

Dependent Adult Abuse Evaluation or Assessment Report

Date of Report		Report Determination	
Date of Intake		Registry Number	County/Service Area
Name of Dependent Adult	Age	DOB	
Current Living Arrangement	Address		Phone
Name of Person Determined to be Responsible for Abuse			
Address		Phone	
DOB	SSN	Relationship to Adult	
Name of Guardian, Conservator or Other Person Responsible for Dependent Adult			
Address		Phone	
<input type="checkbox"/> Abuse unfounded			
Type of Abuse Founded			
<i>Evaluation – There is a caretaker.</i>			
<input type="checkbox"/> Physical abuse			
<input type="checkbox"/> Physical injury	<input type="checkbox"/> Injury at variance with history	<input type="checkbox"/> Unreasonable confinement	
<input type="checkbox"/> Punishment	<input type="checkbox"/> Assault		
<input type="checkbox"/> Sexual			
<input type="checkbox"/> First degree	<input type="checkbox"/> Assault with intent to commit	<input type="checkbox"/> Indecent exposure	
<input type="checkbox"/> Second degree	<input type="checkbox"/> Detention in brothel	<input type="checkbox"/> Exploitation by counselor or therapist	
<input type="checkbox"/> Third degree	<input type="checkbox"/> Incest	<input type="checkbox"/> Invasion of privacy	
<input type="checkbox"/> Sexual exploitation by caretaker			
<input type="checkbox"/> Critical care			
<input type="checkbox"/> Food	<input type="checkbox"/> Supervision	<input type="checkbox"/> Care necessary to maintain life or health	
<input type="checkbox"/> Shelter	<input type="checkbox"/> Physical care		
<input type="checkbox"/> Clothing	<input type="checkbox"/> Mental health care		
<input type="checkbox"/> Exploitation			
Value of exploitation:			
<i>Assessment – There is no caretaker.</i>			
<input type="checkbox"/> Critical care due to actions of the dependent adult			
<i>Assessment – The abuse is confirmed, not registered.</i>			
<input type="checkbox"/> Physical abuse		<input type="checkbox"/> Critical care	
Date Abuse Occurred		Where Abuse Occurred	

Outcome – Dependent Adult	
Legal: <input type="checkbox"/> Guardian/conservator	<input type="checkbox"/> Protective order
Services: <input type="checkbox"/> Removed from living arrangement	<input type="checkbox"/> Referred for services <input type="checkbox"/> No services needed
Abuse History:	Death: <input type="checkbox"/> No <input type="checkbox"/> Yes
Outcome – Person Responsible for Abuse	
Legal: <input type="checkbox"/> Referred to law enforcement	<input type="checkbox"/> Court order requested to prevent further abuse
<input type="checkbox"/> Charged with crime	<input type="checkbox"/> Sentenced
<input type="checkbox"/> Abuse history:	
Services: <input type="checkbox"/> Offender program	<input type="checkbox"/> Services provided <input type="checkbox"/> No services provided
Worker Name	Date
Supervisor	Date

Narrative report with:

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| <ul style="list-style-type: none"> ◆ Allegations, ◆ Actions to protect and assessment of dependent adult safety, ◆ Summary of contacts, | <ul style="list-style-type: none"> ◆ Evaluative or assessment conclusions, ◆ Recommendations for services, and ◆ Recommendation for district court action. |
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