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| **ADT Alternate Care** |

**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

**Adult Cognitive Capacity**

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| --- | --- |
| **Risk Factors**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Limited or no awareness of current situationNo ability to analyze risk or safety issuesProvides first name onlyProvides limited personal information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 |
| 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 Notes**

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 **Activities of Daily Living**

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| **Risk Factors** | **Protective Factors**Ability to dress/undressAbility to get in/out of bedAbility to self-administer medicationsAbility to use phoneAble to communicateAccess transportationAmbulatoryAppropriately clothedClimbs stairsDietary needs are metDoes laundryIs able to shopLevel of functioning intactMaintains housekeepingMaintains personal hygieneMaintains self-sufficiency or independent livingManages money/financesOriented time/place or personPrepare mealsUnderstands directions |
| Unable to communicate |
| Difficulty understanding directions |
| Level of functioning limited by unknown impairments |
| Disoriented to time/place or person |
| Difficulty managing/handling money |
| Difficulty accessing alternative transportation |
| Difficulty using phone |
| Difficulty with independent mobility |
| Difficulty getting in/out of bed |
| Difficulty in cooking |
| Difficulty doing laundry |
| Difficulty with shopping |
| Difficulty in doing light housekeeping |
| Difficulty in climbing stairs |
| Difficulty in writing |
| Difficulty with personal hygiene |
| Difficulty dressing/undressing |
| Difficulty choosing appropriate clothing |
| Nourishment/hydration problems |
| Difficulty with self-administered medicationsIncontinence problems |
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**Activities of Daily Living Notes:**

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**Need for Skill Development**

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| Adult has behavior/emotional problems that need to be addressedAdult needs additional training for future employmentAdult needs special arrangements or accommodationsAdult needs to develop skills for self-sufficiencyAdult appears to be limited as a result of development disabilitiesNot applicable  |

**Need for Skill Development Notes**

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**Section 3: 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 |

**Assessment Conclusion**

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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/yyyymm/dd/yyyymm/dd/yyyy |

**Roles of Individuals Interviewed**

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| --- | --- | --- |
| Alleged PerpetratorAlleged VictimAttorneyClergyCustodial ParentDay Care ProviderEmployerEMS/Fire DepartmentFormer Spouse | Family FriendFamily Support/KAMESForensic ConsultationHousehold Member-RelatedHousehold Member Non-RelatedLandlordLaw EnforcementMedical Provider | Mental Health ProviderNeighborNon-Custodial ParentParamour/PartnerRelativeSchool PersonnelNo collateral contactSpouse |

**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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