State of Kansas
Department for Children
and Families Protection and Prevention Services

PPS 10510
REV 7/2016

EMERGENCY ADULT PROTECTIVE SERVICES (APS)
ADMISSION TO NURSING FACILITY

Purpose: This form is to be presented to Kansas Department of Health and Environment surveyors, Health Care Finance, and Kansas Department for Aging and Disabilities Services program mangers by a Nursing Facility to document the admission of a customer receiving Adult Protective Services at a time when there was no Area Agency on Aging CARE Assessor available and no trained CARE assessor on the Nursing Facility's staff available to perform the required CARE assessment prior to admission.

This is to certify that _____was admitted to

_____at _____
Name of Nursing Facility Address & City

on _____ with the assistance of DCF Adult Protective Services and
Date and Time

_____ (if applicable).
Specify Relationship: Neighbor, Relative, Caregiver

SIGNATURES:

_____ _____
Date and Time Signature of DCF/APS Specialist

_____ _____
Date and Time Signature of other person assisting
Client at time of admission.
(If applicable)

The Nursing Facility must notify the local Area Agency on Aging of the admission and obtain a CARE assessment for the customer on the next working day following admission.

CC: Nursing Facility
DCF/APS
Local AAA
Client

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Strong Families Make a Strong Kansas