REPORT OF ADULT SUSPECTED
TO BE ABUSED, NEGLECTED, OR EXPLOITED

PURPOSE

To record information pertaining to allegations of adult abuse, neglect, or exploitation. Individuals completing the report must submit it to the State Department of Human Resources – Adult Protective Services.

DISTRIBUTION

Keep a copy for your record and e-mail a copy to: aps@dhr.alabama.gov

Section I Incident

Type of Incident – Place a check next to each item that relates to the type of incident that occurred.

1. Abuse – The infliction of physical pain, injury, or the willful deprivation by a caretaker or other person of services necessary to maintain mental and physical health.
2. Neglect – The failure of a caretaker to provide food, shelter, clothing, medical services and health care for the person unable to care for himself; or the failure of the person to provide these basic needs for himself when the failure is the result of the person's mental or physical inability.
3. Exploitation – The expenditure, diminution or use of the property, assets or resources of a person without the express voluntary consent of that person or legally authorized representative or provision of care by an unlicensed facility after a court ordered obtained by the State Board of health directing closure of the facility.

Date of Incident
Date the incident occurred.

Location of Incident – Indicate the location of the reported incident by checking the appropriate box:

1. In Home – Incident occurred in victim's home.
2. Out of Home – (NH/Hospital) – Incident occurred in a nursing home or hospital.
3. Out of Home (Other) – Location of incident is somewhere other than options provided.

Complete the time the incident occurred if known.

Section II Person Identified at Risk of Maltreatment

1. Name – full name.
2. Sex
   M = Male
   F = Female
3. Race

W = White
B = Black
A = Asian/Pacific Islander
I = American Indian
H = Hispanic
U = Unknown

4. Date of birth-Enter month, day, and year (Ex. 01/12/1980)
5. Social Security number, if known.
6. Address – Street address, city, state, zip code, and telephone number. Indicate the facility name when the alleged abuse, neglect, and/or exploitation occurs out of home.
7. Description of Client/Directions to Locate – Brief description of victim. Include directions to home if needed.
8. Sponsor/Responsible party – Give name of the victim's sponsor or person responsible for them.

Section III Person Allegedly Responsible for Maltreatment

1. Name – full name.
2. Sex
   M = Male
   F = Female
3. Race
   W = White
   B = Black
   A = Asian/Pacific Islander
   I = American Indian
   H = Hispanic
   U = Unknown
4. Date of birth-Enter month, day, and year (Ex. 01/12/1980)
5. SS#
6. Relationship to victim
7. Address

If needed:

1. Follow steps 1-7 for a second person allegedly responsible for maltreatment.

Section IV Circumstances of Person Identified at Risk/Person Allegedly Responsible

Place a check next to each item that relates to the person identified at risk and to the person allegedly responsible. Description of circumstances include:

1. Physical Dependence

   Poor Physical Health – General, chronic illness, acute illness, mobility problems, other physical problems, physical deterioration associated with aging process or disability, other physical problems.

2. Behavioral Disorders – Verbally abusive, physically violent, stubborn/obstinate, removes clothes, wandering behavior, criminal behavior, other behavioral disorders.
3. Substance Abuse – Alcohol, legal drugs, illegal drugs, other substances.
4. Emotional Problems – Depression, attempted suicide, anxiety, nervous breakdown, loneliness, other emotional disorders.
5. Intellectual Disabilities – Any degree of mental health.
6. Mental Problems – Mental confusion/disorientation, psychosis, paranoia/excessive suspicion, schizophrenia, hallucinations/delusions, other mental disorders.
7. Economic Dependence – Destitute/indigent/no money, substandard housing, poor clothing, unpaid utilities, other evidence of economic dependence.
8. Other – Specify any identified problems not listed above.

Section V Allegation

Alleged Nature of Incident

Place a check next to each item that relates to the victim. NOTE: If one of the neglect items is being checked, check either self or others to indicate if victim is being neglected by self or by others.

1. Physical Abuse – Physical violence, tying/close confinement/bizarre discipline, any action producing a substantial risk of physical injury, other physical abuse.
2. Sexual Abuse – Sexual harassment (verbal), physically threatening sexual behavior, rape, incest, other.
3. Psychological/Emotional Abuse – Verbal abuse/abusive language, verbal threats of physical harm, enforced isolation of victim, enforced activity of victim, other.
4. Exploitation – Theft, misappropriation of resources, misuse of financial authority, demands for funds, other.
5. Physical Neglect (By Self/Others) – Abandonment, inadequate supervision, inadequate food/water/food preparation, inadequate clothing/personal hygiene, inability to care for self, other.
6. Environmental Neglect (By Self/Others) – Inadequate shelter/utilities, other inadequate shelter.
7. Medical Neglect (By Self/Others) - Improper use of medications, failure to obtain needed medical care, other.
8. Psychological/Emotional Neglect (By Self/Others) – Isolation by family/caretaker, etc., inadequate attention to emotional needs, other.
9. Other – Specify any problem not identified above.

Alleged Results of Incident

Place a check next to each item that relates to the victim.

1. Physical Injury/Risk of Physical Injury – Physical injury, (tying/close confinement/bizarre discipline, substantial risk of physical injury, other.
   (Location of Injury – Indicate the part of the body injured)
2. Sexual Injury/Risk of Sexual Injury – Sexual molestation, sexual penetration, sexually transmitted disease, pregnancy, other.

3. Improper Medical Care – Improper medication (over-, under-, wrong), improper medical care, no medication, no medical care, other.
4. Psychological/Emotional Injury – Mental or emotional anguish.
5. Financial Injury – Loss of funds, loss of financial control, other.
6. Poor Physical Condition – Malnutrition, dehydration, poor personal hygiene/filth-covered/bad odor, other.
7. Isolation – No social contacts, no family contacts, other.
8. Potentially Dangerous Environment – No housing/substandard housing, no utilities, improper clothing, other.
9. Unknown – Circumstances not known.
10. Other – Specify any situation not listed above.

Section VI Reporter

1. Check box for Mandatory Reporter when reporter is required by law to report suspected incidents of adult abuse, neglect, and/or exploitation. Mandatory reporters are physicians, practitioners of the healing arts, and any caregiver.
2. Reporter's Statement of Incident – Brief statement of incident as described by reporter.
3. Name of Reporter
4. Address of Reporter
5. Relationship of Reporter to Person Identified at Risk – Specify the relationship of the reporter to the person needing assistance.
6. Witness Name and How to Contact – List name of witness and include phone number/and/or address.