

DEPENDENT ADULT ABUSE REPORT – PART I

Date of Report	<input type="checkbox"/> 4-Working-Day Preliminary Report <input type="checkbox"/> 4-Working-Day Complete Report <input type="checkbox"/> Corrected 4-Working-Day Report (* Indicates corrected information)			
Date of Intake				
Registry Number				
County/Region				
① Names of Dependent Adults Referred	Age	DOB	SSN	
Names of Other Dependent Adults in the Home	Age	DOB	SSN	
② Names of Caretakers	Address	Phone	DOB	SSN
③ Current Placement, Name	Address			Phone
④ Custodian or Guardian if Different from Caretaker	Address			Phone
⑤ Names of Persons Thought to be Responsible for the Reported Abuse	Address	Phone	Relationship to Dependent Adult	

⑥ Name of Informant	Address	Phone	Relationship to Dependent Adult								
⑦ Registry Contact Person	Date	Time	Previous Register Reports								
<p>⑧ Nature of Referral:</p> <table border="0"> <tr> <td><input type="checkbox"/> Physical injury</td> <td><input type="checkbox"/> Unreasonable confinement</td> </tr> <tr> <td><input type="checkbox"/> Sexual</td> <td><input type="checkbox"/> Cruel punishment</td> </tr> <tr> <td><input type="checkbox"/> Exploitation</td> <td><input type="checkbox"/> Critical care due to the dependent adult</td> </tr> <tr> <td><input type="checkbox"/> Critical care</td> <td></td> </tr> </table> <p>Date of Suspected Abuse:</p> <p>Summary of allegations and other pertinent referral information:</p>				<input type="checkbox"/> Physical injury	<input type="checkbox"/> Unreasonable confinement	<input type="checkbox"/> Sexual	<input type="checkbox"/> Cruel punishment	<input type="checkbox"/> Exploitation	<input type="checkbox"/> Critical care due to the dependent adult	<input type="checkbox"/> Critical care	
<input type="checkbox"/> Physical injury	<input type="checkbox"/> Unreasonable confinement										
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<input type="checkbox"/> Exploitation	<input type="checkbox"/> Critical care due to the dependent adult										
<input type="checkbox"/> Critical care											
<p>⑨ _____, _____ are the date and time at which this evaluation has commenced. A complete report concerning the evaluation of this referral is _____. The dependent adult was observed at _____ by _____. The following actions have been taken to ensure the protection of the dependent adults:</p>											
Worker Name	Title	Signature									
Supervisor Name	Title	Signature									

cc: Case Record
County Attorney
Central Abuse Registry