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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**

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| --- | --- |
| **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 about  Assessment | **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 advice  Adult 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:**

|  |  |
| --- | --- |
| 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**

|  |
| --- |
| 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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| --- |
| οYes  οNo |

**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 the  maltreatment 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 adult  Fails 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 treatment  programs/services  Has positive relationship with adult  Maintains adult in appropriate environment/level  of 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 on  adult  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 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 |
|  |  |

**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 Referral  οIn 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)**

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