

# TRIBAL ADULT PROTECTIVE SERVICES INTAKE REPORT

PLACE TRIBAL  
SEAL HERE

DATE RECEIVED: \_\_\_\_\_

NOTE: LISTEN TO THE REPORTER'S CONCERNS AND ADDRESS THEM  
BEFORE ASKING FOR THE INFORMATION TO COMPLETE THIS FORM.

## ALLEGED VICTIM INFORMATION:

CASE NUMBER: ( LAST NAME, DATE)	
TIME RECEIVED:	
NAME OF ( CLIENT ELDER ALLEGED VICTIM): NICKNAME:	
DATE OF BIRTH:	
SEX:	
ADDRESS AND CURRENT LOCATION:	
TELEPHONE NUMBERS:	
CASE MANAGER:	
GUARDIAN OR DPOA:	
TRIBAL AFFILIATION:	

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## ACCUSED PARTY INFORMATION:

NAME OF (ACCUSED PERSON ALLEGED PERPETRATOR): NICKNAME:	
DOB:	
SEX:	
ADDRESS AND CURRENT LOCATION: OTHER CONTACT FOR THE ACCUSED PERSON OR LOCATION: IF UNKNOWN, LAST KNOWN ADDRESS OR LOCATION:	
PHONE NUMBER:	
RELATIONSHIP TO ELDER VULNERABLE ADULT:	
TRIBAL AFFILIATION:	

## COLLATERAL INFORMATION:

NAME:	
DOB:	
SEX:	
ADDRESS AND CURRENT LOCATION:	
PHONE NUMBER:	
RELATIONSHIP TO ELDER VULNERABLE ADULT:	
TRIBAL AFFILIATION:	
INFORMATION THAT CAN BE PROVIDED:	

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## ALLEGATION SUMMARY: (WHAT IS THE CONCERN?)

ASSISTIVE DEVICES (WHEELCHAIR, WALKER, AND CANE), HEARING OR EYESIGHT ISSUES (GLASSES, HEARING AID?), COGNITIVE CONCERNS, MEDICAL ISSUES, DISABILITY.

ANY SPECIAL CONCERNS IN COMMUNICATING WITH THE CLIENT (ELDER, ALLEGED VICTIM, VULNERABLE ADULT):

MEDICAL PROVIDER:  
HEALTH CONCERNS:  
MEDICATIONS IF KNOWN:  
ALLEGATION: ABUSE, EXPLOITATION, NEGLECT, SELF-NEGLECT, SPIRITUAL ABUSE  
DOES THE ACCUSED PERSON HAVE ACCESS TO THE CLIENT (ELDER, VULNERABLE ADULT, ALLEGED VICTIM)? PLEASE EXPLAIN.



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## CONFIDENTIAL REFERENT/REPORTER:

NAME:	
ADDRESS:	
PHONE NUMBER, REQUEST FOR CALL BACK:	
REQUESTS CONFIDENTIALITY:	
RELATIONSHIP TO (CLIENT, VULNERABLE ADULT, ALLEGED VICTIM OR ELDER):	

## LAW ENFORCEMENT INFORMATION:

COPY OF INTAKE OR REPORT MADE  
TO LAW ENFORCEMENT:

JURISDICTION: POLICE, SHERIFF,  
COUNTY:

OFFICER INVOLVED:

CASE NUMBER IF ASSIGNED:

OTHER POLICE INFORMATION:


**SAFETY ISSUES: WEAPONS (SPECIFY THE WEAPON AND LOCATION OF WEAPON), PRESENCE OF ANIMALS, SUICIDE ATTEMPT OR THREATS, MENTAL HEALTH ISSUES OR INVOLVEMENT, HISTORY OF VIOLENCE. IS THE ACCUSED PERSON LIKELY TO REACT VIOLENTLY? ARE THERE CONCERNS OF THREATS TO OTHERS? SUBSTANCE ABUSE ISSUES. PRIOR CONVICTIONS OR CRIMINAL HISTORY? OTHER SAFETY ISSUES.**

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**ADDITIONAL INFORMATION: (DIRECTIONS, OTHER)**

**EMERGENCY CONTACT:**

**FORMAL AGREEMENTS: (MEMORANDUM OF UNDERSTANDING OR MEMORANDUM OF AGREEMENT, RELEASE OF INFORMATION FORM)**

**MEETS TRIBAL CRITERIA FOR (ELDER OR VULNERABLE ADULT UNDER THE TRIBAL LAW):**

**PERSON COMPLETING REPORT:**

<b>NAME:</b>	
<b>CONTACT INFORMATION:</b>	
<b>WAS THE REPORT SCREENED IN AND WHO WAS ASSIGNED:</b>	
<b>PLAN:</b>	

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