

Adult Protective Services Intake

DCF Service Center _____ Time _____ Date _____ Phone _____
(AM / PM)

Person Receiving Report _____ Emergency? (check one) Yes No

Received by Regional Intake _____ Date _____ Time _____

IDENTIFYING INFORMATION

Name(s) of Involved Adult _____ Phone _____
(First) (Last)

Address _____ City _____ County _____ Zip _____

Name of Facility, if applicable: _____

Directions _____

SSN _____ DOB _____ Age _____ Gender _____ Marital Status _____

Language Spoken or Written _____

Sources of Income _____

HCBS Recipient Yes No Unknown

HCBS Waiver FE IDD MI PD TBI

Other Health/Vulnerable Conditions _____

Doctor Name, Address, Phone # _____

Living Arrangements (check appropriate choice) Alone W/Caregiver Other

Individuals Residing in the Home: _____

Guardian/Conservator Yes No Unknown

Name of Guardian/Conservator: _____ Phone _____

Address of Guardian/Conservator: _____

ALLEGED PERPETRATORS

Name _____	Relationship to Involved Adult _____
Address _____	City _____ State _____ Zip _____
SSN _____ DOB _____	Age _____ Phone _____ Allegation Type _____

Name _____	Relationship to involved adult _____
Address _____	City _____ State _____ Zip _____
SSN _____ DOB _____	Age _____ Phone _____ Allegation Type _____

Name _____	Relationship to Involved Adult _____
Address _____	City _____ State _____ Zip _____
SSN _____ DOB _____	Age _____ Phone _____ Allegation Type _____

Name _____	Relationship to Involved Adult _____
Address _____	City _____ State _____ Zip _____
SSN _____ DOB _____	Age _____ Phone _____ Allegation Type _____

REPORTER

Name _____ Relationship to Involved Adult _____

Address _____ City _____ State _____ Zip _____

Phone _____

REASON FOR REFERRAL – (STATEMENT SHOULD INCLUDE WHAT HAPPENED?, WHEN DID IT HAPPEN?, WHO DID IT?, WHO SAW IT?, WHAT ACTION WAS TAKEN TO STOP IT FROM CONTINUING?, WHAT SERVICES ARE CURRENTLY USED OR NEEDED?)

RISK FACTORS TO PPS Staff.....

USE THIS SPACE FOR ADDITIONAL INFORMATION, e.g., HEALTH CONDITIONS, ETC.

For information regarding this form, contact **Prevention and Protection Services, 555 S. Kansas Ave, 4th Floor, Topeka, Kansas 66603.**

Distribution:

Client File

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