

**REPORT OF ADULT SUSPECTED  
TO BE ABUSED, NEGLECTED, OR EXPLOITED**

**PURPOSE**

To record information pertaining to allegations of adult abuse, neglect, or exploitation. Individuals completing the report must submit it to the State Department of Human Resources – Adult Protective Services.

**DISTRIBUTION**

Keep a copy for your record and e-mail a copy to: [aps@dhr.alabama.gov](mailto:aps@dhr.alabama.gov)

**Section I Incident**

Type of Incident – Place a check next to each item that relates to the type of incident that occurred.

1. Abuse – The infliction of physical pain, injury, or the willful deprivation by a caretaker or other person of services necessary to maintain mental and physical health.
2. Neglect – The failure of a caretaker to provide food, shelter, clothing, medical services and health care for the person unable to care for himself; or the failure of the person to provide these basic needs for himself when the failure is the result of the person’s mental or physical inability.
3. Exploitation – The expenditure, diminution or use of the property, assets or resources of a person without the express voluntary consent of that person or legally authorized representative or provision of care by an unlicensed facility after a court ordered obtained by the State Board of health directing closure of the facility.

Date of Incident

Date the incident occurred.

Location of Incident – Indicate the location of the reported incident by checking the appropriate box:

1. In Home – Incident occurred in victim’s home.
2. Out of Home – (NH/Hospital) – Incident occurred in a nursing home or hospital.
3. Out of Home (Other) – Location of incident is somewhere other than options provided.

Complete the time the incident occurred if known.

**Section II Person Identified at Risk of Maltreatment**

1. Name – full name.
2. Sex  
M = Male  
F = Female
3. Race

W = White  
B = Black  
A = Asian/Pacific Islander  
I = American Indian  
H = Hispanic  
U = Unknown

4. Date of birth-Enter month, day, and year (Ex. 01/12/1980)
5. Social Security number, if known.
6. Address – Street address, city, state, zip code, and telephone number. Indicate the facility name when the alleged abuse, neglect, and/or exploitation occurs out of home.
7. Description of Client/Directions to Locate – Brief description of victim. Include directions to home if needed.
8. Sponsor/Responsible party – Give name of the victim’s sponsor or person responsible for them.

### **Section III Person Allegedly Responsible for Maltreatment**

1. Name – full name.
2. Sex  
M = Male  
F = Female
3. Race  
W = White  
B = Black  
A = Asian/Pacific Islander  
I = American Indian  
H = Hispanic  
U = Unknown
4. Date of birth-Enter month, day, and year (Ex. 01/12/1980)
5. SS#
6. Relationship to victim
7. Address

#### **If needed:**

1. Follow steps 1-7 for a second person allegedly responsible for maltreatment.

### **Section IV Circumstances of Person Identified at Risk/Person Allegedly Responsible**

Place a check next to each item that relates to the person identified at risk and to the person allegedly responsible. Description of circumstances include:

1. Physical Dependence  
Poor Physical Health – General, chronic illness, acute illness, mobility problems, other physical problems, physical deterioration associated with aging process or disability, other physical problems.

2. Behavioral Disorders – Verbally abusive, physically violent, stubborn/obstinate, removes clothes, wandering behavior, criminal behavior, other behavioral disorders.
3. Substance Abuse – Alcohol, legal drugs, illegal drugs, other substances.
4. Emotional Problems – Depression, attempted suicide, anxiety, nervous breakdown, loneliness, other emotional disorders.
5. Intellectual Disabilities – Any degree of mental health.
6. Mental Problems – Mental confusion/disorientation, psychosis, paranoia/excessive suspicion, schizophrenia, hallucinations/delusions, other mental disorders.
7. Economic Dependence – Destitute/indigent/no money, substandard housing, poor clothing, unpaid utilities, other evidence of economic dependence.
8. Other – Specify any identified problems not listed above.

## **Section V Allegation**

### **Alleged Nature of Incident**

Place a check next to each item that relates to the victim. NOTE: If one of the neglect items is being checked, check either self or others to indicate if victim is being neglected by self or by others.

1. Physical Abuse – Physical violence, tying/close confinement/bizarre discipline, any action producing a substantial risk of physical injury, other physical abuse.
2. Sexual Abuse – Sexual harassment (verbal), physically threatening sexual behavior, rape, incest, other.
3. Psychological/Emotional Abuse – Verbal abuse/abusive language, verbal threats of physical harm, enforced isolation of victim, enforced activity of victim, other.
4. Exploitation – Theft, misappropriation of resources, misuse of financial authority, demands for funds, other.
5. Physical Neglect (By Self/Others) – Abandonment, inadequate supervision, inadequate food/water/food preparation, inadequate clothing/personal hygiene, inability to care for self, other.
6. Environmental Neglect (By Self/Others) – Inadequate shelter/utilities, other inadequate shelter.
7. Medical Neglect (By Self/Others) - Improper use of medications, failure to obtain needed medical care, other.
8. Psychological/Emotional Neglect (By Self/Others) – Isolation by family/caretaker, etc., inadequate attention to emotional needs, other.
9. Other – Specify any problem not identified above.

### **Alleged Results of Incident**

Place a check next to each item that relates to the victim.

1. Physical Injury/Risk of Physical Injury – Physical injury, (tying/close confinement/bizarre discipline, substantial risk of physical injury, other.  
(Location of Injury – Indicate the part of the body injured)
2. Sexual Injury/Risk of Sexual Injury – Sexual molestation, sexual penetration, sexually transmitted disease, pregnancy, other.

3. Improper Medical Care – Improper medication (over-, under-, wrong), improper medical care, no medication, no medical care, other.
4. Psychological/Emotional Injury – Mental or emotional anguish.
5. Financial Injury – Loss of funds, loss of financial control, other.
6. Poor Physical Condition – Malnutrition, dehydration, poor personal hygiene/filth-covered/bad odor, other.
7. Isolation – No social contacts, no family contacts, other.
8. Potentially Dangerous Environment – No housing/substandard housing, no utilities, improper clothing, other.
9. Unknown – Circumstances not known.
10. Other – Specify any situation not listed above.

### **Section VI Reporter**

1. Check box for Mandatory Reporter when reporter is required by law to report suspected incidents of adult abuse, neglect, and/or exploitation. Mandatory reporters are physicians, practitioners of the healing arts, and any caregiver.
2. Reporter's Statement of Incident – Brief statement of incident as described by reporter.
3. Name of Reporter
4. Address of Reporter
5. Relationship of Reporter to Person Identified at Risk – Specify the relationship of the reporter to the person needing assistance.
6. Witness Name and How to Contact – List name of witness and include phone number/and/or address.