

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reporter or Referral Source	
Name (Including Title and Agency):	
Address:	
Phone:	Reporter Type: <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive
Reporter Notification: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Date of Notice:

Person Reported as Responsible for Alleged Abuse		
<input type="checkbox"/> Dependent adult is responsible for the abuse		
Name:	DOB:	
Role:	SSN:	FACS ID/Person ID:
Perpetrator Association:	Substitute Decision Maker:	
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
<p>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.</p> <p style="text-align: center;">Intake Screening Criteria</p> <ol style="list-style-type: none"> List any physical conditions or diagnosis the adult subject is believed to have. Please explain: Of the physical conditions or diagnosis listed, do any result in a limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Please explain: List any mental health conditions or diagnosis the adult subject is believed to have. Please explain: Of the mental health conditions or diagnosis listed, do any result in a limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Please explain: Is there any information that the adult is not oriented to person, place, or time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 Iowa Medicaid Urgent Member Unit
- ☐ 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:
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<input type="checkbox"/> Dependent adult abuse evaluation accepted and assigned to: Linked to Evaluation:	Date:	Time:
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<input type="checkbox"/> Dependent adult abuse intake rejected by:	Date:	Time:
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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: