



Department of Job and Family Services

John R. Kasich, Governor
Michael B. Colbert, Director

Family, Children and Adult Services Procedure Letter No. ____

TO: Family, Children, and Adult Services Manual Holders

FROM: Michael B. Colbert, Director

SUBJECT: JFS 07131 (Adult Protective Services Protocol)

This procedure letter introduces the JFS 07131 (Adult Protective Services Protocol) which is an information tool that outlines adult protective services (APS) operations in Ohio. The protocol was written to assist APS workers in performing their job responsibilities more efficiently.

This document outlines the various activities and task in the delivery of APS, from identifying signs and symptoms of abuse, neglect and exploitation, to case termination. A sample assessment tool, reporting forms and court filing forms have been included in the protocol as a guide.

INSTRUCTIONS:

The following chart depicts what materials should be inserted in the Family, Children and Adult Services Manual (FCASM).

Table with 3 columns: LOCATION, REMOVE AND FILE AS OBSOLETE, INSERT/REPLACEMENT. Rows include SOCIAL SERVICES, Adult Services, FORMS, and PROCEDURE LETTERS.

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Department of
Job and Family Services

TO STRENGTHEN OHIO'S FAMILIES WITH SOLUTIONS TO TEMPORARY CHALLENGES

Adult Protective Services Protocol 2013



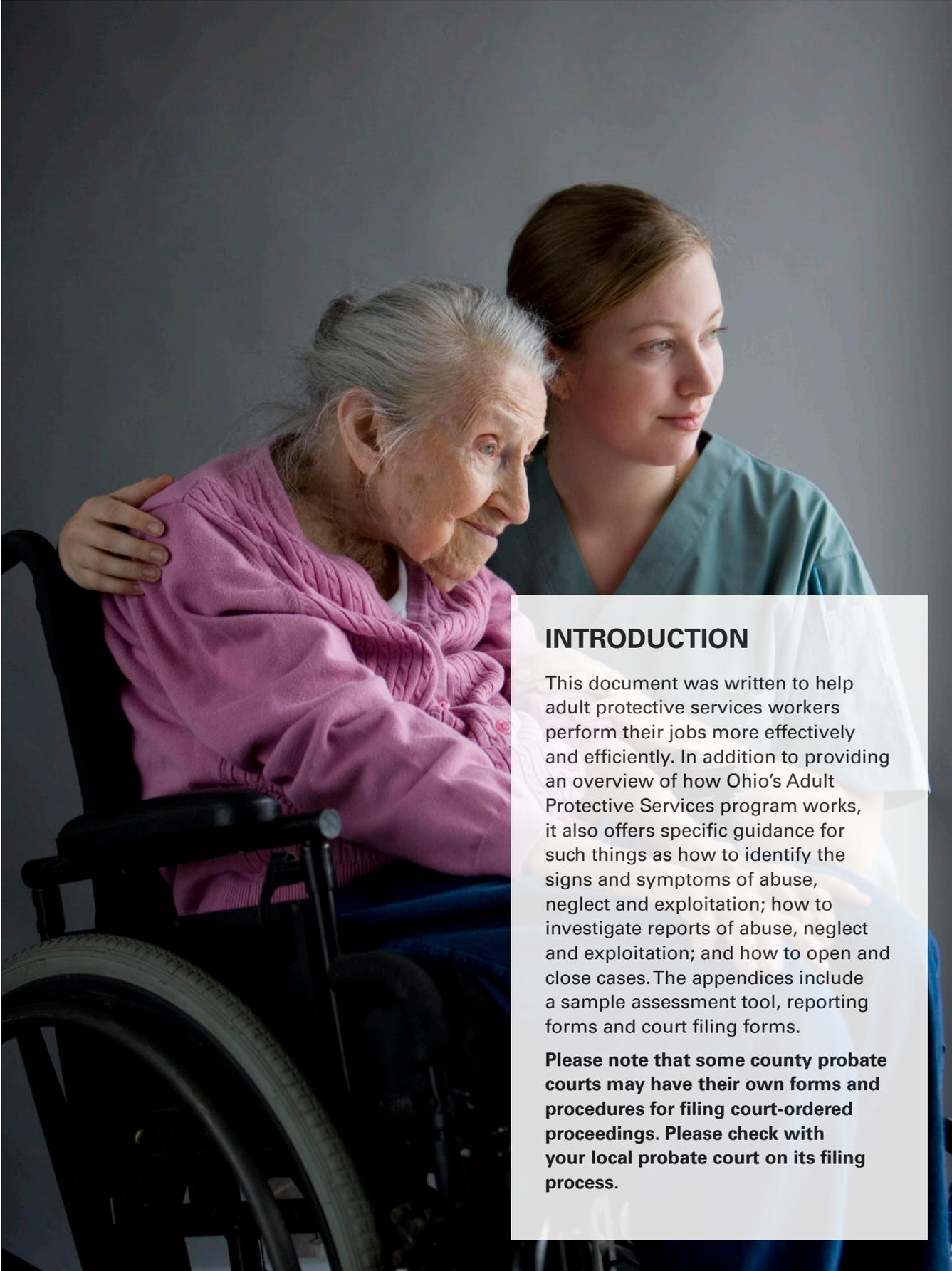
Office for Families and Children
Bureau of Child and Adult Protective Services

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INTRODUCTION

This document was written to help adult protective services workers perform their jobs more effectively and efficiently. In addition to providing an overview of how Ohio's Adult Protective Services program works, it also offers specific guidance for such things as how to identify the signs and symptoms of abuse, neglect and exploitation; how to investigate reports of abuse, neglect and exploitation; and how to open and close cases. The appendices include a sample assessment tool, reporting forms and court filing forms.

Please note that some county probate courts may have their own forms and procedures for filing court-ordered proceedings. Please check with your local probate court on its filing process.

What Are Adult Protective Services?

Adult protective services help vulnerable adults age 60 and older who are in danger of harm, are unable to protect themselves, and may have no one to assist them.

The Ohio Department of Job and Family Services (ODJFS) supervises the state's Adult Protective Services (APS) program. ODJFS plans and develops programs and writes rules and regulations pertaining to adult protective services. The county departments of job and family services receive and investigate reports of abuse, neglect and exploitation of vulnerable adults and intervene to protect vulnerable adults. County agencies may have APS departments or designate other agencies to carry out APS activities.

Ohio's APS law was enacted in 1981 and is spelled out in Ohio Revised Code (ORC) sections 5101.60 through 5101.72.



Program Guiding Principles

- Adults have the right to be safe.
- Adults have the right to make decisions that do not conform with social norms, as long as they do not harm others.
- Adults retain all their civil and constitutional rights unless some of these rights have been restricted by court action.
- Adults are presumed to have decision-making capacity unless a court rules otherwise.
- Adults with cognitive capacity have the right to accept or refuse services.
- Adults who seem to lack cognitive capacity must be professionally evaluated. If a lack of capacity is confirmed, APS and the courts will take steps to protect the person from harm.¹

Program Goals

- To prevent, reduce or remedy conditions that endanger adults 60 and older, through the appropriate provision of services.
- To maximize adults' independence and self-direction.
- To prevent unnecessary institutionalizations and to enable adults to remain in their own homes as long as possible with the least restrictive alternative.

Program Funding

The APS program is funded by Title XX of the Social Security Act, also known as the Social Services Block Grant, as well as with Ohio General Revenue Funds.

The federal government allows states to spend Title XX funds on 28 possible services. ODJFS distributes Title XX money to the county departments of job and family services. Some counties use these funds to provide and/or contract for homemaker, home health aide and day care services for adults, in addition to adult protective services.

In addition, some counties may have APS levy funds available or funds from private and/or charitable agencies designated for APS services.

APS Services Provided to Counties by ODJFS

- ODJFS provides guidance and shares best practices with counties.
- ODJFS provides monthly, quarterly and annual data reports to counties.
- ODJFS offers APS training regionally through the Ohio Human Services Training System.

APS Reporting System

The APS case incident reporting system is a web-based data collection system designed to receive, compile and store elder abuse, neglect and exploitation case information from all 88 Ohio counties. Information collected and entered into the reporting system includes the dates reports were received and investigated, client demographic information, client's living arrangements, client's relationship to the alleged perpetrator, primary allegation(s), secondary findings, and allegations finding results.

¹ National Adult Protective Services Resources Center

The Ohio Human Services Training System

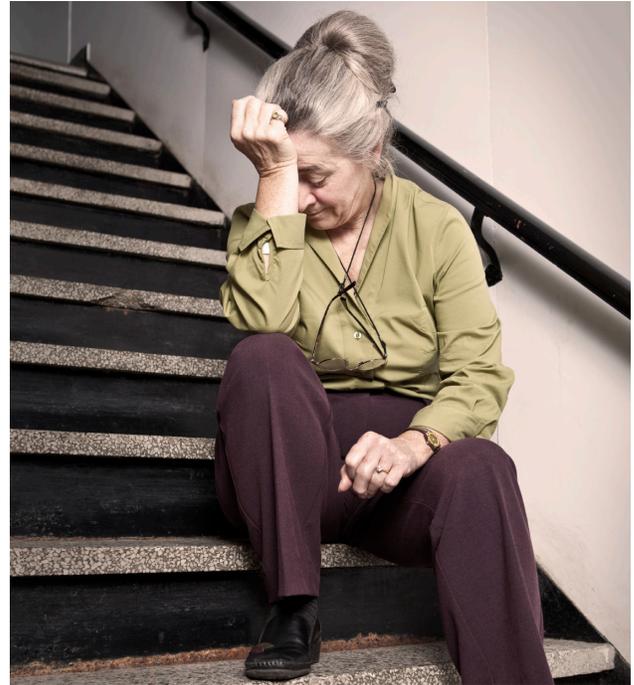
The Ohio Human Services Training System is a comprehensive, competency-based in-service training program. The program was designed to develop the knowledge and skills of county job and family services workers and their community partners to help them effectively address the varied and changing needs of vulnerable Ohio adults whose service goals include self-sufficiency and safety. All courses are free of charge to both county staff and their community partners.

Adult Protective Services Definitions

The following definitions are excerpted from the Ohio Administrative Code.

“Abuse - means the infliction upon an adult by self or others of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm, pain, or mental anguish.”

“Adult - means any person sixty years of age or older within this state who is handicapped by the infirmities of aging or who has a physical or



mental impairment which prevents the person from providing for the person’s own care or protection, and who resides in an independent living arrangement. An ‘independent living arrangement’ is a domicile of a person’s own choosing, including, but not limited to, a private home, apartment, trailer, or rooming house. An ‘independent living arrangement’ includes an adult care facility licensed pursuant to Chapter 5119.70 of the Revised Code, but does not include other institutions or facilities licensed by the state for facilities in which a person resides as a result of voluntary, civil, or criminal commitment.”

“Adult Protective Services - means an array of services provided to adults who are at risk of abuse, neglect or exploitation. Services include but are not limited to: intake/ referral, investigating reports of abuse, neglect, or exploitation, and protective services.”

“Caretaker - means a person assuming responsibility for the care of an adult on a voluntary basis, by contract, through receipt of payment for care, as a result of a family relationship, or by order of a court of competent jurisdiction.”

“Court - means the probate court in the county where an adult resides.”

“Designated Agency - means an agency which is designated through a contract/written agreement with the county department of job and family

services (CDJFS) to perform the department's duties of investigating reports of suspected abuse, neglect, or exploitation; evaluating the need for, and to the extent of available funds, providing or arranging for the provision of protective services."

"Emergency - means that the adult is living in conditions which present a substantial risk of immediate and irreparable physical harm or death to self or any other person."

"Emergency Services - means protective services furnished to an adult in an emergency."

"Emotional Abuse - means to threaten, humiliate, intimidate, or psychologically harm an adult. Also, the violation of an adult's right to make decisions and loss of privacy."

"Exploitation - means the unlawful or improper act of a caretaker using an adult or an adult's resources for monetary or personal benefit, profit or gain."

"In need of protective services - means an adult known or suspected to be suffering from abuse, neglect, or exploitation to an extent that either life is endangered or physical harm, mental anguish or mental illness results or is likely to result."

"Incapacitated person - means a person who is impaired for any reason to the extent that he lacks sufficient understanding or capacity to make and carry out reasonable decisions concerning the person's self or resources, with or without the assistance of a caretaker. Refusal to consent to the provision of services shall not be the sole determinative that the person is incapacitated. 'Reasonable decisions' are decisions made in daily living which facilitate the provision of food, shelter, clothing, and health care necessary for life support."

"Mental illness - means a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life."

"Neglect - means failure of an adult to provide for self goods or services necessary to avoid physical harm, mental anguish, or mental illness or the failure of a caretaker to provide such goods or services."

"Non validated Report (unsubstantiated) - means no evidence to verify or substantiate

the allegation of abuse/self neglect/neglect/exploitation."

"Peace Officer - means a peace officer as defined in section 2935.01 of the Revised Code."

"Physical Abuse - means intentional use of physical force resulting in bodily injury, pain or impairment."

"Physical harm - means bodily pain, injury, impairment or disease suffered by an adult."

"Protective Services - means services provided by the county department of job and family services or its designated agency to an adult who has been determined by evaluation to require such services for the prevention, correction or discontinuance of an act of, as well as, conditions resulting from abuse, neglect or exploitation. Protective services may include, but are not limited to, case work services, medical care, mental health services, legal services, fiscal management, home health care, homemaker services, housing-related services, guardianship services, and placement services, as well as, the provision of such commodities as food, clothing, and shelter."

"Referral - means a verbal or written statement received by the CDJFS from any person who has reason to believe that an adult has suffered or is suffering abuse, neglect or exploitation."

"Report - means a referral accepted to be investigated by the CDJFS as a result of a screening decision."

"Screening - means the process of receiving and recording information from any person to determine whether the information provided should be accepted as a report of adult abuse, neglect or exploitation or screened out."

"Sexual Abuse - means nonconsensual sexual contact of any kind with an adult regardless of age of the perpetrator."

"Validated (substantiated) - means confirming evidence that substantiates or verifies the allegation of abuse/self neglect/neglect/exploitation."

"Working day - means Monday, Tuesday, Wednesday, Thursday, and Friday, except when such day is a holiday as defined in section 1.14 of the Revised Code."

Signs of Abuse, Neglect and Exploitation

Abuse:

- Bruises, black eyes, welts, lacerations and rope marks.
- Cuts, punctures, untreated injuries in various stages of healing.
- Sudden change in behavior; for example, emotionally upset or agitated.
- Adult is extremely withdrawn and noncommunicative or nonresponsive.
- Caregiver refuses to allow visitors to see the adult alone.
- Adult reports being hit, slapped, kicked, sexually assaulted or mistreated.

Neglect:

- Hazardous or unsafe living conditions or arrangements; for example, improper wiring, no heat or running water.
- Unsanitary or unclean living conditions; for example, dirt, fleas, lice on a person, soiled bedding, fecal or urine smell, inadequate clothing.
- Dehydration, malnutrition, untreated bed sores or poor personal hygiene.
- Unattended or untreated health problems.

Exploitation:

- Sudden appearance of previously uninvolved relatives claiming rights to an adult's affairs and possessions.
- Unexplained sudden transfer of assets to a family member or someone outside the family.
- Forgery of an adult's signature for financial transactions or for the titles of his or her possessions.
- Unexplained disappearance of funds or valuable possessions.
- Abrupt changes in a will or other financial documents.



- Sudden changes in bank accounts or banking practice, including unexplained withdrawals of large sums of money by a person accompanying the adult.

Reporting Abuse, Neglect and Exploitation

Any person with reason to believe that an adult has suffered abuse, neglect or exploitation may report or cause a report to be made to their county department of job and family services by telephone, mail, fax or in person during agency work hours.

When making a report, the following information is needed:

- The name, address and approximate age of the adult who is the subject of the report, if known.
- The name, address and the relationship of the reporter to the alleged adult victim, unless the reporter chooses to remain anonymous.
- The name and address of the caregiver responsible for the adult's care, if any and if known.
- The name and address of the alleged perpetrator, if different from the adult's caregiver and if known.
- The nature and extent of the alleged abuse, neglect or exploitation.
- The basis of reporter's belief that the adult has been abused, neglected or exploited.
- The name(s), age(s) and relationship(s) of other known household member(s).
- The name(s), address(s) and/or telephone number(s) of any known collateral sources.

Note: Anonymous reports are accepted.

Reports to Other Agencies (Cross Referrals)

In some cases, county departments of job and family services are required to notify other agencies of reports of suspected abuse, neglect or exploitation.

- If the report involves an adult who is developmentally disabled as defined in ORC Section 5126.01, the county agency must notify the county board of developmental disabilities.
- If the report involves an adult who lives in a long-term care facility and his or her rights have allegedly been violated, as defined in ORC sections 173.01 and 173.19, the county agency must notify the regional or state long-term care ombudsman.
- If the report involves an adult who has allegedly been abused, neglected or exploited by staff employed at an adult care facility, as defined in ORC Section 5119.70, the county agency must notify the Ohio Department of Health.
- If the report involves the safety or welfare of a child under the age of 18, or a developmentally disabled or physically impaired child under the age of 21, as defined in ORC Section 2151.421, the county agency must notify the local public children services agency.

Mandatory Reporters

The following are mandatory reporters, per Ohio Revised Code:

- Attorneys
- Physicians (including osteopathic physicians, podiatrists, chiropractors and dentists)
- Psychologists
- Nurses
- Employees of an ambulatory health facility
- Employees of a home health agency
- Employees of an adult care facility
- Employees of a community alternative home
- Employees of a nursing home, residential care facility or home for the aging
- Senior service providers
- Peace officers
- Coroners
- Clergymen

- Employees of a community mental health facility
- Social workers or counselors

According to the Ohio Revised Code:

“If any of the above individuals has reason to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, the person must immediately report such belief to the county department of job and family services. This section does not apply to employees of any hospital or public hospital licensed by the Ohio Department of Mental Health as defined in section 5122.01 of the Revised Code.

“The multi-disciplinary nature of adult protective services (APS) is reflected in the list of professionals who by state law must immediately report to the CDJFS their belief that an adult is being abused, neglected or exploited. The CDJFS should work closely with these professionals to assure protection for adults in need. Designated professionals who fail to carry out their reporting responsibilities under the law may be subject to a fine of not more than \$500 (ORC Section 5101.99).”

Immunity for Reporters

According to the Ohio Revised Code and the Ohio Administrative Code:

“Any person with reasonable cause to believe that an adult is suffering abuse, neglect, or exploitation who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from such a report, or any employee of the state or any of its subdivisions who is discharging responsibilities under section 5101.62 of the Revised Code shall be immune from civil or criminal liability on account of such investigation, report, or testimony, except liability for perjury, unless the person has acted in bad faith or with malicious purpose. No employer or any other person with authority to do so shall discharge, demote, transfer, prepare a negative work performance evaluation, reduce benefits, pay, or work privileges, or take any other action detrimental to an employee or in any way retaliate against an employee as a result of the employee having filed a report under this section.”

Report Investigation

According to the Ohio Administrative Code:

“The CDJFS is responsible for investigating all reports of abuse, neglect, and exploitation for adults age 60 and older and evaluate the need for protective services. The law allows the CDJFS to designate another agency to perform duties under this section. Reports are prioritized into two categories:

1. “Emergency Reports-all abuse, neglect, and exploitation reports are deemed emergency if an adult is allegedly living in conditions which present substantial risk of immediate physical harm or death. The risk can be the result of the adult’s own actions or inflicted on the adult by another person. This type of report requires an investigation to be initiated within twenty-four hours.
2. “Non Emergency Reports- all other abuse, neglect or exploitation reports that are accepted by the agency that have not been deemed an emergency. These reports require an investigation to be initiated within three working days.”

Investigations should include a face-to-face visit with the adult subject of the report, preferably in the adult’s own home without the interference of others. If a face-to-face visit is not possible, the reason must be noted in the case record.

If any person, including the adult who is the subject of the investigation, denies or obstructs access to the adult’s residence during the course of an investigation, the county department of job and family services may file a petition in court for a temporary restraining order to prevent interference or obstruction. If the court finds reasonable cause to believe that the adult is being or has been abused, neglected or exploited and that access to the person’s residence has been denied or obstructed, it will issue a temporary restraining order to prevent the interference or obstruction. After obtaining a restraining order, the APS representative may be accompanied to the residence by a peace officer.

At the time of the initial interview, a written notice of intent to investigate must be given to the adult victim in language reasonably understandable to him or her. Interpretation services must be made available when needed.

When assessing risk to the adult who is the subject of the report, the following factual information should be obtained:

1. The specific danger (abuse, neglect or exploitation) and the degree of danger (physical or sexual harm, mental anguish, or mental illness) in the adult’s living conditions.
2. The personal vulnerability of the adult, which may include one or more of the following conditions:
 - Handicap due to infirmities of aging.
 - Physical and mental impairments preventing the adult from providing for his or her own care without the assistance of a caretaker.
 - The adult’s understanding of his or her current situation.
 - The adult’s feeling about his or her current living situation.
3. The social vulnerability of the adult, which may include one or more of the following conditions:
 - The absence of a guardian, caretaker, spouse, adult children, next of kin or friends.
 - The unlawful or improper act of a caretaker using an adult or an adult’s resources for monetary or personal benefit, profit or gain.
 - The failure or inability of a caretaker or the adult to provide goods or services necessary to avoid physical harm, mental anguish or mental illness.

It is important that APS representatives interview other known persons and/or agencies that may have knowledge of the abuse, neglect or exploitation. Any additional findings of suspected abuse, neglect or exploitation discovered during the initial investigation, while the county or designated agency is actively involved, also must be investigated.

The investigation must be completed within 30 calendar days of the receipt of the report, or within 45 days when additional information is needed to determine a case disposition.

Upon completion of the investigation, the county agency must determine whether or not the adult is at risk of harm and in need of protective services.

If the county agency determines that an adult is in need of protective services and is incapacitated, the agency may petition the court for an order authorizing protective services to be provided. The petition must state the specific facts alleging the abuse, neglect or exploitation and must include a

proposed protective plan. Any plan for protective services must be specified in the petition.

No adult may be determined to be abused, neglected or in need of protective services for the sole reason that, in lieu of medical treatment, the adult relies on or is being furnished spiritual treatment through prayer alone in accordance with the tenets and practices of the adult's church or religious denomination. The APS representative must write a report confirming or denying the need for protective services and stating why this conclusion was reached.

Because of the sensitive nature of the material they contain, neither the intake report nor the investigative report is a public record. The law is very specific about who may have access to such information. Only the adult victim, his or her legal representative, or a designated agency authorized by the county agency may view the information contained in the report (such as the allegation, outcome of the investigation and services provided). Before any information in these reports can be released, either verbally or in writing, the adult victim or his or her legal counsel must sign an information release.

Service Planning

Adult protective services are designed to prevent or correct an act or condition that is a result of abuse, neglect or exploitation. Any adult age 60 or older can request to receive protective services; however, the county department of job and family services or designated agency must determine the need for protective services.

As stated earlier, protective services may include, but are not limited to, caseworker services, medical care, mental health services, legal services, fiscal management, home health care, homemaker services, housing-related services, guardianship services, placement services, and the provision of such necessities as food, clothing and shelter. These services are provided by the county department of job and family services or designated agency, to the extent of available funds and/or resources.

According to the Ohio Administrative Code:

"The services provided should be based on the kinds of services needed to supplement or compensate for the problem(s) identified and the degree of endangerment. County departments of job and family services should avoid the tendency to categorize or generalize in their description of the situation and in their service plan development. For example, it is an over-simplification to state that

the adult victim is an alcoholic. Determine exactly what problems are present and match the problem with the service, e.g., inability to pay bills due to alcoholism and need for help in this area."

The plan should offer the least restrictive services available to meet the needs of the adult. At a minimum, it must include the following:

- Identified problem
- Protective services objective
- Type of protective services and the service provider(s)
- Identified community or family support system
- Effective dates of the protective service plan
- Signature of the adult victim. If the adult refuses to sign the plan, the reason should be documented in the case record, or the agency should petition the court for an order authorizing protective services to be provided.

The plan should be effective for six months. After six months, the county agency should assess whether protective services still are needed. If the adult continues to be at risk, a new six-month service plan should be developed, and every six months thereafter until the case can be closed. A written assessment must be placed in the case record.

Any time the adult receiving services experiences a change in circumstances that may affect needed services, the county or designated agency is responsible for reassessing the level of risk and amending the service plan.

Case Termination

An APS case should be terminated when any of the following circumstances occur:

- When requested by the adult who is the recipient of adult protective services.
- The adult no longer needs protective services.
- The adult leaves the agency's area of jurisdiction. If this happens, the county agency should make a referral to the new county or state of residence, if known. Upon request, the original county agency should provide appropriate information to the new county agency so that it can determine the need for services.
- The adult victim is placed in an institution, unless the institutionalization is court-ordered, per ORC Section 5101.67.
- The adult dies.

APPENDICES

Below is a suggested format for the APS Intake Screening Tool form.

Appendix A

Ohio Adult Protective Services Intake Screening Tool		
Agency Information		
Date of Referral:	Time: <input type="checkbox"/> am <input type="checkbox"/> pm	
Received By (Intake Staff):	County:	
Method of Receipt: <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Letter <input type="checkbox"/> Walk-in		
Type of Allegation: <input type="checkbox"/> Abuse _____ <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Exploitation		
Reporter Information (Reporter information is preferred but mandatory)		
Reporter 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 Subject Information		
Adult Subject Name:	Address:	
Telephone Number: ()	D.O.B:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:	Income Source and Monthly Amount :
Does the Adult have a Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check which type below) <input type="checkbox"/> Financial <input type="checkbox"/> Medical		
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Hawaiian/ Pacific Islander <input type="checkbox"/> Not Disclosed		
Language Spoken:	Language Barriers: <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Significant Other/ Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Unknown	
Living Arrangements: <input type="checkbox"/> Own Home <input type="checkbox"/> Lives with Caregiver <input type="checkbox"/> Assisted Living <input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless	
Who Lives in the Home with Adult Subject:	
Dangerous Elements: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check box (s) below) <input type="checkbox"/> Neighborhood <input type="checkbox"/> Animals <input type="checkbox"/> Drugs <input type="checkbox"/> Weapons <input type="checkbox"/> Communicable Disease <input type="checkbox"/> Environmental Hazards <input type="checkbox"/> Violent Behavior <input type="checkbox"/> Other (Explain)	
Does the Adult subject have a primary care physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the physician's contact information below:	
Physician's name:	Physician's address: Physician's telephone number:
Are other social services agencies or entities involved with the Adult subject: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the entities with contact information.
Alleged Perpetrator Information	
Name:	Address:
Telephone Number: Home () Cell () Work ()	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Access To Adult Subject:
Living Arrangements: <input type="checkbox"/> Lives with Subject <input type="checkbox"/> Does not live with Subject <input type="checkbox"/> Unknown	
Relationship to Adult Subject: <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"/> Acquaintance <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	
Perpetrator 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 _____	

Below is a suggested format for the APS Investigative Assessment form.

Appendix B

ADULT PROTECTIVE SERVICES INVESTIGATIVE ASSESSMENT

Case Assigned To:			
Date The Investigation Was Initiated:			
Investigation Initiated Via: <input type="checkbox"/> Face-To-Face Visit <input type="checkbox"/> Telephone			
Client's Name:			
Client's Address:			
Client's Race:	D.O.B / EST. Age:	Sex:	
Client's Residence			
<input type="checkbox"/> Client's Own Home <input type="checkbox"/> Caregiver or Other's Home			
<input type="checkbox"/> Homeless <input type="checkbox"/> Assisted Living			
<input type="checkbox"/> Group Home <input type="checkbox"/> Shelter			
CLIENT'S MARTIAL STATUS			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
<input type="checkbox"/> Separated <input type="checkbox"/> Significant Other <input type="checkbox"/> Unknown			

A. CLIENT'S FINANCIAL STATUS

Source of income: Amount of Monthly Income \$

Name of POA/ Guardian Over Finances:

Rent or Mortgage Payment Paid In Full Monthly: Yes No

Medical Insurance: Medicare Medicaid Other (Describe)

Amount of Monthly Out of Pocket Medical Expenses: \$

B. CLIENT'S LIVING CONDITION

Home: Clean & Neat Clean & Cluttered Dirty & Cluttered

Pest: Roaches Mice Fleas Animals Other (Explain)

N/A

Utility Shut Off: Water Gas Electric Telephone N/A

Adequate Food In The Home: Yes No

Hazardous Material: Exposed Wires Broken Glass Fumes/Odor

Cause:

How often is alcohol consumed?			
Emotional Status Appears Appropriate To Situation:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(Check the appropriate emotional status):</i>			
<input type="checkbox"/> Content	<input type="checkbox"/> Sad	<input type="checkbox"/> Agitated	<input type="checkbox"/> Anxious
<input type="checkbox"/> Depressed	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Fearful	

DAILY LIVING SKILLS ASSESSMENT:

Activities of Daily Living Skills	No Help Needed	Needs Assistance	Can Not Perform	Describe
Bathing				
Grooming				
Dressing				
Eating				
Toileting				
Take Medication				
Use Telephone				
Shopping				
Driving				
Laundry				
Housekeeping				
Meal Preparation				
Arrange Transportation				

IDENTIFY CLIENT'S SUPPORT SYSTEM:

(Names)

(Telephone Number)

1. _____

2. _____

3. _____

ALLEGED PERPETRATOR(s):

RELATIONSHIP TO CLIENT:

- Self
- Spouse/Significant Other
- Adult Children
- Grandchildren
- Other Relatives
- Paid Caregiver
- Acquaintance
- Other

LIVING ARRANGEMENTS OF THE PERPETRATOR:

- Lives With Client
- Does Not Live With Client
- Unknown

OUTCOME OF THE INVESTIGATION:

- VALIDATED
 - Client agreed to Services, Internal or External
 - Client knowingly Refused Services
 - Services needed, but not Available
 - Client Unable to Agree To or Refuse Services
 - Court Ordered Services
 - Referred to Other Services, Internal or External

NON-VALIDATED

Referred to Other Supportive Services, Internal or External

Case Closed

INVESTIGATION NOT COMPLETED DUE TO:

Death

Moved Out of Jurisdiction

Nursing Home Placement

Could Not Locate Client

Referred to MR/DD

Client Knowingly Refused Services

Other (Explain) _____

ADDITIONAL REFERRALS MADE: Yes No To: _____

COURT INTERVENTION: Yes No

Temporary Restraining Order To Prevent Interference With An Investigation

Emergency Protective Services

Routine Protective Services

Temporary Restraining Order To Prevent Interference With Provision Of Protective Services

Cases Referred To Probate For Guardianship

Case Referred to Other Courts

ADDITIONAL COMMENTS RELATING TO THE ASSESSMENT/INVESTIGATION:

Caseworker's Signature

Date

Below is a suggested format for the Notice of Intent to Investigate form.

Appendix C

_____ **County Department of Job and Family Services**

CDJFS Address

City, State, Zip Code

(Area code) Telephone Number

NOTICE OF INTENT TO INVESTIGATE

The _____ County Department of Job and Family Services has received a report that you may be suffering from abuse, neglect or exploitation. Under Ohio law (O.R.C. 5101.62), it is our responsibility to investigate this report to determine whether or not you are in danger of mental or physical harm. Our job is to also offer you services that are available in _____ county that will prevent and protect you from suffering further harm.

If you have any questions or concerns, I can be reached at _____.

Caseworker's Signature

Date

By signing below, you acknowledge and understand the Notice of Intent to Investigate this report.

Client's Signature

Date

Below is a suggested format for the Temporary Restraining Order to Prevent Interference with the Provision of Protective Services form.

Appendix D

IN THE COURT OF COMMON PLEAS, _____ COUNTY, OHIO

PROBATE DIVISION

IN THE MATTER OF:

(Adult's Name, Age, Address of Adult)

TEMPORARY RESTRAINING ORDER TO PREVENT INTERFERENCE WITH INVESTIGATION OF REPORTED ABUSE OF AN ADULT

This cause came before the court upon the verified petition and testimony of the _____ County Department of Job and Family Services requesting a temporary restraining order to prevent interference by the respondent with the investigation of a report of abuse, neglect or exploitation of the above-named adult.

The Court finds that there is reasonable cause to believe that the person who is the subject of the investigation is being or has been abused, neglected, or exploited and access to the person's residence has been denied or obstructed, and that notice to the respondent is therefore not required by the terms of ORC 5101.63.

IT IS THEREFORE ORDERED THAT:

1. (Name of Respondent), or any person acting in concert with him is restrained from obstructing or in any way interfering with petitioner's access to the residence of (Name of Adult).
2. The same access to be accorded to any peace officer requested to accompany the petitioner.
3. This order is effective immediately and for 14 days hence, unless extended by further order of the Court.
4. A copy of this order be served by the petitioner, or any peace officer accompanying him, on the adult or any respondent who attempts to obstruct access to him, and an immediate return of any such service be made to the Court.

Judge

Below is a suggested format for the Voluntary Consent of an Adult to the Provision of Protective Services form.

Appendix E

VOLUNTARY CONSENT OF AN ADULT TO THE PROVISION OF PROTECTIVE SERVICES

1. This agreement of consent is entered into between the _____ County Department of Job and Family Services and (Name and Address of Adult) _____ on (Date _____)

2. The adult certifies that he has voluntarily requested the Department to provide protective services to him, and shall cooperate with the Department in this regard and inform it when such services are no longer desired.

3. The Department certifies that it has performed an investigation at the request of the adult and has concluded that he is in need of the following protective services: (describe proposed service plan, including dates of commencement and completion)

_____ NOW THEREFORE, the parties agree that the foregoing services will be provided by the Department until either the adult withdraws his consent or the Department decides to withdraw the services and gives 10 days notice to the adult.

(Signature of Adult or Legal Representative) (Signature of Director or Designate)

Below is a suggested format for the Order Authorizing Routine Adult Protective Services form.

Appendix F

IN THE COURT OF COMMON PLEAS, _____ COUNTY, OHIO

PROBATE DIVISION

IN THE MATTER OF:

(Name, Age, Address of Adult)

ORDER AUTHORIZING ROUTINE ADULT PROTECTIVE SERVICES

ORC 5101.67

This cause came before the Court upon the petition of the County Department of Job and Family Services for an order authorizing the provision of protective services, to the above named adult. The adult was served with notice at least 5 working days prior to this hearing, and (did) (did not) appear (with) (without) counsel. All necessary persons were also given notice or waived notice.

Based on the evidence presented, the Court finds by clear and convincing evidence that the adult has been abused, neglected, or exploited and is in need of protective services, and is incapacitated, and that no person authorized by law or court order is available to give consent.

IT IS THEREFORE ORDERED THAT:

1. The petitioner shall be authorized to provide, or make arrangements for the following protective services for the adult:

2. This order shall be effective immediately and for 6 months hence unless terminated or extended according to law.

Judge

Below is a suggested format for the Temporary Restraining Order to Prevent Interference with the Provision of Protective Services form.

Appendix G

IN THE COURT OF COMMON PLEAS, _____ COUNTY, OHIO

PROBATE DIVISION

IN THE MATTER OF:

(Name, Age, Address of Adult)

TEMPORARY RESTRAINING ORDER TO PREVENT INTERFERENCE WITH THE PROVISION OF PROTECTIVE SERVICES TO AN ADULT

ORC 5101.68

This cause came before the Court upon the verified petition of the County Department of Job and Family Service requesting a temporary restraining order to prevent interference by the respondent with the provision of protective services to the above-named adult. The respondent was served with notice of petition and (did) (did not) appear.

The Court finds that the proposed protective services are necessary that the adult has consented to them by voluntary consent or court order and that the respondent has prevented the provision of such services.

IT IS THEREFORE ORDERED THAT:

1. _____ (Name of Respondent), or any person acting in concert with him, is restrained from preventing or in any way interfering with the provision of the proposed protective services to the above-named adult.
2. The respondent shall be further restrained from interfering with any peace officer requested to accompany the petitioner in providing such services to the adult.
3. This order shall be effective immediately and for 14 days hence, unless extended by further order of the Court.

Appendix H

Ohio Revised Code Sections Related to Adult Protective Services

I. Abuse of Adults with Developmental Disabilities

ORC 5126.30

ORC 5101.13

ORC 5123.61

II. Patient Abuse:

ORC 109.86

ORC 2903.33-2903.37

Prohibits patient abuse and neglect in certain care facilities.

III. Abuse by Caretakers:

ORC 2903.10

ORC 2903.13

ORC 2903.16

Describes criminal offenses to prohibit caretakers from harming those who cannot take care of themselves because of being functionally impaired.

IV. Offenses of Rape or Sexual Imposition against the Elderly:

ORC 2907.05

ORC 2907.12

Describes these criminal offenses when committed against those whose ability to resist is impaired by age.

V. Durable Power of Attorney for Health Care:

ORC 1337.01 - 1337.13

Authorizes an attorney in fact to make health care decisions for the principal at any time if the principal has lost the capacity to make informed health care decisions for their self.

VI. Court Investigator and Guardianship:

ORC 2111.02

Created the position of court investigator and provides for limits interim and emergency guardian.



John R. Kasich, Governor
State of Ohio

Michael B. Colbert, Director
Ohio Department of Job and Family Services

Office of Communications
JFS 07131 (03/2013)

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