



Dependent Adult Protective Services Evaluation or Assessment Summary

Case Name:		
Address:	Home Phone:	Other Phone:
Registry #:	Completion Date:	Addendum Date:
Intake Date:	Adult Protection Worker:	County Name:
Assessment Findings: <input type="checkbox"/> Unfounded <input type="checkbox"/> Confirmed, not placed on registry <input type="checkbox"/> Founded <input type="checkbox"/> Addendum to previous summary	Safety Assessment Findings: <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> Conditionally safe <input type="checkbox"/> Unable to remediate	If conditionally safe, date Safety Plan completed:
		If unable to remediate safety concerns, indicate reason: <input type="checkbox"/> <i>Protective order requested but not granted</i> <input type="checkbox"/> <i>Dependent adult has the capacity to consent and is refusing services</i> <input type="checkbox"/> <i>Dependent adult accepted some, but not all of the recommended services</i> <input type="checkbox"/> <i>Other:</i>

Household Composition					
Sex: Male (M), Female (F)					
Name	DOB	Sex	Role	FACS ID/Person ID	Comments

Guardian	
Name:	DOB:
Address:	Phone:

Collateral Information					
Name	DOB	Sex	Role	FACS ID/Person ID	Comments

Person Determined Responsible for the Abuse <i>(complete only if abuse is confirmed/founded)</i>				
Name:	DOB:	Role:	FACS ID/ Person ID:	Sex:
Address:		Home Phone:		
		Work Phone:		

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

Concerns Reported

Summary of Previously Founded Reports Concerning Alleged Person Responsible				
Date	Registry #	Person Responsible	Type	Findings

Summary of Assessment Process

	Dates
Adult Subject observed Justification if adult subject observed outside of timeframe:	
Evaluation of home environment completed (or attempted)	
Safety Assessment completed	
Safety Plan completed (if applicable)	
Risk Assessment completed	
Dependency Assessment completed	
Additional process information:	

Adult subject deceased: Yes No

Comment:

Summary of Contacts

Date of Contact:

Summary of contact (Include: date and time of contact, observations, interviews, or other information gathered to determine if the allegations of abuse meet the definition of dependent adult abuse as defined by Iowa Code):

Summary of Contacts Addendum *(shown only if in addendum status)*

Date of Contact:

Time:

Summary of contact (Include: date and time of contact, observations, interviews, or other information gathered to determine if the allegations of abuse meet the definition of dependent adult abuse as defined by Iowa Code):

Summary of Dependency Status

Findings and Determination of Abuse Allegations**Addendum Findings and Determination of Abuse Allegations** *(shown only in addendum status)***Placement on Registry**

Adult Subject's Name:	Person Responsible:	Abuse Type:	Assessment Finding:
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For a founded evaluation, the checklist should have the following selection options:

- The department determines the acts or omissions of the alleged perpetrator meet the definition of dependent adult abuse and the most previous confirmed case on the alleged perpetrator occurred within the five-year-period preceding the intake date of the current report. Pursuant to Iowa Code section 235B.3(1)(c) and 441 Iowa Administrative Code section 176.3(4).
- The case was physical abuse, denial of critical care, or person degradation and the abuse was not minor, OR not isolated, OR is likely to reoccur. Pursuant to Iowa Code section 235B.3(1)(c) and 441 Iowa Administrative Code section 176.3(4).
- The case met a preponderance of the evidence AND is a type of abuse required to be registered. Pursuant to Iowa Code section 235B.3(1)(c) and 441 Iowa Administrative Code section 176.3(4).

For a confirmed, not registered evaluation, the checklist should have the following selection options:

- The incident is Confirmed and will NOT be placed in the central abuse registry because the finding of physical abuse has been determined by the department to be minor, AND isolated, AND unlikely to reoccur. Pursuant to Iowa Code section 235B.3(1)(c) and 441 Iowa Administrative Code section 176.3(4).
- The incident is Confirmed and will NOT be placed in the central abuse registry because the finding of denial of critical care has been determined by the department to be minor, AND isolated, AND unlikely to reoccur. Pursuant to Iowa Code section 235B.3(1)(c) and 441 Iowa Administrative Code section 176.3(4).
- The incident is Confirmed and will NOT be placed in the central abuse registry because the finding of personal degradation has been determined by the department to be minor, AND isolated, AND unlikely to reoccur. Pursuant to Iowa Code section 235B.3(1)(c) and 441 Iowa Administrative Code section 176.3(4).

Summary and Analysis of Safety/Risk Assessments Identified

Describe the threats of maltreatment that are present at this time (aggravating factors that combine to produce a potentially dangerous situation):

Describe the adult subject's vulnerability to maltreatment (the degree to which an adult subject cannot, on the adult subject's own, avoid, negate, or minimize the impact of present or impending danger):

Describe the caretaker and/or adult subject's protective capacities (family and household strengths and resources that reduce, control, or prevent threats of maltreatment from arising, as well as factors and deficiencies that have a negative impact on adult subject's safety):

Protected information regarding caretaker's physical health, mental health, or substance abuse:

Addendum Summary and Analysis of Safety/Risk Assessments Identified

(shown only if in addendum status)

Addendum Date:

Describe the threats of maltreatment that are present at this time (aggravating factors that combine to produce a potentially dangerous situation):

Describe the adult subject's vulnerability to maltreatment (the degree to which the adult subject cannot, on the adult's own, avoid, negate, or minimize the impact of present or impending danger):

Describe the caretaker and/or adult subject's protective capacities (family strengths and resources that reduce, control, or prevent threats of maltreatment from arising, as well as factors and deficiencies that have a negative impact on adult subject safety):

Protected information regarding caretaker's physical health, mental health, or substance abuse:

Final Risk Level (based upon completion of the standardized risk assessment):

Low Moderate High

Recommendation for Service

Services Referred for Adult Subject

- Care/case management services (includes AAA/ADRC)
- Caregiver support services
- Education, employment, and training services
- Emergency assistance and material aid services
- Financial planning services
- In-home assistance services
- Legal services referral
- Medical and dental services
- Mental health services
- Public assistance benefits
- Substance use services
- Transportation
- Victim services
- Other services
- None; field required to state why:
- Recommended service is unavailable in the subject's area; please explain:
- Department services – Periodic visits Referral date:

Family does not need additional supports beyond current formal and informal systems

Perpetrator Legal Remedy

- Recommendation of removal of guardianship rights
- Recommendation of restraining order on perpetrator regarding the client
- Recommendation of eviction of perpetrator
- Recommendation of restitution by perpetrator
- Recommendation of other legal remedy
- Recommendation of removal of caretaker
- Recommendation of removal of conservator
- Recommendation of removal of healthcare POA
- The agent's authority under financial POA per Iowa Code 633B.110(2)(e) is terminated and appropriate notification has been sent

- No crime committed
- None. If none, must complete a field stating why:

Interagency Coordination

The agencies to which the client was referred. Multiple values can be submitted.

- Law enforcement or prosecutorial offices (includes DCI, county attorney, local law enforcement)
- Protection and Advocacy or Client Advocacy Program (CAP) such as Disability Rights Iowa, Iowa Civil Rights Commission, and the Equal Opportunity Commission, Federal Department of Labor
- State Licensing or Regulatory Authority
- State Medicaid Fraud Control Unit (MFCU)
- Long-Term Care Ombudsman Program
- Office of the Public Guardian
- AAA/ADRC (or Iowa Department on Aging)
- Crime Victim Assistance Program
- Child Protection Center
- Iowa Workforce Development, Division of Labor Services
- Fire Marshall's Office
- Other
- None. If none, must complete a field stating why:

Recommendation for Court Involvement

Jurisdiction	Date	Type of Action Requested
District		
Criminal		

Case Closure Reason

- Investigation completed; no periodic visits required
- Investigation completed; periodic visits required

Approval

APW Signature:	Date:
Supervisor Signature:	Date:

cc: County Attorney

Date Sent: