

Iowa Department of Health and Human Services
Dependent Adult Protective Services Intake

<input type="checkbox"/> Assessment Intake <i>There is no caretaker.</i>	<input type="checkbox"/> Evaluation Intake <i>There is a caretaker.</i>	Date:	Time:	County Name/County #:
Intake Person:	Assigned Worker:	Registry #:		
Household Name and Address:				
Directions to Home:				
Telephones: (Household)		(Other)		
Current Location of Adult Subject:				
Address of Abuse Incident:				

Household Composition
Sex: Male (M), Female (F)

Name	DOB	Sex	Role	FACS/ Person ID	SSN	Med	Comments

Narrative Description/Adult Subject Safety Concern

Person responsible for alleged abuse has access to adult subject? Yes No

Reporter or Referral Source

Name (Including Title and Agency):

Address:

Phone:

Reporter Type: Mandatory Permissive

Reporter Notification:

Accepted Rejected

Date of Notice:

Person Reported as Responsible for Alleged Abuse

Dependent adult is responsible for the abuse

Name:

DOB:

Caretaker Relationship:

SSN:

FACS ID/Person ID:

Address:

Phone (H):

Comments:

Phone (Work/Other):

Collateral Sources

Name:

Phone:

Relationship:

Address:

Comments:

In-Depth Intake Information:

Name of Guardian, Conservator or Other Person Responsible for Dependent Adult (Power of Attorney):	
Address:	Phone:

Allegations Abuse Type	
<input type="checkbox"/> Denial of Critical Care	<input type="checkbox"/> Denial of Critical Care Due to Adult's Actions
<input type="checkbox"/> Exploitation	<input type="checkbox"/> Sexual Abuse/Sexual Exploitation
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Personal Degradation

System Checks Completed
DARES:
STAR:
ISIS (paste history of adult subject if waiver open):
FACS:
IMPA:
CRIMINAL (paste all criminal history of alleged persons responsible on accepts, past initial courts online page for rejects):
SOR (if applicable):
WISE:

Additional Information
How does the reporter know the information:
When will the alleged person responsible have next contact with the adult subject:
History or knowledge of domestic violence:
History or knowledge of substance abuse:
History or knowledge of language barriers and disabilities:

Tribal affiliation:
Relative supports:
Safety concerns of other possible adult subjects or children in the household:
Worker safety:
Additional information:

Preliminary Decision From Intake Worker Provided to Reporter
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected

Intake Screening Tool – Determining Dependency Status
--

Use questions 1 through 7 to gather information from the caller. Use questions 8 through 11 if they apply. All questions assist in determining a reasonable belief of dependency status.

Intake Screening Criteria

1. List any physical conditions or diagnosis the adult subject is believed to have.
Please explain:
2. Of the physical conditions or diagnosis listed, do any result in a limitation?
 Yes No Unknown
 Please explain:
3. List any mental health conditions or diagnosis the adult subject is believed to have.
Please explain:
4. Of the mental health conditions or diagnosis listed, do any result in a limitation?
 Yes No Unknown
 Please explain:
5. Is there any information that the adult is not oriented to person, place, or time?
 Yes No Unknown
 Please explain:

6. Does the adult subject currently receive assistance for any of the following major life activities? (This can include acute conditions.)

Yes No

If yes, must select at least one of the check boxes below.

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Cooking or meal preparation | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Mobility | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Self-supervision | <input type="checkbox"/> Cleaning | |
| <input type="checkbox"/> Other (Please explain): | | |

7. Has the adult subject been the subject of a mental health commitment, guardianship order or conservatorship order?

Yes No Unknown

Please explain:

Use questions 8 through 11 if they apply. Please check the boxes that apply.

8. Is there reason to believe the adult subject is unable to meet essential human needs.

Please explain:

9. The adult subject's medical provider is currently reporting the adult subject cannot live safely in their own home and needs a higher level of care.

Please explain:

10. The adult subject is diagnosed with a brain injury, intellectual disability or developmental disability.

Please explain:

11. The adult subject has a guardian or conservator.

Please explain:

Check the appropriate box (required; select only one):

Adult subject is reasonably believed to be a dependent adult

Adult subject is not reasonably believed to be a dependent adult

Supervisory Decision

Intake worker completed verbal consult with supervisor

Accepted Date: Time: Linked to Assessment:

Dependent adult abuse assessment

Dependent adult abuse evaluation

Rejected Date: Time:

Rejection Explanation:

- A reasonable belief does not exist that the adult subject is a dependent adult
- Alleged perpetrator is not a caretaker
- Not in HHS jurisdiction OR Not in Iowa's jurisdiction
- A reasonable belief does not exist to suspect abuse or neglect occurred.
- Duplicate prior report. Registry number that addressed current allegations:
- Addendum-additional info for prior report. Registry number to be reassigned:

Further Action Taken:

- Referred to DIAL
- Referred to law enforcement
- Referred to community services
- Referred addendum/additional information for prior report to local office
- Referred to HHS Home and Community Based Services (HCBS) regulatory authority
- Referred to APW with current open assessment
- Referred to APW with open periodic visits
- Referred to HHS CPW with Open Assessment. Assigned Worker of Open Assessment:

- Referred to HHS Service Worker. Assigned Worker of Open Services:

Additional Comments:

Case Assignment		
<input type="checkbox"/> Dependent adult assessment accepted and assigned to: Linked to Assessment:	Date:	Time:
<input type="checkbox"/> Dependent adult abuse evaluation accepted and assigned to: Linked to Evaluation:	Date:	Time:
<input type="checkbox"/> Dependent adult abuse intake rejected by:	Date:	Time:

Supervisor Assignment of Response Time for Observation of the Adult Subject	
There is information that the alleged perpetrator has access to the adult subject.	<input type="checkbox"/> 24 hours
There is information that the alleged perpetrator has no access to the adult subject or there are service provisions in place to mitigate any safety concerns.	<input type="checkbox"/> 72 hours

cc: County Attorney

Date: