

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

Form header with fields: COUNTY APS/OMBUDSMAN CASE NUMBER, RECEIVING AGENCY USE ONLY, LAW ENFORCEMENT CASE/FILE NUMBER

A. VICTIM

Victim information fields: *NAME (LAST NAME FIRST), *AGE, DATE OF BIRTH, SSN, SEX, ETHNICITY, LANGUAGE, *ADDRESS, *PRESENT LOCATION, ELDERLY/DEVELOPMENTALLY DISABLED/MENTALLY DISABLED/PHYSICALLY DISABLED/UNKNOWN, LIVES ALONE/LIVES WITH OTHERS

*B. REPORTING PARTY (Please check if reporting party waives confidentiality).

Reporting party fields: *NAME (PRINT), SIGNATURE, OCCUPATION, AGENCY, RELATION TO VICTIM, WHERE TO CONTACT: (STREET), (CITY), (ZIP CODE), TELEPHONE

C. INCIDENT INFORMATION - Address where incident Occurred

Incident information fields: *DATE/TIME OF INCIDENT(S), PLACE OF INCIDENT (OWN HOME, COMMUNITY CARE FACILITY, HOSPITAL/ACUTE CARE HOSPITAL, HOME OF ANOTHER, NURSING FACILITY/SWING BED, OTHER)

*D. REPORTED TYPES OF ABUSE (CHECK ALL THAT APPLY).

Abuse types fields: 1. PERPETRATED BY OTHERS (WIC 15610.07) [ASSAULT/BATTERY, CONSTRUCTION OR DEPRIVATION, CHEMICAL RESTRAINT, MEDICATION, OTHER], 2. SELF-NEGLECT (WIC 15610.57(b)(5)) [PHYSICAL CARE, MEDICAL CARE, HEALTH and SAFETY HAZARDS, MALNUTRITION/DEHYDRATION, OTHER]

Abuse resulted in fields: (CHECK ALL THAT APPLY) NO PHYSICAL INJURY, MINOR MEDICAL CARE, HOSPITALIZATION, CARE PROVIDER REQUIRED, DEATH, MENTAL SUFFERING, OTHER (SPECIFY), UNKNOWN

*E. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (e.g., animals, weapons, communicable diseases, etc.). Check if medical, financial, photographs or other supplemental information is attached.

Blank lines for reporter's observations and statements.

F. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).

Family member fields: *NAME, IF CONTACT PERSON ONLY (CHECK), *RELATIONSHIP, *ADDRESS, *ZIP CODE, *TELEPHONE

*G. COLLATERAL CONTACTS AND/OR PERSONS BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (e.g., family, significant others, neighbors, medical providers and agencies involved, etc.)

Table with 4 columns: NAME, ADDRESS, TELEPHONE NO., RELATIONSHIP

H. SUSPECTED ABUSER Please check if Self-Neglect

Suspected abuser fields: NAME OF SUSPECTED ABUSER, CARE CUSTODIAN (type), HEALTH PRACTITIONER (type), PARENT, SON/DAUGHTER, OTHER, SPOUSE, OTHER RELATION, ADDRESS, *ZIP CODE, TELEPHONE, SEX, ETHNICITY, AGE, D.O.B., HEIGHT, WEIGHT, EYES, HAIR

I. TELEPHONE REPORT MADE TO: (Completed by Mandated Reporter)

Telephone report fields: NAME OF OFFICIAL CONTACTED BY PHONE, TELEPHONE, DATE/TIME

J. WRITTEN REPORT Mailed or Faxed

Written report fields: AGENCY NAME, ADDRESS OR FAX #, DATE MAILED OR FAXED

K. AGENCY USE ONLY Telephone Report Written Report

Agency use fields: 1. Report Received by: Date/Time: 2. Assigned Immediate response Ten-day response No face-to-face required Approved by: Assigned to (optional): 3. Cross-Reported to: APS Law Enforcement Ombudsman State Dept. of Mental Health State Dept. of Developmental Services CCL State Dept. of Health Services Licensing & Crt Bureau of Medi-Cal Fraud & Elder Abuse Professional Board Other (Specify)

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE GENERAL INSTRUCTIONS

PURPOSE OF FORM

This form, as adopted by the California Department of Social Services, is required under WIC Sections 15630 and 15658(a)(1). This form serves to document the information given by the reporting party on the suspected incident of abuse of an elder or dependent adult. **“Elder,”** as defined in WIC Section 15610.27 means any person residing in this state 65 years of age or older. **“Dependent Adult,”** as defined in WIC Section 15610.23 means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code (H & S).

REPORTING RESPONSIBILITIES

Mandated reporters* (see definition) shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, neglect (including self-neglect), isolation and abandonment) involving an elder or dependent adult. **The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:**

- The County Adult Protective Services (APS) agency or the local law enforcement agency (e.g., private residence, hotel or homeless shelter).
- Long-term care ombudsman program or the local law enforcement agency (e.g., nursing home, community care facility, residential care facility for the elderly or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (Sonoma State Hospital, Lanterman State Hospital, Porterville State Hospital, Fairview State Hospital, Agnews State Hospital).

WHAT TO REPORT

Any mandated reporter* who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, or neglect (including self-neglect), or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report (SOC 341) sent within two working days to the appropriate agency.

MULTIPLE REPORTERS

When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of abuse of an elder or dependent adult and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single written report may be made and signed by the selected member of the reporting team. Any member, who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.

FAILURE TO REPORT

Failure to report physical abuse (including sexual abuse), abandonment, isolation, financial abuse, or neglect (including self-neglect) of an elder or dependent adult is a misdemeanor, punishable by not more than six months in the county jail or by a fine of not more than \$1,000, or both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in a county jail, a fine of up to \$5,000, or both imprisonment and fine.

EXCEPTIONS TO REPORTING (WIC 15630 (2) (A))

A mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

- (i) The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect.
- (ii) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- (iii) The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- (iv) In the exercise of clinical judgement, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

In a long-term care facility, a mandated reporter who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the state office of the long-term care ombudsman, have access to plans of care and have the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse (**WIC 15630 (3)(A)**):

- (i) The mandated reporter is aware that there is a proper plan of care.
- (ii) The mandated reporter is aware that the plan of care was properly provided or executed.
- (iii) A physical, mental, or medical injury occurred as a result of care pursuant to clause (i) or (ii).
- (iv) The mandated reporter reasonably believes that the injury was not the result of abuse.

GENERAL INSTRUCTIONS (continued)

WRITTEN REPORT / TELEPHONE REPORT

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse. Complete asterisk (*) sections on the form when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services.
2. If any item of information is unknown, write "unknown" beside the item.
3. Part B. REPORTING PARTY - Please check if reporting party waives confidentiality.
4. Part B. REPORTING PARTY - Mandated reporters* (see definition below) are required to give their names, and Non-mandated reporters may report anonymously.
5. Part C. INCIDENT INFORMATION - Please provide best-known time frame (e.g., 2 days, 1 week or ongoing).
6. Part D. Please check all types of suspected abuse that apply.
7. Part E. Reporter may attach medical diagrams, photographs of injuries or environment, etc.
8. Part I. TELEPHONE REPORT MADE TO: - The mandated reporter completes this section after making the telephone report.
9. Part K. AGENCY USE ONLY - This section may be used by the agency receiving the written report.

DISTRIBUTION OF (SOC 341) FORM/COPIES

- Mandated Reporter - After making the telephone report send the original and one copy to the receiving agency and keep one copy for your file.
- Receiving Agency - Original to case file. A copy may be used to cross-report or may be discarded.

IDENTITY OF THE REPORTER

The identity of all persons who report under Chapter 11 shall be confidential and disclosed only between adult protective services agencies, local law enforcement agencies, long term care ombudsman coordinators, Bureau of Medi-Cal Fraud and Elder Abuse of the Office of the Attorney General, licensing agencies, or their counsel, Investigators of the Department of Consumer Affairs who investigate elder and dependent adult abuse, or upon waiver of confidentiality by the reporter, or by court order.

REPORTING PARTY DEFINITIONS

***Mandated Reporters (WIC 15630(a))** - Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or a local law enforcement agency is a mandated reporter.

Care custodian (WIC 15610.17) - means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff:

- ♦ 24-hour health facilities (as defined in H&S 1250, 1250.2, 1250.3)
- ♦ Home health agencies
- ♦ Agencies providing publicly funded in-home supportive services, nutrition services or other home and community-based support services
- ♦ Secondary schools that serve 18 to 22 year old dependent adults and postsecondary educational institutions that serve dependent adults or elders
- ♦ Alzheimer's Disease day care resource centers
- ♦ Community care facilities, as defined in Section 1502 of the H&S Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the H&S Code.
- ♦ Vocational rehabilitation facilities and work activity centers
- ♦ California Department of Social Services and California Department of Health Services licensing divisions
- ♦ Regional center for persons with developmental disabilities
- ♦ Offices of patients' rights advocates and clients' rights advocates, including attorneys
- ♦ Offices of public conservators, public guardians, and court investigators
- ♦ Adult day health care centers
- ♦ Any protection or advocacy agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following:
 - 1) The federal Developmental Disability Assistance and Bill of Rights Act, as amended, contained in Chapter 75 (commencing with Section 6000) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with developmental disabilities.
 - 2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illnesses.
- ♦ Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults.

Health Practitioner (WIC 15610.37) - means all of the following:

- ♦ Physician and surgeon
- ♦ Resident
- ♦ Licensed Nurse
- ♦ Psychiatrist
- ♦ Intern
- ♦ Dentist
- ♦ Dental Hygienist
- ♦ Psychologist
- ♦ Licensed Clinical Social Worker or Intern
- ♦ Podiatrist
- ♦ Chiropractor
- ♦ A marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions code.
- ♦ Any emergency medical technician I or II or paramedic.
- ♦ Any person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
- ♦ Any psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
- ♦ A marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
- ♦ Unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code.
- ♦ A State or county public health or social service employee who treats an elder or dependent adult for any condition.
- ♦ A coroner.
- ♦ A religious practitioner who diagnoses, examines or treats elders or dependent adults.