# COMMONWEALTH OF KENTUCKY DEPARTMENT FOR COMMUNITY BASED SERVICES

## CONFIDENTIAL SUSPECTED ABUSE, NEGLECT, DEPENDENCY, OR EXPLOITATION REPORTING FORM

DCBS Case Name: DCBS Case Number: Intake ID:

REPORT DATE: INCIDENT DATE(S): TIME RECEIVED:

**COUNTY OF REPORT:** 

1. TYPE OF REPORT:

Child Protective Services (CPS) Yes No

Physical Abuse Neglect Human Trafficking

Sexual Abuse Emotional Injury Dependency

Adult Protective Services (APS): Yes No Adult Abuse Exploitation Neglect (list type):

2. REFERRAL TRACK:

**CPS: INVESTIGATION** 

APS: INVESTIGATION GENERAL ADULT SERVICES

3. Alleged Victim(s)/Primary Individual(s):

Name(s)	Age	Sex	Program/Subprogram

4. Current Address:

**Telephone Number:** 

5. Allegations:

6. Potential safety threats that staff should be aware of (such as violent behavior, threats/use of weapons, substance abuse issues, mental health issues, etc.):

7. Alleged Perpetrators:

Name	Relationship to Victim	Address	County	Telephone Number

8. Intake Staff:

**Telephone Number:** 

9. County Assigned:

**Family Services Office Supervisor Assigned:** 

**Investigative Staff Assigned:** 

### **APS NOTIFICATION ONLY**

10. 24 Hour Notification pursuant to KRS 209.030 (5)(a) sent to:

County Attorney/Commonwealth Attorney County: Telephone Number:

Law Enforcement Agency County: Telephone Number:

OPTIONAL NOTIFICATIONS BASED ON TYPE OF REPORT:

Office of Attorney General, Medicaid Fraud, and Abuse Control Division

Office of Inspector General

Department for Behavioral Health, Development and Intellectual Disabilities

Long Term Care Ombudsman

Licensing or Certifying Board, please specify:

Other, please specify:

## **CPS NOTIFICATION ONLY**

11. Notification sent to:

County Attorney/Commonwealth Attorney Law Enforcement Agency

Other(s), please specify:

12. Notification of Initial Results of CPS Investigation: (72 Hour Status Report):

**Date of Initial Results Notification:** 

## **CPS NOTIFICATION ONLY**

**NOTE:** The information contained on this page is confidential and is only intended for use by Cabinet staff involved in the assessment of this report of suspected abuse, neglect, or dependency.

IT IS NOT TO BE SENT WITH THE INITIAL NOTIFICATION OR THE 72 HOUR INITIAL RESULTS NOTIFICATION.

## **APS NOTIFICATION ONLY**

**NOTE:** The information contained on this page is confidential and is only intended for use by Cabinet staff and authorized agencies involved in the assessment and/or investigation of this report of suspected abuse, neglect, or exploitation.

13. Reporting Source:	Title/Relationship:
Address:	
Telephone number (s): Home:	Work: