

SDM[®] INTAKE POLICY AND PROCEDURES MANUAL

ADULT PROTECTIVE SERVICES



Kentucky Department
of Community Based
Services

April 2025

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ABOUT EVIDENT CHANGE

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SDM® INTAKE ASSESSMENT

Kentucky Adult Protective Services

Reporter: First Name, Last Name _____ **Intake ID #:** _____ **Intake Worker:** _____

Report Date: _____ **Report Time:** _____ ○ a.m. ○ p.m.

PRE-SCREENING

- APS: Reported victim is age 18 or older OR age 17 in the case of an interdisciplinary team court order.
- CPS: Reported victim is age 17 or younger OR age 18–19 seeking recommitment.

AUTOMATIC SCREEN OUT FOR ADULT PROTECTION INVESTIGATION

- Alternate care facility.
- Interdisciplinary team court order (age 17 or older).
- Not applicable.

INDIVIDUALS INCLUDED IN REFERRAL

LAST NAME	FIRST NAME	INDIVIDUAL ID	ALLEGED VICTIM	ALLEGED PERPETRATOR	OTHER
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 1. SCREENING CRITERIA

PART A. ADULT STATUS

- Report describes an individual meeting all four of the following acceptance criteria.
 - 1. Individual is or was 18 years of age or older.
 - 2. Individual has or had a mental or physical dysfunction.
 - 3. Individual is or was unable to do one of the following as a result of the mental or physical dysfunction.
 - Manage own resources.
 - Carry out activities of daily living.
 - Protect themselves from neglect, exploitation, or a hazardous or abusive situation without assistance from others.
 - 4. Individual may need protective services.
- Report describes an individual who is deceased and met criteria 1–3 above prior to death.
- Does not meet definition of adult or deceased adult. *Screen out for APS investigation and continue to Section 3, General Adult Services.*

PART B. ALLEGATIONS *(Select all that apply)*

Abuse

- Physical abuse
- Sexual abuse
- Unreasonable confinement
- Intimidation
- Punishment
- Death alleged result of abuse
 - Yes
 - No
- N/A

Self-Neglect

- Hygiene
- Food
- Environmental
- Medical

- Supervision
- Death alleged result of self-neglect
 - Yes
 - No
- N/A

Caretaker Neglect

- Hygiene
- Food
- Environmental
- Medical
- Supervision
- Death alleged result of neglect
 - Yes
 - No
- N/A

Exploitation

- N/A

If any allegations were selected, indicate:

- Second incident
- Not applicable

PART C. SCREENING DECISION

Preliminary Screening Decision

- Screen in for APS investigation: One or more criteria are selected
- Screen out: No criteria are selected.

Consultative Decisions

- Policy consideration to screen out: One or more allegations are selected, but referral will be screened out; no further SDM assessments are required.
 - Insufficient information to identify or locate adult
 - Duplicate report
 - Already investigated
- Discretionary consideration (requires supervisory approval). Reason: _____
- Not applicable

Recommended Screening Decision

- Screen in for APS investigation.
- Screen out

If the recommended screening decision is “Screen in for APS investigation,” continue to Section 2. If the recommended screening decision is “Screen out,” continue to Section 3.

SECTION 2. RESPONSE PRIORITY

Instructions: Complete for all reports screened in for APS investigation, including reports screened in using a consideration related to a consultative decision.

PART A. RESPONSE PRIORITY CRITERIA

- Emergency response within four hours
 - Adult is in danger of harm or death.
 - Injury has occurred, and adult is likely to experience further injury.
- None apply – non-emergency response within 48 hours.

PART B. RESPONSE PRIORITY ASSIGNMENT

Preliminary Response Priority

- Emergency response within four hours
- Non-emergency response within 48 hours

Consultative Decision

- Policy consideration: Increase to within four hours
 - Authorized agency response requested
- Policy consideration: Decrease to within 48 hours
 - Adult is in an alternative safe environment and is expected to remain there pending a 48-hour response.
- Discretionary consideration
 - Reason: _____
- Not applicable

Recommended Assigned Response Priority

- Emergency response within four hours
- Non-emergency response within 48 hours

SECTION 3. GENERAL ADULT SERVICES

Consider the following acceptance criteria for general adult services.

AGE 65 OR OLDER

- No physical or mental dysfunction and is being abused, neglected, or exploited by a family member, household member, or caretaker.

AGE 18 OR OLDER

- Has physical or mental dysfunction; is not being abused, neglected, or exploited.
- Alleged victim of domestic violence.
- Transitioning from out-of-home care and released from commitment within the past 12 months.

PRELIMINARY DECISION

- Screen in for general adult services
- Screen out for general adult services

CONSULTATIVE DECISIONS

- Policy consideration to screen out: Duplicate report
- Discretionary consideration (requires supervisory approval). Reason: _____
- Not applicable

RECOMMENDED DECISION

- Screen in for general adult services.
- Screen out for general adult services. *Consider resource link.*

FINAL RECOMMENDATION

FINAL RESPONSE TIME

- Emergency response within four hours
- Non-emergency response within 48 hours
- General adult services response within three working days

FINAL SCREENING

- Screen in:**
 - APS investigation
 - Interdisciplinary Team court order referral
 - General adult services
 - Alternate care facility
 - At least one maltreatment is selected AND this is a second incident
- Screen out:** No maltreatment is selected OR referral was screened out based on a consultative decision
 - Resource link
 - Not applicable

ALLEGED VICTIM SUMMARY

LAST NAME	FIRST NAME	INDIVIDUAL ID	FINAL RESPONSE TIME	FINAL SCREENING

SDM® INTAKE ASSESSMENT DEFINITIONS

PRESCREENING

Determine whether the report is subject to APS screening.

APS: REPORTED VICTIM IS AGE 18 OR OLDER OR AGE 17 IN THE CASE OF AN INTERDISCIPLINARY TEAM COURT ORDER.

Screen for APS.

CPS: REPORTED VICTIM IS AGE 17 OR YOUNGER OR AGE 18–19 SEEKING RECOMMITMENT.

Screen for CPS.

AUTOMATIC SCREEN OUT FOR ADULT PROTECTION INVESTIGATION

ALTERNATE CARE FACILITY.

The report indicates a resident of a long-term care facility is being transferred.

INTERDISCIPLINARY TEAM COURT ORDER (AGE 17 AND OLDER).

The report indicates an interdisciplinary team (IDT) is assigned by the court.

NOT APPLICABLE.

Automatic screen-out criteria do not apply. Continue screening for APS investigation.

Note: Residency is not a factor for screening. Allegations that occur in the state of Kentucky will be screened for acceptance based on the available information. If the same allegation has been accepted for investigation in another state, Central Intake shall confirm and screen the report using a consultative decision to screen out, if appropriate. Allegations that did not occur in the state of Kentucky will be referred to the state in which the incident occurred. If allegations occur in another state for a Kentucky resident, the other state may screen the allegation for a referral. If it is screened out as a referral, then Kentucky may screen and accept the investigation.

INDIVIDUALS INCLUDED IN REFERRAL

When multiple people are included in a referral, the individuals should be identified separately and noted as an alleged victim, alleged perpetrator, or other. All alleged victims will be screened separately across sections of the intake assessment. Note that alleged victims may have different screening decisions and response priority times based on their unique scenarios and circumstances.

A separate intake tool should be completed for each individual alleged victim.

SECTION 1. SCREENING CRITERIA

PART A. ADULT STATUS

Adult means a person age 18 or older who, because of mental or physical dysfunction, is unable to manage their own resources; carry out activities of daily living; or protect themselves from neglect, exploitation, or a hazardous or abusive situation without assistance from others, and who may be in need of protective services (Kentucky Revised Statutes [KRS] 209.020).

Status must be reassessed for each new report on an adult. If the individual did not previously meet criteria, their status may have changed in the interval between the previous and the current report.

Report describes an individual meeting all four of the following acceptance criteria.

If one or more criteria do not apply, individual is not eligible for adult protective services (APS). *Screen out for APS investigation and continue to Section 3, General Adult Services.*

1. Individual is or was age 18 or older.

If the individual is not yet 18, ensure that the report is screened for CPS.

2. Individual has or had a mental or physical dysfunction.

The individual must have indicators of mental or physical dysfunction that existed prior to the current allegation.

Indicators of mental dysfunction include ongoing, persistent patterns of hallucinations, delusions, inability to analyze thoughts rationally, short-term memory loss, confusion, impaired judgment, intellectual impairment, dementia or Alzheimer's disease, depression, or disorientation.

Indicators of physical dysfunction may include ongoing and persistent patterns of hearing, speech, visual, or mobility issues or any condition that impairs basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying.

3. *Individual is or was unable to do one of the following as a result of the mental or physical dysfunction.*

- *Manage own resources.* As a result of mental or physical dysfunction, the individual is unable to manage finances or bill pay without assistance.
- *Carry out activities of daily living.* As a result of the mental or physical dysfunction, the individual is unable to carry out activities related to independent living or provision of self-care. Examples include but are not limited to the following.
 - » Personal hygiene, eating, dressing, bathing, transferring, and toileting.
 - » Activities necessary to support independent living, such as using the phone, shopping, preparing food, housekeeping, administering medications, managing finances, and paying bills.
- *Protect themselves from neglect, exploitation, or a hazardous or abusive situation without assistance from others.* As a result of the mental or physical dysfunction, the individual is unable to defend themselves or remove themselves from an unsafe situation.

4. *Individual may need protective services.*

There is a current concern that the individual is a victim of abuse, neglect, or exploitation.

Report describes an individual who is deceased and met criteria 1–3 above prior to death.

Accept a report of death when the allegations indicate that the adult's death was (or likely was) a result of abuse or neglect.

Does not meet definition of adult or deceased adult.

Screen out for APS investigation and continue to Section 3, General Adult Services.

PART B. ALLEGATIONS

Abuse

Abuse means the infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury (KRS 209.020[8]). "Mental injury" means a negative impact on the emotional or psychological state of the adult that is inconsistent with an individual's medical care and requires medical or therapeutic treatment; is manifested by a behavioral change; or causes the person to feel fear, distress, humiliation, or ridicule.

Physical abuse

Conduct or behavior that causes or could cause pain, injury, or mental injury. Examples include but are not limited to the following.

- Pushing, hitting, kicking, slapping, or striking the adult, leading to marks, pain, or injury.
- Hitting or striking an adult in a critical area (head, face, genitals, abdomen, or kidney areas).
- Unexplained injury to a critical area.
- Rough handling when assisting with cares.
- Use of physical restraints without a legal authority (e.g., under doctor's recommendation) likely to result in injury.

Sexual abuse

Conduct or behavior that results in nonconsensual sexual contact or that coerces an adult to engage in sexual activity. Examples include but are not limited to the following.

- Any nonconsensual sexual activity, including rape (e.g., nonconsensual vaginal, anal, or oral penetration with any body part or object) or inappropriate touching.
- Intentional exposure of the adult to sex acts or pornography.
- Sexual contact between an adult who cannot cognitively consent and a person with a power or cognitive differential.
- Physical indicators of sexual contact, including pregnancy or sexually transmitted diseases.
- Unnecessary personal cares or touching for the purpose of the caretaker's or staff member's gratification.

Unreasonable confinement

Conduct or behavior that results in involuntary seclusion. Examples include but are not limited to the following.

- Improper use of medications, other drugs, or chemicals that result in a person becoming physically incapacitated or impaired, or that are likely to cause injury.
- Use of medically unwarranted physical restraints.
- Locking up, binding, or chaining the adult.
- Restricting the adult's movement by placing aids (e.g., walker, wheelchair) where they cannot be accessed.
- Restricting the adult's access to their living area.
- Blocking or impeding access to the adult.

Intimidation

Conduct or behavior used to evoke fear in the adult. Examples include but are not limited to the following.

- Threatening the adult with use of a weapon or with something that can be used as a weapon.
- Threatening to kill or seriously injure the adult, other family members, or animals.
- Terrorizing the adult through unwanted phone calls, texts, actions, or visits (e.g., stalking or surveillance) that cause distress and negative impact.
- Destroying or threats to destroy property.
- Language or nonverbal actions used to make the adult feel scared or powerless.

Punishment

Extreme or unusual conduct or behavior that is used to control or discipline the adult, resulting in pain, injury, or mental injury. Examples include but are not limited to the following.

- Bizarre or unreasonable physical activity as a form of punishment.
- Degrading or inhumane treatment, such taking away the adult's bed due to incontinence.
- Hiding the adult's aids (e.g., hearing aids, dentures, braces, walker) to punish or control the adult.

Death alleged result of abuse

*Only applicable if adult death was selected in Part A. Adult Status along with an abuse allegation

Allegations indicate that the adult's death was (or likely was) a result of abuse.

Self-Neglect

Neglect means a situation in which an adult is unable to perform or obtain for themselves the goods or services that are necessary to maintain their health or welfare, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult (KRS 209.020[16]).

Hygiene

The adult is unable to attend to hygiene needs causing a decline that requires treatment or care. Examples include but are not limited to the following.

- Dental issues requiring treatment, such as a root infection or dental abscess.
- Incontinence issues that result in skin infections.

- Untreated head lice.

Food

The adult is unable to provide for their own nutrition of food or liquids, which results in physical symptoms or requires treatment. Examples include but are not limited to the following.

- Inadequate amounts or nutritional value, resulting in malnutrition or dehydration.
- Inability to prepare or procure food for safe ingestion.
- Insufficient resources for proper food storage, resulting in food poisoning or foodborne illness.

Environmental

The adult is unable to provide themselves shelter that is free from health and safety hazards. Examples include but are not limited to the following.

- Inadequate utilities and/or other access to resources required for the adult's medical needs or physical health.
- No access to water for drinking, cooking, or bathing.
- Human or pet feces or urine in living areas.
- Infestations of bugs, rodents, or other pests.
- Excess of rotten food, garbage, or trash.
- No access to toilet facilities.
- Blocked pathways and exists.

Medical

The adult is unable to seek or obtain medical treatment or rehabilitative care, resulting in an observable decline in health or welfare, injury, or long-term health effects. Examples include but are not limited to the following.

- Unable to administer appropriate medication or to follow medical treatment plans.
- Missed medical appointments, resulting in health declines or complications.
- Refusing physical therapy or other rehabilitative care.
- Improper use of equipment or deviations from established medical care protocols, resulting in injury.

Supervision

The adult is without adequate supervision, causing potential safety concerns that might threaten the adult's life or health. Examples include but are not limited to the following.

- Adult frequently wanders from home and is unable to identify themselves and/or home address.
- Adult is insufficiently aware of their surroundings to the extent that dangers go unnoticed (e.g., adult turns on gas and forgets to turn it off).
- Adult is currently unable to care for self and caretaker either is deceased or has become incapacitated and there are no other means or options to ensure safety and care of the adult. *Ensure all options have been exhausted, including state guardianship.*

Death alleged result of self-neglect

*Only applicable if adult death was selected in Part A. Adult Status along with a self-neglect allegation

Allegations indicate that the adult's death was (or likely was) a result of self-neglect.

Caretaker Neglect

Neglect means a situation in which an adult is unable to perform or obtain for themselves the goods or services that are necessary to maintain their health or welfare, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult (KRS 209.020[16]).

Hygiene

The adult's hygiene needs are unmet due to an act or omission by the caretaker, causing a decline that requires treatment or care. Examples include but are not limited to the following.

- Dental issues requiring treatment, such as a root infection or dental abscess.
- Incontinence issues that result in skin infections.
- Untreated head lice.
- Worsening and untreated pressure sores.

Food

The adult is without adequate nutrition of food or liquids due to an act or omission by a caretaker, which results in physical symptoms or requires treatment. Examples include but are not limited to the following.

- Inadequate amounts or nutritional value, resulting in malnutrition or dehydration.

- Refusal by caretaker to prepare or procure food for safe ingestion.
- Improper food storage, resulting in food poisoning or foodborne illness.

Environmental

The adult is without shelter that is free from serious health and safety hazards and the caretaker is not taking appropriate action to eliminate the problem. Examples include but are not limited to the following.

- Inadequate utilities and/or other access to resources required for the adult's medical needs or physical health.
- No access to water for drinking, cooking, or bathing.
- Human or pet feces or urine in living areas.
- Infestations of bugs, rodents, or other pests.
- Excess of rotten food, garbage, or trash.
- No access to toilet facilities.
- Blocked pathways and exits.

Medical

The adult is without medical treatment or rehabilitative care for their conditions due to act or omission by a caretaker, resulting in an observable decline in health or welfare, injury, or long-term health effects. Examples include but are not limited to the following.

- Refusal to administer appropriate medication or to follow medical treatment plans (e.g., physical therapy, rehabilitative care).
- Missed medical appointments, resulting in health declines or complications.
- Improper use of equipment or deviations from established medical care protocols, resulting in injury.

Supervision

The adult is without adequate supervision due to an act or omission by the caretaker, causing potential safety concerns that might threaten the adult's life or health. Examples include but are not limited to the following.

- Adult frequently wanders from home and is unable to identify themselves and/or home address.
- Adult is insufficiently aware of their surroundings to the extent that dangers go unnoticed (e.g., adult turns on gas and forgets to turn it off).
- Aggressive incidents between residents as a result of inadequate supervision.

Death alleged result of neglect

*Only applicable if adult death was selected in Part A. Adult Status along with a neglect allegation

Allegations indicate that the adult's death was (or likely was) a result of neglect.

Exploitation

Exploitation means obtaining or using another person's resources (including but not limited to funds, assets, or property) by deception, intimidation, or similar means, with the intent to deprive the person of those resources (KRS 209.020[9]).

Loss of resources has occurred: The adult's funds, assets, or property are being wrongfully used, mismanaged, or misappropriated by a person in a position of trust.

At least one of the following applies. This person is:

- Misusing or stealing the adult's money or possessions (may also occur in an alternate care setting);
- Not executing the duties of conservatorship, fiduciary, power of attorney, or trustee, or doing so improperly;
- Convincing the adult to change their will to secure a share of their estate; or
- Persuading the adult to transfer ownership of a house or account.

AND

At least one of the following is also occurring.

- *Isolation*. The adult is prevented from having contact with friends, family, or concerned persons by way of screening phone calls, denying visitors, or intercepting mail.
- *Physical/emotional dependency*. The adult is dependent on the caretaker for their physical and emotional needs, and the caretaker takes advantage of this to the adult's detriment.
- *Manipulation*. The adult is enticed, pressured, or coerced to act against their sense of right and wrong.
- *Acquiescence*. The adult is passively accepting of or submissive to the caretaker's demands, even when it is against their best interest, and the caretaker takes advantage of this to the adult's detriment.

If any allegations were selected, indicate:

Second incident

Allegations were received on the adult that are not the same as the original allegations but were received within 15 working days of the original allegations.

Not applicable

This does not include a second incident.

PART C. SCREENING DECISION

Policy consideration to screen out: One or more allegations are selected, but referral will be screened out; no further SDM assessments are required.

Insufficient information to identify or locate adult

The adult cannot be identified or located based on the information provided.

Duplicate report

A report of the same specific incident has been screened within the past 30 working days, and there is no new information or change in circumstances. A duplicate report involves the same adult and the same event.

Already investigated

A report that is received outside of the timeframe of second incidents, information only, or when a case has been investigated and completed and another referral is received soon after.

Discretionary consideration

The discretionary consideration addresses unique circumstances not captured *by screening definitions and can change the recommended screening decision. The discretionary consideration reason must be documented and requires supervisory worker consultation.*

SECTION 2. RESPONSE PRIORITY

Indicate the initial response priority and whether any consultative decisions will be used. Consultative decisions may make the response priority higher or lower and may be indicated by one of the specific circumstances described here or may be based on the worker's judgment, using information not considered elsewhere in the decision tree. If exercising a discretionary consideration, the worker must indicate a reason and obtain the supervisory approval. Indicate whether the recommended response priority decision changed (or did not change) from the preliminary response priority due to use of a consultative decisions.

PART A. RESPONSE PRIORITY CRITERIA

Emergency response within four hours

Adult is in imminent danger of harm or death.

The adult is a danger to themselves or others, or needs immediate protection or medical or mental health care. The adult is presently in danger of serious physical harm, injury, or death from abuse or neglect.

Examples include but are not limited to the following.

- Immediate protection is required due to life-threatening harm or injury.
- Immediate medical care or evaluation is required and has not already been initiated.
- Adult's living situation is immediately dangerous or unsafe due to the physical environment or people in the environment.
- There is a lack of life-sustaining necessities (e.g., food, water, medications) and immediate intervention is required to prevent harm, injury, or death.

Injury has occurred, and adult is likely to experience further injury.

The adult has injuries (e.g., bruises, fractures) on critical areas of their body due to abuse or neglect, and current circumstances suggest that further injuries are likely to occur in the immediate future. Includes situations in which abuse or neglect has occurred and the alleged perpetrator still has access to the adult.

None apply – non-emergency response within 48 hours

Select if emergency response criteria do not apply. The adult requires a response within 48 hours.

PART B. RESPONSE PRIORITY ASSIGNMENT

Consultative Decisions

Policy consideration: Increase to within four hours

- *Authorized agency response requested.* There is a request from the inspector general, attorney general, the Division of Developmental and Intellectual Disabilities, or law enforcement to respond within four hours.

Policy consideration: Decrease to within 48 hours

- *Adult is in an alternative safe environment and is expected to remain there pending a 48-hour response.* The adult has been placed in a safe location for the next 48 hours. Examples include the following.
 - » The adult is receiving intervention from a hospital, their family, or another agency.
 - » A protective order has been issued.
 - » The alleged perpetrator no longer has access to the adult (e.g., alleged perpetrator moved away, died, or is incarcerated).

Discretionary consideration

The discretionary consideration addresses unique circumstances not captured *by response priority definitions and can change the recommended response priority. The discretionary consideration reason must be documented and requires supervisory worker consultation.*

Not applicable

Select if no response priority policy or discretionary considerations apply.

SECTION 3. GENERAL ADULT SERVICES

AGE 65 OR OLDER

No physical or mental dysfunction and is being abused, neglected, or exploited by a family member, household member, or caretaker.

The person is age 65 years or older with no physical or mental dysfunction and is being abused, neglected, or exploited; and the person has made a request for services, or another person has done so as directed by that individual.

AGE 18 OR OLDER

Has physical or mental dysfunction; is not being abused, neglected, or exploited.

The person is age 18 years or older with a physical or mental dysfunction and is not being abused, neglected or exploited; and a request has been made by an individual, or by another person on the individual's direction.

Alleged victim of domestic violence.

The person is age 18 years or older and is an alleged victim of domestic violence; and a request has been made by an individual, or by another person on the individual's direction.

Transitioning from out-of-home care and released from commitment within the past 12 months.

The person is age 18 years or older and is transitioning from out-of-home care and was released from commitment within the past 12 months; and a request has been made by an individual, or by another person on the individual's direction.

CONSULTATIVE DECISIONS

Policy consideration to screen out: Duplicate report

A report of the same adult and referral information has been screened for general adult services in the past 30 days, and there is no new information or change in circumstances.

Discretionary consideration

The discretionary consideration addresses unique circumstances not captured by the general adult services criteria and definitions. A reason for the discretionary consideration must be documented, and it requires supervisory worker consultation.

Not applicable

Select if no consultative decisions apply.

RECOMMENDED DECISION

Screen in for general adult services

Initiate within three working days.

Screen out for general adult services

Consider resource link.

The resource link path is used when the report does not meet criteria for abuse, neglect, and/or exploitation, but the individual would benefit from services available in the community outside of DCBS. These services could include those from local area development agencies, community mental health organizations, domestic violence advocates/shelters, or other community response partners.

Information for the resource link can be sent to the provider directly so that the service provider can make direct contact with the individual, or it may be sent to the referral source, so that the referral source can make contact with the service provider. Examples include the following.

- An individual requesting information for family support or appropriate mental health information.
- Caretakers requesting resources to further assist an individual in their care.

FINAL RECOMMENDATION

The final recommendation reflects a screening decision and response priority time for each alleged victim.

SDM® INTAKE SCREENING ASSESSMENT POLICY AND PROCEDURES

The purpose of the intake assessment is to assess whether an APS report meets agency criteria for an APS investigation or other response.

WHICH CASES

The tool is completed for all reports considered for APS investigation or preventive services.

When multiple individuals are included in the referral as alleged victims, each individual should be screened separately using the intake assessment.

WHO

The central intake worker or on-call designee.

WHEN

The tool is completed as soon as possible when processing the report, no later than the end of the worker's shift.

DECISION

The screening criteria component determines whether a report should be screened in for APS investigation.

The response priority component determines how quickly to initiate the investigation.

APPROPRIATE COMPLETION

PRESCREENING

Select the criteria that apply.

SECTION 1. SCREENING CRITERIA

Complete Part A. Adult Status to determine whether the report meets the definition of adult under KRS Chapter 209 Protection of Adults. Reports not meeting the definition of adult may be considered for general adult services.

If the report meets the definition of adult, complete Part B. Allegations. If an allegation is selected, the report will be screened in for APS investigation. Consider whether a consultative decision applies.

If no allegations are selected, consider for general adult services.

SECTION 2. RESPONSE PRIORITY

Complete Section 2 for all reports screened in for APS investigation. Consider whether any consultative decisions apply to increase or decrease the response time.

SECTION 3. GENERAL ADULT SERVICES

Consider Section 3 when a report does not meet the definition of adult under KRS Chapter 209 Protection of Adults.