State of Hawaii
DEPARTMENT OF HUMAN SERVICES

Social Services Division
Adult Protective & Community Services Branch

CONFIDENTIAL **CONFIDENTIAL**

REPORT FORM FOR VULNERABLE ADULT ABUSE
ADULT PROTECTIVE SERVICES (APS)

☐ Mandated Reporting ☐ Non-mandated Reporting ☐ Anonymity is requested

REPORTER

Name: (First, M.I., Last)	**Email:**
Organization:	**Job Title:**
Phone number: (include area code and extension) Primary: Alternate:	Specify type of number (ex. work, cell, home, fax, other) Type: Type:
Alternate contact:	Please provide the name, agency, position, and phone number of someone familiar with the case who can be reached if you are unavailable.

Street Address:		**Unit #:**
City:	**State:**	**Zip Code:**

Relationship to Alleged Victim:	☐ Prefer not to say	☐ Sibling	☐ Unknown
	☐ Service Provider	☐ Spouse	☐ Other: (please explain)
	☐ Health Care Worker	☐ Friend	
	☐ Parent	☐ Neighbor	

ALLEGED VICTIM (AV)

Name: (First, M.I., Last)	**Date of Birth:** (Month, Day, Year)	**Age:**

Gender: ☐ Male ☐ Female ☐ Other:

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Unknown

Race / Ethnicity:	**Preferred language:** ☐ Interpreter Needed

Alleged Victim details unknown: Please provide a physical description of the Alleged Victim and/or as much information about this person as you can.

ALLEGED VICTIM (continued)

Phone number (include area code and extension)	Specify type of number (ex. home, cell, work, fax, other)
Primary:	Type:
Alternate:	Type:

Street Address:	**Unit #:**	**Island:**
City:	**State:**	**Zip Code:**

Present Living Arrangement:

☐ Own Home	☐ Expanded ARCH	☐ Other Relative Home
☐ Adult Residential Care Home (ARCH)	☐ Homeless	☐ Unknown
☐ Assisted Living Facility	☐ Hospital	☐ Other (specify):
☐ Community Care Foster Family Home	☐ Nursing Facility	
☐ Developmental Disabilities Home	☐ Adult Child's Home	

Please provide any additional information about the Alleged Victim's location.
For example, name of a care facility or persons he or she may live with. If the Alleged Victim is homeless, please provide a description of how he or she can be found.

Alleged Victim Vulnerability	Please select all types of impairment that best describe the Alleged Victim's vulnerability.
☐ Physical Impairment	A medical condition or limitation that adversely affects a person's physical abilities, mobility, or bodily functions.
☐ Mental Impairment	A condition or disorder that affects a person's cognitive, emotional, or psychological functioning.
☐ Developmental Impairment	A condition that affects a person's physical, cognitive, or emotional growth and maturation, typically originating in childhood.

Known Diagnoses and Conditions	Please select and describe all the Alleged Victim's diagnoses and conditions. Please attach any supporting documents. (Ex. medical records identifying diagnoses and medication/treatments)		
Mental Health	☐ Anxiety	☐ Substance abuse	☐ Traumatic brain injury
	☐ Bipolar disorder	☐ Depression	☐ Autism
	☐ Schizophrenia	☐ Developmental disability	
Physical health	☐ Cancer	☐ COPD	☐ Heart disease
	☐ Stroke	☐ Diabetes	☐ Heart failure
Neurological health	☐ Alzheimer's	☐ Muscular dystrophy	☐ Parkinson's
	☐ Dementia	☐ Cerebral palsy	☐ Epilepsy
	☐ Intellectual disability	☐ Learning disability	☐ Multiple sclerosis

ALLEGED VICTIM (continued)

Known Diagnoses and Conditions (continued)				
Impairment	☐ Hearing impaired	☐ Vision impaired		
Other:	☐ Other known diagnoses or condition			
Please provide details of the diagnoses and/or conditions that were selected. Please include all medications taken and treatments received.				
Presenting Concerns	Please select any of the following concerns you have observed in the Alleged Victim.			
General functioning	☐ 24-hour care	☐ Bed-bound	☐ Non-verbal	☐ Frequently falls
General cognition	☐ Delusions	☐ Hallucinations	☐ Impaired decision making	
Behavioral	☐ Aggression	☐ Danger to self	☐ Danger to others	☐ Wandering
Other	☐ Other observed concern			
Please describe or explain any concerns noted above.				

Decision-Making Abilities Please select any of the conditions below that may be affecting the Alleged Victim's decision-making abilities

☐ Alert, oriented ☐ Coherent ☐ Confused ☐ Disoriented ☐ Incoherent ☐ Memory loss

Please explain:

Can the Alleged Victim make their own decisions?	☐ Yes	☐ No	☐ Questionable	☐ Unknown
Is there any formal documentation regarding decision-making abilities?	☐ Yes	☐ No	Please attach any available documentation	

Assistive Devices Please indicate which of the following assistive devices are used by the Alleged Victim

☐ Cane ☐ Hearing aid ☐ Scooter ☐ Walker ☐ Wheelchair ☐ Other:

ALLEGED VICTIM (continued)

Social Support System: Who provides support?

Please identify and list the Alleged Victim's sources of social support. Social support can include providing information, emotional support, a social network, and/or supplying tangible support (needed goods and services). List name(s) and contact information in the space below.

☐ Spouse	☐ Sibling(s)	☐ Neighbor(s)	☐ Other:
☐ Children	☐ Friend(s)	☐ Community groups / Church	
☐ Parent(s)	☐ Other Family Member(s)	☐ Unknown	

Please name and describe those persons indicated above. If possible, please provide contact information for those persons.

Legal Representatives for the Alleged Victim

Decision-making role	Indicate if the person is the Alleged Perpetrator (AP)	Please identify the person's relationship to Alleged Victim	Please provide the person's first and last name and contact information. (ex. email, phone number with extension).
☐ Guardian	☐ AP		
☐ Conservator	☐ AP		
☐ Power of Attorney (POA)	☐ AP		
☐ Durable Power of Attorney (DPOA)	☐ AP		
☐ Trustee	☐ AP		
☐ Representative Payee	☐ AP		
☐ Veterans Affairs Fiduciary	☐ AP		
☐ Health Care Agent / Surrogate	☐ AP		

FACILITY INFORMATION

Does this report include an alleged abuse that happened at a care facility? If yes, please provide information regarding the care facility	☐ Yes ☐ No
Facility name:	**Phone number:** (include extension)

Type of Facility:

☐ Adult Day Care Center	☐ Developmental Disabilities Adult Foster Home	☐ Hospital
☐ Adult Day Health Center	☐ Developmental Disabilities Domiciliary Home	☐ Intermediate Care Facility for Individuals with Intellectual Disabilities
☐ Adult Residential Care Home (ARCH)	☐ Expanded Adult Residential Care Home	☐ Nursing Facility
☐ Assisted Living Facility	☐ Home Care Agency	☐ Respite
☐ Case Management Agency	☐ Home Health Agency	☐ Special Treatment Facility
☐ Community Care Foster Family Home	☐ Hospice	☐ Uncertified or Unlicensed Care Facilities

Facility Contact Person:	Please provide contact information for a person at the care facility who can be contacted regarding the alleged abuse.
Name:	**Title:**
Phone number: (include extension)	

Facility Location: Please provide the physical address of the care facility where the alleged abuse occurred.

Street Address:	**City:**	**State:**	**Zip Code:**
Island:			

ALLEGED PERPETRATOR (AP)

Are there multiple Alleged Perpetrators?	☐ Yes ☐ No	If yes, please attach additional pages to identify the additional person(s) and to explain the alleged abuse by each additional AP.
Name (First, M.I., Last):	**Date of Birth:** (Month, Day, Year)	**Age:**

Gender: ☐ Male ☐ Female ☐ Other:

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Unknown

Race / Ethnicity:	**Preferred language:**	☐ Interpreter Needed

Alleged Perpetrator details unknown:
If you do not know the Alleged Perpetrator, please provide any description that you can of this person.

Phone number (include area code and extension)	Specify type of number (ex. home, work, cell, fax, other)
Primary:	Type:
Alternate:	Type:

ALLEGED PERPETRATOR (continued)

Home Address:		
Street Address:	**Unit #:**	**Island:**
City:	**State:**	**Zip Code:**
Please provide a description of the location.		
Work Address:		
Street Address:	**Unit #:**	**Island:**
City:	**State:**	**Zip Code:**
Please provide a description of the location.		

Relationship to Alleged Victim:	☐ Adult Child ☐ Other Relative	☐ Service Provider ☐ Staff of Care Facility	☐ Other: (specify)
Access to Alleged Victim Does the Alleged Perpetrator have access to the Alleged Victim?	☐ Yes	☐ No	☐ Unknown
Access to Assets Does the Alleged Perpetrator have access to the Alleged Victim's assets?	☐ Yes	☐ No	☐ Unknown
Vulnerability Is the Alleged Perpetrator a vulnerable adult?	☐ Yes	☐ No	☐ Unknown

ALLEGED ABUSE

Type of Abuse (select all that apply)

☐ Caregiver Neglect	☐ Self-Neglect	☐ Psychological Abuse
☐ Financial Exploitation	☐ Physical Abuse	☐ Sexual Abuse

Date of Incident:

Did the incident occur at the facility you are reporting? ☐ Yes ☐ No

LOCATION OF INCIDENT:	☐ Own Home	☐ Expanded ARCH	☐ Other Relative Home
	☐ Adult Residential Care Home (ARCH)	☐ Homeless	☐ Unknown
	☐ Assisted Living Facility	☐ Hospital	☐ Other: Please explain
	☐ Community Care Foster Family Home	☐ Nursing Facility	
	☐ Developmental Disabilities Home	☐ Adult Child's Home	

ALLEGED ABUSE (continued)

INCIDENT DETAILS:	Please provide as much information as possible of the incident of abuse committed by the indicated Alleged Perpetrator

Abuse details (select all that apply):

- ☐ Death
- ☐ Immediate risk of death
- ☐ Afraid
- ☐ Broken bone(s)
- ☐ Bruising - substantial / multiple
- ☐ Burn
- ☐ Change in behavior or appearance
- ☐ Controlled by AP / others (suspected)
- ☐ Bedsore (Decubitus ulcer)
- ☐ Failure to provide in a timely manner food, shelter, or clothing
- ☐ Failure to provide in a timely manner necessary care / health care
- ☐ Failure to provide in a timely manner necessary supervision
- ☐ Hit or slapped
- ☐ Injury - substantial bleeding
- ☐ Injury – suspicious
- ☐ Isolated
- ☐ Malnourished
- ☐ Mental or emotional distress
- ☐ Misuse of medications
- ☐ Misuse / taking of AV's assets / property
- ☐ Nervous, anxious
- ☐ Poor grooming / hygiene
- ☐ Pornographic photography / filming
- ☐ Restraint – improper
- ☐ Sexual abuse evidence
- ☐ Sexual assault / molestation
- ☐ Threatened or intimidated
- ☐ Unable to care for self
- ☐ Unable to manage finances
- ☐ Unable to obtain essential needs
- ☐ Unsafe living environment

<u>Please provide detailed information about the alleged abuse and concerns</u>: (Attach additional pages if needed)

For example:

- Describe the incident in detail. Clarify if you personally witnessed the incident or explain how you know this information.
- Describe any injury to the alleged victim in as much detail as possible (example: type of injury, size, color, location, shape, quantity).
- Did the alleged victim receive medical treatment? Please provide date / location of ER visit or hospitalization, if applicable.

Please provide any other information that may be helpful in establishing the cause of the alleged abuse.
Please identify other person(s) believed to have witnessed or have knowledge of the abuse and provide available contact information. (Example: partner, family, friends, neighbors, health care / service providers, bank tellers, or other facility residents.)
If first responders or law enforcement were contacted, please provide name, contact, and any available report numbers.

SERVICES AND TREATMENTS

Identify services and treatments offered to or received by the Alleged Victim or Alleged Perpetrator(s).
Please identify the services and treatment providers and their contact information in the space below.

Service / Treatment	Alleged Victim (AV)	Alleged Perpetrator (AP)
☐ Medical Treatment	☐ Received ☐ Declined ☐ Offered	☐ Received ☐ Declined ☐ Offered
☐ Behavioral Health Treatment	☐ Received ☐ Declined ☐ Offered	☐ Received ☐ Declined ☐ Offered
☐ Substance Abuse Treatment	☐ Received ☐ Declined ☐ Offered	☐ Received ☐ Declined ☐ Offered
☐ Developmental Disabilities Division	☐ Received ☐ Declined ☐ Offered	☐ Received ☐ Declined ☐ Offered
☐ Case Management Services	☐ Received ☐ Declined ☐ Offered	☐ Received ☐ Declined ☐ Offered
☐ Adult Day Care / Day Health	☐ Received ☐ Declined ☐ Offered	☐ Received ☐ Declined ☐ Offered
☐ Domestic Violence Services	☐ Received ☐ Declined ☐ Offered	☐ Received ☐ Declined ☐ Offered
☐ Legal Services	☐ Received ☐ Declined ☐ Offered	☐ Received ☐ Declined ☐ Offered
☐ Public Health Nursing	☐ Received ☐ Declined ☐ Offered	☐ Received ☐ Declined ☐ Offered
☐ APS involvement (Hawaii or elsewhere)	☐ Received ☐ Declined ☐ Offered	☐ Received ☐ Declined ☐ Offered
☐ Financial Management Services	☐ Received ☐ Declined ☐ Offered	☐ Received ☐ Declined ☐ Offered

Providers (names/agencies) and contact information:

HAZARDS

Identify known hazards that pose a risk to investigators and identify who is the source of the concern.
Please explain on the next page.

Hazard	Alleged Victim (AV)	Alleged Perpetrator (AP)	Other / Unknown Person
☐ Aggressive / Violent behavior	☐	☐	☐
☐ Aggressive animal(s)	☐	☐	☐
☐ Communicable disease	☐	☐	☐
☐ Criminal activity	☐	☐	☐
☐ Environmental concerns	☐	☐	☐
☐ Weapons present	☐	☐	☐
☐ Health factors (biohazard, chemicals, asbestos)	☐	☐	☐
☐ Substance use	☐	☐	☐
☐ Untreated mental illness	☐	☐	☐
☐ Other	☐	☐	☐

HAZARDS (continued)

Please describe and explain anything that was selected.

Please attach any additional information. THANK YOU FOR YOUR ASSISTANCE.

Reporter: Print Name | **Date Completed**