

## Dependent Adult Assessment Tool

Name: First	Middle Initial    Last	Date of Birth (Month/Day/Year)
Age	Forms of Alleged Maltreatment	Caretaker (if applicable)

Complete the safety assessment portion **within 24 hours of initial contact with adult subject and before assessment closure**. Supervisory consult is required each time safety assessment is completed.

Please fill out the following form based on the observations you made at the time of your initial visit. Your initial assessment may be preliminary or only partial information but please fill out the entire form.

Before case closure, please fill out the following form again based on the observations you made throughout the assessment. Please fill out the entire form.

<b>Safety Assessment (Initial and Final)</b>	
1. Is the adult subject oriented to person, place, and time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the adult subject have the ability to adequately self-supervise or have adequate supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the adult subject or caretaker have the ability to react appropriately to an emergency (such as a fire, tornado)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are the adult subject's minimum needs for food, clothing, supervision, physical or mental health care, and other care necessary to maintain life and health being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the adult subject have the financial resources to meet essential human needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the adult subject report feeling safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to respond
7. Are any injuries or health conditions present requiring immediate medical attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are there any health conditions impeding provision of basic care that place the adult subject in danger?	<div style="text-align: right; margin-right: 20px;">Adult subject?</div> <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right; margin-right: 20px;">Caretaker?</div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Given the adult subject's health conditions and cognitive abilities, are there any environmental hazards that place the adult subject in immediate danger in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Are there any mental health conditions or behavioral indicators that place the adult subject in immediate danger?

Adult subject?  Yes  No  
Caretaker?  Yes  No  
 N/A

11. Is there any substance abuse occurring that places the adult subject in immediate danger?

Adult subject?  Yes  No  
Caretaker?  Yes  No  
 N/A

12. Is the adult subject failing to take medications as prescribed resulting in the adult subject being in immediate danger?

Yes  No

13. Was the adult subject caused harm (physical, sexual, emotional, psychological, financial) by the caretaker?

Yes  No  
 NA (if no caretaker)

14. Has anyone prevented the adult subject from getting food, clothing, medication, glasses, hearing aids, medical care, or being with family or friends as a means of maintaining or gaining and maintaining power and control?

Yes  No

### Scoring:

**If any of 2 through 6 are NO or 7 through 14 are YES:** Assist the adult subject, caretaker, service providers, and support system to take steps to alleviate the safety issues. This may be done by obtaining medical care or placement, engaging additional formal and informal supports, safety planning, use of law enforcement, or seeking legal intervention. Please upload safety plan, if applicable, to file manager.

### Initial Safety Decision

Safe  Conditionally safe  Unsafe  Unable to remediate safety concerns

**A second or final safety assessment will always be required.**

Completion of the safety assessment will result in a safety decision of one of the following:

- Safe.** *No signs of present or impending danger identified OR one or more signs of present or impending danger identified and adult vulnerability or caretaker's protective capacity offset the current danger. The dependent adult is not likely to be in imminent danger of maltreatment.*
- Unsafe.** *One or more signs of present or impending danger identified. Adult's vulnerability or protective capacities do not offset the impending danger of maltreatment, or caretaker is interfering or refusing supports for the dependent adult. A protective order is the only controlling safety intervention possible.*
- Conditionally safe.** *(Safety steps needed; develop jointly with the dependent adult and supports.) One or more signs of present or impending danger identified. Adult's vulnerability or protective capacities do not offset the present or impending danger of maltreatment. Adult's vulnerability or protective capacities do not offset the impending danger of maltreatment, or caretaker is interfering or refusing supports for the dependent adult. Assist the adult subject,*

caretaker, service providers, and support system to take steps to alleviate the safety issues. This may be done by obtaining medical care or placement, engaging additional formal and informal supports, safety planning, use of law enforcement, or seeking legal intervention. The implementation of safety interventions offset the need to take more restrictive actions at this time. Failure to follow the safety interventions or a change in circumstances may result in the need to take more formal actions to assure dependent adult safety.

**Note:** When developing a safety plan, the safety plan must be developed with the dependent adult and take into consideration what the adult subject's concepts of what safety and quality of life means. The safety plan must identify who will participate to assure safety of the adult subject, who will monitor the safety plan, and duration of the safety plan. Document the actions taken or services initiated to address each identified sign of present or impending danger. Address how behaviors, conditions, and circumstances associated with the sign of present or impending danger will be mitigated. If adult subject has a guardian who is NOT the perpetrator, the guardian must sign the safety plan as well.

**Unable to remediate all safety concerns:**

- Protective order requested but not granted
- Dependent adult has the capacity to consent and is refusing services
- Dependent adult accepted some, but not all of the recommended services
- Other (please explain):

**Dependency Assessment**

**Health conditions and diagnoses:**

**Medications:**

**Benefits:**

- |  |  |
|--|--|
| 1. Receives Medicaid                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Receives Medicare                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Receives publicly-subsidized housing                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Receives Social Security Disability Insurance (SSDI)    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Receives Social Security retirement benefits            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Receives Supplemental Security Income (SSI)             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Receives Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Receives veterans' disabled benefits                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Other   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Current services:**

- |                      |  |
|----------------------|--|
| 1. Has guardian      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has POA financial | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Has POA health care	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has conservator	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has representative payee	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has community day services	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has housing and relocation services	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has medical rehabilitation services	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has nutrition services	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Receives waiver services	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Other:	

**Cognitive impairments:**

1. Intellectual/developmental disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Brain injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Dementia/Alzheimer's/mild cognitive impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Other medical conditions temporarily impacting cognition Please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Client reported IQ (optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Cognitive screening:**

1. Type of mental status screening used and the score: (Upload tool used into File Manager.)	
2. Does the adult subject appear to need further assessment on capacity to consent? Please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Physical impairments:**

1. Is the adult bed bound?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is use of an assistive device recommended to ambulate? Indicate reason for assistive device (please explain):	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has paralysis or amputation? Indicate limbs affected (please explain):	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has impaired dexterity in hands (cannot grasp pen, open jars, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Uncorrected visual impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Uncorrected hearing impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Other medical conditions impacting physical function? Please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are any of the adult's current physical conditions temporary? Please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. How does the adult subject rate his or her health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

**Impairments impacting daily functioning:**

1. Does mental health significantly impact daily functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does substance use significantly impact daily functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Functional impairments:**

**Katz (Activities of Daily Living):** The Katz Index of Independence in Activities of Daily Living, commonly referred to as the Katz ADL, is the most appropriate instrument to assess functional status as a measurement of the client’s ability to perform activities of daily living independently. Index ranks adequacy of performance in the six functions of bathing, dressing, toileting, transferring, continence, and feeding. Clients are scored for independence in each of the six functions. Select only one box for each category.

<b>Scoring the Activities</b> Points (1 or 0)	<b>Independence (1 point)</b> <b>NO</b> supervision, direction or personal assistance	<b>Dependence (0 points)</b> <b>WITH</b> supervision, direction, personal assistance or total care
<b>Bathing</b> Points: _	<input type="checkbox"/> <b>(1 point)</b> Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	<input type="checkbox"/> <b>(0 points)</b> Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing.
<b>Dressing</b> Points: _	<input type="checkbox"/> <b>(1 point)</b> Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	<input type="checkbox"/> <b>(0 points)</b> Needs help with dressing self or needs to be completely dressed.
<b>Toileting</b> Points: _	<input type="checkbox"/> <b>(1 point)</b> Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	<input type="checkbox"/> <b>(0 points)</b> Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
<b>Transferring</b> Points: _	<input type="checkbox"/> <b>(1 point)</b> Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable.	<input type="checkbox"/> <b>(0 points)</b> Needs help in moving from bed to chair or requires a complete transfer.
<b>Continence</b> Points: _	<input type="checkbox"/> <b>(1 point)</b> Exercises complete self-control over urination and defecation.	<input type="checkbox"/> <b>(0 points)</b> Is partially or totally incontinent of bowel or bladder.
<b>Feeding</b> Points: _	<input type="checkbox"/> <b>(1 point)</b> Gets food from plate into mouth without help. Preparation of food may be done by another person.	<input type="checkbox"/> <b>(0 points)</b> Needs partial or total help with feeding or requires parenteral feeding.
<b>Total points: _</b>	<b>Scoring:</b> 6 = High ( <i>adult subject independent</i> )	0 = Low ( <i>adult subject very dependent</i> )

**A summary score ranges from 0 (low function, dependent) to 6 (high function, independent).**

**Lawton – Brody Instrumental Activities of Daily Living Scale (IADL):** The Lawton Instrumental Activities of Daily Living Scale (IADL) is an appropriate instrument to assess independent living skills. (These skills are considered more complex than the basic activities of daily living as measured by the Katz Index of ADLs.) The instrument is most useful for identifying how a person is functioning at the present time, and to identify improvement or deterioration over time. There are eight domains of function measured with the Lawton IADL scale. Scoring: For each category, check the box for the item description that most closely resembles the client’s highest independence level (either 0 or 1). Check only one box for each category.

<b>A. Ability to Use Telephone</b>	
1. Operates telephone on own initiative; looks up and dials numbers, etc.	<input type="checkbox"/> 1
2. Dials a few well-known numbers	<input type="checkbox"/> 1
3. Answers telephone but does not dial	<input type="checkbox"/> 1
4. Does not use telephone at all	<input type="checkbox"/> 0
<b>B. Shopping</b>	
1. Takes care of all shopping needs independently	<input type="checkbox"/> 1
2. Shops independently for small purchases	<input type="checkbox"/> 0
3. Needs to be accompanied on any shopping trip	<input type="checkbox"/> 0
4. Completely unable to shop	<input type="checkbox"/> 0
<b>C. Food Preparation</b>	
1. Plans, prepares, and serves adequate meals independently	<input type="checkbox"/> 1
2. Prepares adequate meals if supplied with ingredients	<input type="checkbox"/> 0
3. Heats, serves, and prepares meals, or prepares meals, or prepares meals but does not maintain adequate diet	<input type="checkbox"/> 0
4. Needs to have meals prepared and served	<input type="checkbox"/> 0
<b>D. Housekeeping</b>	
1. Maintains house alone or with occasional assistance (e.g., “heavy work domestic help”)	<input type="checkbox"/> 1
2. Performs light daily tasks such as dish washing, bed making	<input type="checkbox"/> 1
3. Performs light daily tasks but cannot maintain acceptable level of cleanliness	<input type="checkbox"/> 1
4. Needs help with all home maintenance tasks	<input type="checkbox"/> 1
5. Does not participate in any housekeeping tasks	<input type="checkbox"/> 0
<b>SCORE</b>	

<b>E. Laundry</b>	
1. Does personal laundry completely	<input type="checkbox"/> 1
2. Launders small items; rinses stockings, etc.	<input type="checkbox"/> 1
3. All laundry must be done by others	<input type="checkbox"/> 0
<b>F. Mode of Transportation</b>	
1. Travels independently on public transportation or drives own car	<input type="checkbox"/> 1
2. Arranges own rides, but does not otherwise use public transportation	<input type="checkbox"/> 1
3. Travels on public transportation when accompanied by another	<input type="checkbox"/> 1
4. Travels only when arranged by another	<input type="checkbox"/> 0
5. Does not travel at all	<input type="checkbox"/> 0
<b>G. Responsibility for Own Medications</b>	
1. Is responsible for taking medication in correct dosages at correct time	<input type="checkbox"/> 1
2. Takes responsibility if medication is prepared in advance in separate dosage	<input type="checkbox"/> 0
3. Is not capable of dispensing own medication	<input type="checkbox"/> 0
<b>H. Ability to Handle Finances</b>	
1. Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income	<input type="checkbox"/> 1
2. Manages day-to-day purchases, but needs help with banking, major purchases, etc.	<input type="checkbox"/> 1
3. Incapable of handling money	<input type="checkbox"/> 0
<b>SCORE</b>	

**A summary score ranges from 0 (low function, dependent) to 8 (high function, independent).**

Does the information collected indicate that the alleged victim has a physical  Yes  No or mental condition impacting the ability to meet basic needs, indicating a dependent adult status?

**Summary of dependency status:**

### **Adult Subject Risk of Abuse or Neglect Assessment**

1. Prior APS assessments/evaluations
  - a. None
  - b. 1 – 3
  - c. 4 or more
2. Medical
  - a. Sees medical provider as needed and follows recommendations
  - b. Barriers to access or follow through with medical care
  - c. Refuses care or follow through
3. Cognitive functioning
  - a. No impairment identified on cognitive assessment
  - b. Cognitive impairment identified on assessment but needs being met
  - c. Cognitive impairment identified with unmet needs
4. Physical mobility
  - a. No mobility problems or this is adequately addressed
  - b. Mobility concerns interfere with the ability to meet basic needs
  - c. Unable to transfer without assistance or perform ADLs due to mobility
5. Number of hospital stays or emergency room visits in past 12 months
  - a. 0 – 1
  - b. 2 – 3
  - c. 4 or more
6. Mental health/coping skills
  - a. Adequate coping skills and/or able to manage mental health
  - b. Moderate symptoms that interfere with performance of some daily activities
  - c. Severe symptoms that interfere with performance of most or all ADLs
7. Substance abuse
  - a. No substance use OR does not impact health or safety
  - b. Substance use has resulted in legal charges, medical issues or treatment
  - c. Substance use hinders most or all daily activities and impacts health/safety
8. Committal history for substance abuse or mental health in the past 24 months
  - a. No
  - b. Yes
9. Support system
  - a. Adult subject accepts supports to assist with meeting essential needs or no support needed
  - b. Supports needed and adult subject would consider supports being implemented or the current supports are insufficient to meet needs

- c. Supports needed but adult subject refuses supports or has no supports
10. Housing/environment
    - a. Housing meets basic needs for health and safety
    - b. Housing does not meet basic needs for health and safety
  11. Finances and resources
    - a. Finances and resources meet basic needs
    - b. Finances and resources are insufficient to meet basic needs
    - c. Adult subject is helping to support caretaker
  12. Services and care recommendations
    - a. Services in place address needs, is willing to accept necessary services, or none needed
    - b. History of service refusal/noncompliance
    - c. Currently refuses referrals or recommendations for necessary services
  13. Family violence
    - a. Adult subject does not have a history of victimization
    - b. Adult subject has a history of victimization as a child or as an adult
    - c. Adult subject has a history of victimization by the current caretaker/perpetrator

Final score: \_\_\_\_

<b>Risk Assessment of Alleged Person Responsible for Abuse/Neglect</b>
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1. Prior protective (child and adult) assessments/evaluations
  - a. None
  - b. One or more assessments
  - c. One or more confirmed/founded
2. Cognitive functioning
  - a. Caretaker exhibits adequate cognitive functioning
  - b. Cognitive impairment in caretaker intermittently interferes with ability to provide care
  - c. Cognitive impairment substantially interferes with ability to provide care
3. Caretaker knowledge/skills
  - a. Caretaker has adequate knowledge/skills
  - b. Some concerns related to knowledge/skills
  - c. Significant concerns related to knowledge/skills
4. Physical health and ability
  - a. Caretaker's health and ability does not interfere with care
  - b. Caretaker's health and ability occasionally interferes with care
  - c. Caretaker's health and ability interferes with care
5. Mental health/coping skills
  - a. Caretaker is able to meet the adult subject's care needs
  - b. Caretaker's mental health occasionally interferes with care OR  
Caretaker has difficulty adapting to changing care needs
  - c. Caretaker's mental health consistently interferes with care OR  
Caretaker is unable to adapt to changing care needs
6. Substance use
  - a. Caretaker does not use substances OR substance use does not interfere with care
  - b. Caretaker's substance use intermittently interferes with care



- c. Caretaker's substance use consistently interferes with care
7. Family violence
    - a. Caretaker has no history of perpetrating family or domestic violence
    - b. Caretaker has a history of perpetrating family or domestic violence
    - c. Caretaker has a history of victimization by the adult subject
    - d. Caretaker has exhibited violent or threatening behavior toward alleged victim
  8. Finances and resources
    - a. Caretaker does not have access to adult subject's finances/resources
    - b. Caretaker has access to adult subject's finances/resources
    - c. Caretaker has a history of or is currently misusing the adult subject's finances/resources
    - d. Caretaker and adult subject have interdependent finances
  9. Services and care recommendations
    - a. Caretaker cooperates with services or care recommendations as needed
    - b. Caretaker refuses services however care is arranged through alternate sources
    - c. Caretaker unwilling/unable to arrange necessary services
    - d. Caretaker refuses necessary services and care recommendations

Final score: \_\_\_\_

### Summary and Analysis of Safety Constructs Narrative

**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's protective capacities** (family/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 child safety):

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

### Policy Overrides

Mark the conditions shown below that are applicable in this case. If any condition is applicable, override final risk to **high**.

1.  Sexual abuse case **and** the alleged caretaker is likely to have access to adult subject.
2.  Serious, non-accidental physical injury requiring hospital or medical treatment.

**Policy override risk level:**  High  Not Applicable

**Discretionary override:** If a discretionary override is made, mark YES and indicate reason. Otherwise mark NO. (Risk level will be overridden one level HIGHER. Risk level *may NOT be lowered.*)

No  Yes

**Discretionary override reason:**

Supervisor's Review/Approval of Discretionary Override

Signature	Date
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**FINAL RISK LEVEL:** \_\_\_\_