifficulty in doing light housekeeping Difficulty in writing Difficulty maintaining housing/transientDifficulty managing/handling moneyDifficulty understanding directionsDifficulty using phone Difficulty with independent mobility Difficulty with personal hygiene Difficulty with self-administered medicationsDifficulty with shopping Disoriented to time/place or person History of maltreatmentHistory of substance abuseHomelessIncontinence problemsInsufficient or non-existent support networkLevel of functioning limited by unknown impairments |
| Nourishment/hydration problemsUnable to communicate |
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**Activities of Daily Living and Alleged Victim History Notes:**

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**Benefits, Education and Skill Development:**

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| Adult appears to be limited as a result of development disabilitiesAdult has behavior/emotional problems that need to be addressedAdult is a high school graduate/GEDAdult is a VeteranAdult needs additional training for future employmentAdult needs assistance connecting to benefits and resourcesAdult needs special arrangements or accommodationsAdult needs to develop skills for self-sufficiencyMedicaid recipientMedicare recipientReceives pension or other retirement benefitsReceives SS retirement benefitsReceives SSDI benefitsReceives SSI benefitsReceives subsidized housing Receives VA benefitsNot applicable  |

**Benefits, Education and Skill Development Notes:**

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**Section 3: Abuse/Neglect**

Only complete the maltreatment sections below (self neglect, caretaker neglect, adult abuse, exploitation, spouse/partner) based on the program/subprograms identified in the referral statement or found during the investigation.

**Interview**

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| Refused to be interviewedUnable to be interviewed |

**Caretaker Neglect**

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| **Risk Factors**Fails to provide routine basic needsFails to provide supervisionFails to seek/accept services to prevent neglectFails to secure/follow medical treatmentFails to administer medication according to directionsFailure to maintain adult in appropriate level of careRemoves adult from facility against medical adviceAdult is fearful of caretaker | **Protective Factors** |
| Provides for routine basic needs |
| Provides appropriate supervision |
| Seek/follow services to prevent neglect |
| Follows medical advice |
| Administered medication according to directionsAdult in appropriate level of care |
| Adult not fearful of caretakerNo neglect found |
|  |

**Caretaker neglect notes:**

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**Self Neglect**

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| **Risk Factors**Failure to meet basic needsAdult is homelessAdult is a substance abuserEnvironmental conditions of home present a dangerAdult has history of substance abuseAdult fails to take medications as prescribedAdult fails to seek or follow medical adviceAdult has intellectual or behavioral disabilty | **Protective Factors** |
| Meets basic needs |
| Environmental conditions of home are safe |
| Maintains health |
| Takes medications as prescribedAdult’s ability to function and protect self is |
| not adversely impacted |
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| Notes:  |  |

**Exploitation**

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| --- | --- |
| **Risk Factors** | **Protective Factors** |
| Adult is isolated from other people and resourceAdult’s access to their financial resource restricted/deniedAdult’s property (personal/household) is missingCaretaker misuse of financial assets of resourcesEvidence indicates adult was coerced, intimidated, or deceived regarding financial resourcesExcessive charges for food, shelter, care of servicesUnauthorized or fraudulent use of monies Unpaid bills by the payee or other responsible party Unusual bank activity | Adult has access to financial resources Adult has capacity to manage financesAdult’s finances are managed by a responsible party Adult’s material and personal resources are protectedNo evidence of financial exploitation |
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| Notes |  |

**Adult Abuse**

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| **Risk Factors** | **Protective Factors** |
| Adult has an intellectual or behavioral disability Adult is fearful of alleged perpetrator Adult reports painAdult sees no need for a safety plan and is unwilling to implement it Explanation of injury is not consistent with the facts Financially dependentImprisoned/confined to the homeInjuries present | Adult reports no pain No physical evidence of injuryMinor injury to non-critical part of body/no medical treatment requiredNo evidence of sexual abuse presentAdult is not fearful of alleged perpetratorAdult demonstrates ability to protect selfRecognizes the need for safety plan and is willing to implement it |
| IsolationOngoing violence/threats of harmSubstance AbuseUnable or unwilling to access needed | Able and/or willing to access needed services resources |
| services/resources |  |
|  |  |
| Notes:  |  |

**Section 4: Injuries**

**The Victim has:**

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| --- | --- |
| Observable injury | Complaint of pain  |
| Internal injury | No injury |
| Mental injury  | No injury but allegation occurred |

**If no injury present do not complete injury sections**

**Injury was caused by being**

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| Animal biteAssualted (kicked, punched, hit, jerked)BurnedDebasedDrownedElectrocutedFallHandled roughlyHuman biteInaccurate adminsitering of prescribed medication/treatmentLack of medical care/treatmentLack of shelter/clothing/hygieneLack of supervisionMauled by animalOther inappropriate sexual behavior/activityPhysical/Chemical restraintPinchedPoisonedPushedRaped/SodomizedShakenShotStarved/Deyhdrated |
| StrangledSuffocated |
| Threatened with harm |
| Thrown or DroppedUnknown |

**Rape kit done:**

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| οYesοNo |

**What type of injuries and/or conditions does the victim have?**

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| --- | --- |
| Brain InjuryBruiseBurnFractureInternal-abdomen injuryInternal-head traumaMental injuryRashScalp injury including missing patches of hairSexually Transmitted DiseaseSkin breakdown/decubit |  |
| Skin injury |  |
| Skin tearSprainSwellingNo injury |  |

**Where are the injuries located?**

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| --- | --- | --- |
| BackButtocksChestEarsExtremities Face GenitalsHead |  |  |
| Internal injuriesNeckStomach |  |  |

**Describe the injury**

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**Photographs taken by**

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| DCBS StaffFacility StaffFriend/neighborLaw enforcement/coronerMedical providerNo photographs takenOtherParent/CaretakerRelativeSchool personnel |

**Section 5: Alleged Perpetrator**

Complete this section for the alleged perpetrator including an unknown perpetrator but excluding self-neglect

**Interview**

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| --- |
| Refused to be interviewedUnable to be interviewed |

**Alleged Perpetrator**

|  |  |
| --- | --- |
| **Risk Factors**Access to weaponsBrain injuryDependent of victim’s resourcesDoes not accept responsibility for themaltreatment and is a danger to the victimEngaged in illegal activitiesExplanation is inconsistent with injuries or factsFails to provide appropriate/adequate supervision for adultFails to provide basic needs for adultFails to provide, refuses or denies the adult necessary services including medical/dentalHarms/kill household petsHistory or present violence toward others | **Protective Factors**Able and/or willing to assist adultAble and/or willing to protect adultAll statements, facts are consistent with accidental injuryAmenable to specific treatmentprograms/servicesHas positive relationship with adultMaintains adult in appropriate environment/levelof careNo known mental illnessNo know substance abuseNo prior APS/CPS history as an alleged perpetratorProvides appropriate/adequate supervision needs for adultProvides basic needs for adultProvides for and assists adult in seeking necessary services including medical/dentalSupports adult choices |
| Impacted judgment impulse control or reality contactIntimidates, threatens, deceives, or coerces the adultIsolates adultMental illnessPrior court/law enforcement involvementProperty destructionRemoves adult from care against medical adviceRestrict access to financesShows no concern for impact of maltreatment onadultStalkingSubstance abuseTakes unauthorized audio and/or visual recordings of adult victim |
| Threats to abscond with childrenThreats to harm/kill household petsThreats to kill self/othersUnable or unwilling to assist adultUnable to assess (due to inability to interview) |
| Unable or unwilling to protect adult from maltreatmentViolates adult victim’s privacy and dignity through use of social media |
| Violates EPO\DVO |

 **Notes**

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**Section 6: Chronology Information**

**Investigation Related Data**

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| --- | --- |
| **Event**Report receivedAssigned By SupervisorInv Worker Received Report: First Attempt to Make Contact: First Face to Face Contact Made with Victim: First FSOS Consultation: | mm/dd/yyyymm/dd/yyyymm/dd/yyyymm/dd/yyyymm/dd/yyyy mm/dd/yyyy |
|  |  |

**Describe all attempts to locate victim:**

**Roles of Individuals Interviewed**

|  |  |  |
| --- | --- | --- |
| Alleged PerpetratorAlleged VictimAttorneyBank StaffCaregiverClergyEmployerEMS/Fire DepartmentFamily Friend | Family Support/KAMESForensic ConsultationFormer SpouseHousehold Member-RelatedHousehold Member Non-RelatedLandlordLaw EnforcementMedical Provider | Mental Health ProviderNeighborOIGParamour/PartnerRelativeSocial Security AdministrationSpouse Veterans AdministrationWitness to the IncidentNo collateral contact |

**Collateral interviews:**

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**Evidence Collected**

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| --- | --- | --- |
| Child Care Provider recordsCourt recordsLaw Enforcement recordsDrug Screen | Medical recordsMental Health recordsOther CPS agency records | PhotographsSchool recordsSubstance abuse assessment |

**Investigative Narrative:**

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**Section 7: Maltreatment Factors**

**Physical/Sexual Abuse (Check all that apply)**

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| **Severity 4**DeathLife threatening injuriesBattering during pregnancyUse of weapons or objectsHostage takingImmersion in extremely hot/cold waterRape Sexual ExploitationKnowingly infects with sexually transmitted disease**Severity 3**Significant physical injuryPhysical/chemical restraintsForce feedingInjuries inconsistent with explanationDeliberate over/under medicationAdult forced from home**Severity 2**Minor injuriesUnexplained genital infectionsInappropriate treatment during caretaking**Severity 1**Any other situation the FSOS deems mild risk to the adult**Severity 0**None |

**Mental Abuse (Check all that apply)**

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| **Severity 4**StalkingKilling petsThreatening suicide/homicideLives in state of constant fearHostage takingThreats to harm a child**Severity 3**Psychological batteringThreats of violence toward family membersThreatens with or access to weaponsControlling activitiesDestruction of personal propertyForced to perform degrading acts**Severity 2**Name calling or other verbal abuseControlling behavior by alleged perpetratorUsing sex role stereotypes (mind games)**Severity 1**Lack of respect for adult’s autonomy**Severity 0**None |

**Caretaker Neglect (Check all that apply)**

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| **Severity 4**DeathHome environment is life threateningLack of appropriate food, shelter, supervision or medical care that is life threateningLocked in or out of residenceAbandonment of desertion**Severity 3**IsolationUnable to manage medications as prescribedLack of food, shelter, supervision or medical care that is not life threateningAdult forced from the homeHypothermia/Hyperthermia**Severity 2**Improper treatment while providing careInappropriate food, clothing, shelterDeliberate over/under medicationWanderingRepetitive fallsLack of or disconnection of utilitiesLack of necessary aidsUnsanitary environment presents risk to adultNeglect personal or oral hygieneDeprived of medical or support services**Severity 1**Incorrect positioning by caretakerBroken assistive devicesAttempts to isolate the adult from support system**Severity 0**None |

**Self-Neglect (Check all that apply)**

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| **Severity 4**Acute depressionHome environment presents life threatening riskAdult lacks capacity or ability to protect self**Severity 3**Parasite infestation in/on bodyAdult lacks capacity or ability to manage medicationWanderingDehydration/malnutrition that is not life threateningHypothermia/Hyperthermia**Severity 2**Unsanitary environment health risk to adultInappropriate food, clothing or shelterPoor personal and oral hygieneFails to follow medical or safety recommendationsRepetitive fallsLack of or disconnection of utilitiesLack of necessary aids**Severity 1**Locking self in/out of residenceBroken assistive devices**Severity 0**None |

**Exploitation (Check all that apply)**

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| **Severity 4**Depletes financial resources**Severity 3**Theft of funds, property, and resourcesAdult forced from the home**Severity 2**Misuse of funds, property or resourcesExcessive charges for food, shelter, care**Severity 0**None |

**Notes**

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**Section 8: Assessment Results**

 **Determination**

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| --- | --- | --- | --- | --- | --- | --- |
| Incident Date | Primary Individual | Alleged Perpetrator | Program/Sub Program | Determination | Determination Date | Alleged Perpetrator Role |
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**Assessment Results**

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| **Outcome**οClose ReferralοIn home ongoing case | **Plan**Prevention PlanAftercare Plan |

**Prevention Plan Notes**

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**Aftercare Plan Notes**

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**Assessment Conclusion**

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**Section 9: Submit for Approval**

**Case Service Type**

**(check all that apply)**

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| * 202A
* 202B
* Ex Parte 209
* EPSO 209
* Emergency Guardianship 387
* Guardianship 387
* EPO/DVO 403
 |

**Service Provision (check all that apply)**

|  |  |  |
| --- | --- | --- |
| * Adult Day Care
* Caregiver Support Services
* Employment
* Family Care/Personal Care Placement
* Family Therapy
* Family violence counseling
* Financial assistance
* Financial Planning Services
* Food/clothing
* Group therapy
* Payee
* Home Health services
* Hospice
* Housing
 | * Individual therapy
* Interpreter Service
* Legal assistance
* Medical care
* Nursing home placement
* Offender treatment
* Physical/rehabilitation therapies
* Power of Attorney
* Preventative Assistance
* Prevention planning
 | * Psychological or psychiatric
* Psychotropic medications
* Respite
* Services in the Community
* Shelter services
* Sitter service
* Social Work Counseling
* Support for Community Living (SCL)
* Support Service Aide
* Transportation
* Vocational rehabilitation
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