

MONTHLY REPORT FOR ADULT PROTECTIVE SERVICES

DCF Region _____ FY _____ Month _____

ADULT PROTECTIVE SERVICES

1. ANE case carried over from previous month (finding not made, #7 from last month's report) _____
2. Number of ANE reports received this month (prior to screening) + _____
3. Total _____
4. Number of ANE reports screened out _____
5. Number of ANE reports investigated and a finding made + _____
6. Total _____
7. Number of investigations not completed, finding not made [carry over to #1 of next month's report] (#7 equals #3 minus #6) _____
8. Total number of ongoing APS cases (protective services are being provided) _____

SERVICE PLANS

- Number carried over from previous month _____
- Number offered this month _____
- Number initiated _____
- Number completed _____

CORRECTIVE ACTION PLANS

- Number offered this month _____
- Number initiated _____
- Number completed _____
- Number not completed this month (alleged perpetrator did not follow through, Due Process was Begun) _____

ADMINISTRATIVE APPEALS

- Number pending (include carryovers from previous month) _____
- Number completed this month _____
1. Finding(s) upheld _____
 2. Finding(s) reversed _____

GUARDIAN/CONSERVATOR

Number of cases referred for guardian/conservator this month _____

Total Number of cases with a KGP guardian/conservator _____

Number of ongoing KGP cases reviewed this month _____

Number of cases with a guardian/conservator appointed this month _____

Number of cases waiting for guardian/conservator _____

 1. APS: staff have not completed paperwork _____

 2. Attorney: paperwork turned in to attorney _____

 3. KGP: waiting for match _____

 4. Number waiting for successor _____

Waiting list: number waiting one or more years _____

INCOME ELIGIBLE

Total number of IE clients _____

Total number closed during month _____

 Reason for closure _____

ALTERNATE CARE

Number of clients receiving alternate care _____

 1. Adult family home _____

 2. Residential care facility _____

Licensed / registered this month _____

 1. Adult family home _____

 2. Residential care facility _____

Name of person completing report _____ Date _____

INSTRUCTIONS FOR COMPLETING FORM PPS 10520 Monthly Report for Adult Protective Services

USE OF FORM: This form is to be completed monthly and submitted to Department for Children and Families in Topeka. The purpose is to provide area program activity.

ADULT PROTECTIVE SERVICES

1. **ANE cases carried over from previous month** (finding not made, #7 from last month=s report.)
Cases screened in; investigation not completed, finding not made
2. **Number of ANE reports received this month** (prior to screening).
All reports, prior to screening in or out.
3. **Total.** Total number, adding #1 and #2.
4. **Number of ANE reports screened out** Number of reports screened out.
5. **Number of ANE reports investigated and a finding made**
During the reporting month, number of reports screened in, assigned, investigation completed, and finding of substantiated, unsubstantiated, potential risk made.
6. **Total.** Total number, adding #4 and #5.
7. **Number of investigations not completed, finding not made,** (carryover to #1 of next month=s report). During the reporting month, number of cases screened in, assigned, investigation begun but not completed and no finding has been made. **Add #3, minus #6 to obtain this total.**

SERVICE PLANS

Number carried over from previous month. Total number of Service Plans not completed.

Number offered this month. Total number offered, accepted by client and signed.

Number initiated. Total number begun this month by client.

Number completed. Total number completed during the reporting month.

8. **Total number of ongoing APS cases** (protective services are being provided)

CORRECTIVE ACTION PLANS

Number offered this month. Total offered, accepted by alleged perpetrator, and corrective action plan signed.

Number initiated. Total number begun this month by alleged perpetrator.

Number completed. Total number completed during the reporting month.

ADMINISTRATIVE APPEALS

Number pending (include carryovers from previous month) Total number of appeals where administrative hearings have not been held.

Number completed this month Total number of administrative hearings held.

1. Findings upheld. DCF substantiation upheld.
2. Findings reversed. DCF substantiations reversed

GUARDIAN/CONSERVATOR

Number of cases referred for guardian/conservator this month. Total number of APS clients referred for G/C this month.

Total number of cases with a KGP guardian/conservator. Total number of ongoing KGP cases.

Number of ongoing KGP cases reviewed this month. Total number of ongoing cases reviewed for eligibility annually.

Number of cases with a guardian/conservator appointed this month. Court hearing held.

Number of cases waiting for guardian/conservator.

1. APS: staff have not completed paperwork. Add total.
2. Attorney: paperwork turned in to attorney. Add total.
3. KGP: waiting for match. Add total
4. Number waiting for successor. Add total
Waiting list: number waiting one or more years. Add total

INCOME ELIGIBLE

Total number of IE clients. Add total

Total number closed during month. Add total

Reason for closure: State reason for closure; why the individual is no longer receiving services.

ALTERNATE CARE

Number of clients receiving Alternate Care. Add total

1. Adult family home. Total residing in adult family homes
2. Residential care facility. Total residing in residential care facility

Licensed/registered this month

1. Adult family home. Total registered this month
2. Residential care facility. Total for the month.