

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: <input type="checkbox"/> Kentucky <input type="checkbox"/> 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).

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)?

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

6/2020

Individuals considered (family, friends, etc.)

Name	Relationship	Address	Phone

Please review the following statements and select all that apply:

<input type="checkbox"/>	An urgent and bona fide need to initiate the action exists	<input type="checkbox"/>	It is the least restrictive measure
<input type="checkbox"/>	Filing the petition is in the best interest of the individual	<input type="checkbox"/>	No one else is willing to bring the petition

Consultation participants

Name	Title	Name	Title

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

- | | |
|--|--|
| <input type="checkbox"/> Emergency guardianship petition | <input type="checkbox"/> Guardianship petition |
| <input type="checkbox"/> Emergency protective services order | <input type="checkbox"/> Ex Parte order |
| <input type="checkbox"/> Additional information to be gathered | <input type="checkbox"/> 202A |
| <input type="checkbox"/> No action needed at this time | |

Action steps:

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