

ADULT PROTECTIVE SERVICES INTAKE SCREENING INFORMATION

(Can be used as a desk aid in gathering information related to a report of abuse, neglect, and/or exploitation.)

Information indicated in red is required for a referral to be entered into the Ohio Database for Adult Protective Services (ODAPS)

Agency Information

Date of Referral	Time
Received By	County
Method of Receipt/Referral Source <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Letter <input type="checkbox"/> Walk-in <input type="checkbox"/> Online	
Type of Allegation <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Self <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation	

Reporting party/Referent Information

(Referent information preferred; referent can remain anonymous)

Referent Name	Address	
Telephone Number - Home	Cell	Work
Relationship to Subject	Anonymity Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mandated Reporter <input type="checkbox"/> Yes <input type="checkbox"/> No	Reporters Knowledge of Allegation <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	

Adult Client Demographic Information

Adult Name <i>(first, middle, last)</i>	Address	
Telephone Number	D.O.B	Approximate Age
Gender <input type="checkbox"/> Male <input type="checkbox"/> Transgender Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female <input type="checkbox"/> Not provided	Social Security Number	Income Source and Monthly Amount

Name of Adult: _____
APS Intake Screening Information (Ohio Department of Job and Family Services)

Allegation/Reported Concern

- Physical Abuse Sexual Abuse Neglect
Self Neglect Emotional/Verbal Abuse Exploitation

Details/Description –

Race

- Caucasian Black/African American Hispanic/Latino Multiracial
Asian American Indian/Native American Hawaiian/ Pacific Islander Not Disclosed

Language Spoken

- Language Barriers Yes No
Interpreter Needed Yes No

Physical conditions/Impairments Yes No *(If yes, check box(s) below)*

- Mental/Emotional (describe) -
Physical (Blind Deaf/Hearing impaired Limited mobility No mobility Other)

Marital Status

- Married Significant Other/ Partner Separated Divorced
Widowed Single Unknown

Living Arrangements

- Own Home Lives with Caregiver Assisted Living
Group Home Shelter Homeless

Worker Safety Issues? Yes No *(If yes, check below)*

- Neighborhood Animals Drugs Weapons Communicable Disease
Environmental Hazards Violent Behavior Other (Explain) –

Are there others living in the adult's home? (describe other household members and what their relationships are)

Are other social service agencies or entities involved with the adult? Do they have a support system?

- Yes No

If yes, please list the entities with contact information

Name of Adult: _____

Alleged Perpetrator Information		
Name	Address	
Telephone Number Home	Cell	Work
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Access to Adult/Legal Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?	
Living Arrangements <input type="checkbox"/> Lives with adult <input type="checkbox"/> Does not live with adult <input type="checkbox"/> Unknown		
Relationship to Adult <input type="checkbox"/> Spouse <input type="checkbox"/> Adult Child <input type="checkbox"/> Grand Child <input type="checkbox"/> Agency/Professional <input type="checkbox"/> Other <input type="checkbox"/> Paid Caregiver <input type="checkbox"/> Friend/Acquaintance <input type="checkbox"/> Other Relative <input type="checkbox"/> Unknown		
Perpetrator Characteristics/Known Illegal Activity <input type="checkbox"/> Mental Impairments <input type="checkbox"/> Physical Impairments <input type="checkbox"/> Violent Behavior <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Weapons <input type="checkbox"/> Communicable Disease <input type="checkbox"/> N/A <input type="checkbox"/> Other (explain) -		
Caretaker Information		
Is the caretaker also the alleged perpetrator? <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>If no, complete the information below</i>		
Name	Address	
Telephone Number Home	Cell	Work
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Access to Adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?	
Living Arrangements <input type="checkbox"/> Lives with adult <input type="checkbox"/> Does not live with adult <input type="checkbox"/> Unknown		
Relationship to Adult <input type="checkbox"/> Spouse <input type="checkbox"/> Adult Child <input type="checkbox"/> Grand Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Paid Caregiver <input type="checkbox"/> Friend/Acquaintance <input type="checkbox"/> Unknown <input type="checkbox"/> Other		

Name of Adult: _____
 APS Intake Screening Information (Ohio Department of Job and Family Services)

Caretaker Characteristics <input type="checkbox"/> Mental Impairments <input type="checkbox"/> Physical Impairments <input type="checkbox"/> Violent Behavior <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Weapons <input type="checkbox"/> Communicable Disease <input type="checkbox"/> Other (explain) -	
Referral Status	
Open for Investigation Information/Referral (I&R) Cross Referral to another agency (name of agency) - Screen out (explain) -	
Priority Rating <input type="checkbox"/> Emergency (24 hours) <input type="checkbox"/> Non-Emergency (3 business days)	Law Enforcement Needed for Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments	

Name of Adult: _____
 APS Intake Screening Information (Ohio Department of Job and Family Services)