|  |
| --- |
| **ADT Guardianship** **Assessment** |

**Case Number: Case Name:**

**Assessment Number:**

**Section 1: Assessment Summary**

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

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

**Section 2: Guardianship**

|  |
| --- |
|  |

**Section 3: Chronology Information**

**Investigation Related Data**

|  |  |
| --- | --- |
| **Event**  Report received  Assigned By Supervisor  Inv Worker Received Report:  First Attempt to Make Contact:  First Face to Face Contact Made with Victim:  First FSOS Consultation: | mm/dd/yyyy  mm/dd/yyyy  mm/dd/yyyy  mm/dd/yyyy  mm/dd/yyyy  mm/dd/yyyy  mm/dd/yyyy |

**Roles of Individuals Interviewed**

|  |  |  |
| --- | --- | --- |
| 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:**

|  |
| --- |
|  |

**Evidence Collected**

|  |  |  |
| --- | --- | --- |
| 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:**

|  |
| --- |
|  |

**Section 4: Cognitive Capacity ADL’s**

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

**Adult Cognitive Capacity**

|  |  |
| --- | --- |
| **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 about  assessment | **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 |
|  |
|  |
|  |
|  |

**Adult Cognitive Capacity Notes**

|  |
| --- |
|  |

**Activities of Daily Living**

|  |  |
| --- | --- |
| **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 |
|  |

**Activities of Daily Living Notes:**

|  |
| --- |
|  |

**Need for Skill Development**

|  |
| --- |
| 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**

|  |
| --- |
|  |

**Section 5: Assessment Results**

**Determination**

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

**Assessment Results**

|  |  |
| --- | --- |
| **Outcome**  οClose Referral  οIn home ongoing case | **Plan**  Prevention Plan  Aftercare Plan |

**Assessment Conclusion**

|  |
| --- |
|  |