**DPP-253 APS SAFETY AND RISK CONSULTATION FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of consultation:** | |  |  | | | | | |
| **Case name:** | |  | | |  | **TWIST #:** |  | **Intake ID:** |  | |
| **SSW/SSC:** | |  | | |  | **FSOS:** |  | **County:** |  | |

**Type of consult:**  **Request for state guardianship**  **Request for involuntary court action**

**Adult victim demographics**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | | | | | |
| **Current location:** | | | |  | | | | | | |
| **Gender:** | |  | | | | | **DOB:** |  | **SSN:** |  |
| **Residency:** | | | **Kentucky**  **US** | | | | | | | |
| **Diagnosis:** | | | **Medical:** | |  | | | | | |
|  | | | **Mental health:** | | |  | | | | |

**Spouse/Caretaker/Provider Information**

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| **Address:** | |  |
| **Phone #:** | |  |
|  | |  |
| **TWIST History:** | |  |
| **Criminal History:** | |  |

(Provide additional details for convictions of a sex crime per KRS 17.500 or a violent offense per KRS 439.3401)

**Current adult maltreatment safety/risk (check all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Abuse** | **Caretaker neglect** | **Self neglect** | **Exploitation** | **Other** |  |

**Situation indicating possible guardianship need/involuntary court action (describe).**

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**What least restrictive alternatives have been considered to prevent the need for state guardianship or APS involuntary court action (include any services or resources that have been utilized)?**

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**What research has been completed to locate alternative options for state intervention (i.e. Lexus/Nexus)?**

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**Individuals considered (family, friends, etc.)**

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| --- | --- | --- | --- |
| **Name** | **Relationship** | **Address** | **Phone** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Please review the following statements and select all that apply:**

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| --- | --- | --- |
|  | An urgent and bona fide need to initiate the action exists | It is the least restrictive measure |
|  | Filing the petition is in the best interest of the individual | No one else is willing to bring the petition |

**Consultation participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Name** | **Title** |
|  |  |  |  |
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|  |  |  |  |

**Upon review of this referral/consultation, the consensus is that the following action will be taken:**

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| --- | --- | --- |
|  | Emergency guardianship petition | Guardianship petition |
|  | Emergency protective services order | Ex Parte order |
|  | Additional information to be gathered | 202A |
|  | No action needed at this time |  |

**Action steps:**

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