State of Hawaii
DEPARTMENT OF HUMAN SERVICES

Social Services Division
Adult Protective & Community Services Branch

**CONFIDENTIAL**

# REPORT FORM FOR SUSPECTED ABUSE AND NEGLECT OF VULNERABLE ADULTS

**In accordance with HRS §346-224, to file a report of abuse, neglect, and/or exploitation of vulnerable adults, please:**

1. Review available records and fill this form as completely as possible. Please type or print legibly. Use **Y** for Yes, **N** for No, or as specified. If requested information is not known, use **U** for Unknown. If not applicable, use **N/A** for Not Applicable.
2. Immediately call the **Adult Protective Services (APS) Intake Reporting Line** in your county to report your findings. Refer to the last page of this form for contact information.
3. FAX, e-mail, or mail this form with comments to APS immediately **after** verbally reporting to the intake worker.

**If you are a mandated reporter, submission of this form fulfills your statutory obligation under Hawaii Revised Statutes (HRS) § 346-224 requiring a written report as well as an oral report.**

| REPORTER INFORMATION | |
|---|---|
| ☐ **Check if you are a Mandated Reporter** | |
| Name / Agency / Title (as applicable): | |
| Address: | Phone Number:<br>Is this a direct number? ☐ Yes ☐ No |
| Relationship to alleged victim: | |

| TYPE OF HARM (check all that apply) | | |
|---|---|---|
| ☐ Physical Abuse | ☐ Sexual Abuse | ☐ Self Neglect |
| ☐ Psychological Abuse | ☐ Caregiver Neglect | ☐ Financial Exploitation |

| Date of Incident:________________ | Location: ☐ Home ☐ Care/Foster Home ☐ Nursing Facility ☐ Hospital ☐ Other:______ ____________ |
|---|---|

| VULNERABLE ADULT INFORMATION | | |
|---|---|---|
| Name (Last, First, M.I.) | Date of Birth: | Gender: ☐ Male ☐ Female |
| Home Address (Including apartment / unit number): | Phone Numbers (Home / Cellular / Other): | |
| Living Arrangement (i.e., Lives alone, with family, spouse, caregiver, etc.): | | |
| Present Location (If different from above, i.e. care home, with other family, etc.): | | |
| Ethnicity: | Primary Language Spoken, if known: | |
| Communicates verbally? ☐ Yes ☐ No ☐ Unknown | Interpreter needed? ☐ Yes ☐ No ☐ Unknown | |
| Disabilities seen (i.e., physical, medical, or behavioral conditions, vulnerability of the adult): | | |
| ☐ Mobility impairment<br>☐ Medical condition | ☐ Hearing or vision impairment<br>☐ Behavioral condition | ☐ Frail or appears ill<br>☐ Other (specify):____________________________ |

## VULNERABLE ADULT INFORMATION (con't.)

Adult's appearance and behavior:

- ☐ Alert, oriented
- ☐ Alert, but forgetful
- ☐ Nervous, anxious
- ☐ Incoherent, confused
- ☐ Unkempt, poorly groomed
- ☐ Other (specify):___________________________

Additional information (i.e. changes in behavior, changes in appearance, grooming, ability to care for self, etc.):

**Other adults at risk?** ☐ Yes ☐ No **If yes, please attach additional pages as necessary:**

## PRESENTING CONCERNS OF VULNERABLE ADULT

- ☐ Intellectual disability
- ☐ Mental health concerns
- ☐ Other (specify):______________
- ☐ Physical disability/Assistive device used:________________________________
- ☐ Other mental health impairment (specify):______________________________
- ☐ Developmental disability
- ☐ Substance abuse
- ☐ Death

## INDICATORS OF HARM:

- ☐ Decubitus ulcers (bedsores)
- ☐ Injury causing substantial bleeding
- ☐ Failure to provide adequate care
- ☐ Evidence of sexual abuse
- ☐ Substantial / multiple skin bruising
- ☐ Burns
- ☐ Extreme mental distress
- ☐ Other (specify):___________________
- ☐ Malnutrition
- ☐ Fractures / Broken bones
- ☐ Misuse of medications

Please describe in detail:

## ALLEGED PERPETRATOR(S): List facility if applicable

☐ **Check if Self Neglect, go to page 3.**

| Name (Last, First, M.I.) and nicknames, alias: | Age: | Gender: ☐ Male ☐ Female |
|---|---|---|

| Home Address (including apartment / unit number): | Phone Numbers (Home / Cellular / Other): |
|---|---|

Work Address:

Relationship to Adult:

- ☐ Caregiver
- ☐ Child
- ☐ Spouse
- ☐ Parent
- ☐ Sibling
- ☐ Family member (specify): ___________________________
- ☐ Health Practitioner
- ☐ Financial Advisor
- ☐ Other (specify):___________ ___________________________

| Ethnicity: | Primary Language Spoken, if known:<br>Interpreter needed? ☐ Yes ☐ No ☐ Unknown |
|---|---|

Does the alleged perpetrator still have access to the adult?

**Other perpetrators?** ☐ Yes ☐ No **If yes, please attach additional pages as necessary:**

**Do you think the vulnerable adult can make decisions for self?** ☐ Yes ☐ No ☐ Unknown

**If no, why do you think the vulnerable adult cannot make decisions for self:**___________________________________

___________________________________________________________________________

**Is there any supporting documentation on decision making?** ☐ Yes ☐ No ☐ Unknown

**Is supporting documentation attached?** ☐ Yes ☐ No

| **SERVICES/TREATMENT HISTORY:** | |
|---|---|
| **Check services or treatment the adult or alleged perpetrator were offered prior to this report. Check all that apply. List service provider and contact information in space below.** | |
| ☐ Medical / Health Services | ☐ Case management services |
| ☐ Domestic Violence/Abuse | ☐ Public Health Nursing |
| ☐ Behavioral Health Services | ☐ APS involvement (Hawaii or elsewhere) |
| ☐ Substance abuse counseling/treatment: ☐Inpatient ☐Outpatient | ☐ Financial Management / Services |
| ☐ Legal Services | ☐ Other (specify):____________________ |
| Service provider(s) and contact information: | |

| **SUPPORT SYSTEM:** | | | |
|---|---|---|---|
| **Support system available and willing to assist the adult. List name(s) and contact information in the space below.** | | | |
| ☐ Spouse | ☐ Parent(s) | ☐ Child | ☐ Sibling(s) |
| ☐ Family Member(s) | ☐ Friend(s) | ☐ Church member(s) | ☐ Service providers |
| ☐ Community groups | ☐ Other (specify):__________ ____________________ | | |
| Name(s) and contact information: | | | |

| **NARRATIVE INFORMATION:** |
|---|
| Describe the incident(s) and what action you believe needs to be taken. If known, include dates and location. List any health and/or environmental hazards or concerns. Use additional pages as necessary. |

**THANK YOU FOR YOUR ASSISTANCE.**

**STATE OF HAWAII**
**DEPARTMENT OF HUMAN SERVICES**
**ADULT PROTECTIVE SERVICES**

**Business hours: 7:45 a.m. to 4:30 p.m., Monday to Friday (excluding holidays).**
**Phone calls, FAXES, and e-mails received after hours will be answered the next working day.**

| | Phone: | FAX: | E-mail: |
|---|---|---|---|
| **Oahu:** | | | |
| 420 Waiakamilo Road, #202<br>Honolulu, HI 96817 | 832-5115 | 832-5391 | SSDOahuAPCS@dhs.hawaii.gov |
| **Kauai:** | | | |
| 4370 Kukui Grove Street, #203<br>Lihue, HI 96766 | 241-3337 | 241-3476 | SSDKauaiAPCS@dhs.hawaii.gov |
| **East Hawaii: (Hilo / Hamakua / Puna / Volcano)** | | | |
| 1055 Kino'ole Street, #201<br>Hilo, HI 96720 | 933-8820 | 933-8859 | SSDEastHIAPCS@dhs.hawaii.gov |
| **West Hawaii: (Kona / Kohala / Kamuela / Kau)** | | | |
| 75-5995 Kuakini Highway, #433<br>Kailua-Kona, HI 96740 | 327-6280 | 327-6292 | SSDWestHIAPCS@dhs.hawaii.gov |
| **Maui / Molokai / Lanai:** | | | |
| 1773-B Wili Pa Loop<br>Wailuku, HI 96793 | 243-5151 | 243-5166 | SSDMauiAPCS@dhs.hawaii.gov |