State of Kansas Department for Children and Families Prevention and Protection Services	**Adult Protective Services Intake**	PPS 10100 REV 7/2016 Page **1** of **2**

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

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

Received by Regional Intake Date _____ Time _____

IDENTIFYING INFORMATION

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

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:

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Kansas
Department for Children and Families
Prevention and Protection Services
Strong Families Make a Strong Kansas