

# Vulnerable Adult Incident Report

NAME	AGE	DOB	EMERGENCY CONTACT	PHONE
DATE REPORTED	TIME REPORTED	DATE AND TIME INCIDENT OCCURED		FILE NO:
INCIDENT LOCATION			REPORTING OFFICER	

**VULNERABLE + HARM = MANDATORY Reporting to Adult Protective Services at (855) 444-3911**

**WHEN ABUSE/NEGLECT/EXPLOITATION IS SUSPECTED**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Determine if the victim is a Vulnerable Adult (VA)</li> <li>2. Determine whether the VA can see, hear and communicate ideas. Cognition may be diminished before competency (see below).</li> <li>3. Determine harm, if any to the VA</li> </ol> | <ol style="list-style-type: none"> <li>4. Determine whether you are required to report to APS or others</li> <li>5. Evidence and forms for collection</li> <li>6. Crimes and elements</li> </ol> |
|---|--|

**1A. Is the Victim a vulnerable Adult?** (Documenting lack of ability to care for self can be important)

- Victim over 18
- Victim needs help with ADLs (Activities of Daily Living):
- |   |   |
|---|---|
| <input type="checkbox"/> Walking        | <input type="checkbox"/> Sitting            |
| <input type="checkbox"/> Cooking        | <input type="checkbox"/> Getting Water      |
| <input type="checkbox"/> Bathing        | <input type="checkbox"/> Getting out of bed |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Taking medication  |
| <input type="checkbox"/> Doctor visits  |   |
- Unable to protect self from abuse, neglect or exploitation (Vulnerable Adult MCL 750.145m(u))

**Comments (if the victim is not vulnerable, continue with normal investigation):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1B. Activities of Daily Living (ADL'S)**

Ability to Care for Self (bathing, grooming, transportation, walking, toileting etc.)

- Level of Function:  Independent  Needs Support  Needs Assistance  Total Care Describe: \_\_\_\_\_

**1C. Instrumental Activities of Daily Living (IADL'S)**

Financial Decision-Making (bills, donations, investments, real estate, wills, protect assets, resist fraud etc.)

- Level of Function:  Independent  Needs Support  Needs Assistance  Total Care Describe: \_\_\_\_\_

**1D. Medical Decision-Making (express a choice and understand, appreciate, reason about health info, etc.)**

- Level of Function:  Independent  Needs Support  Needs Assistance  Total Care Describe:  Guardian  Conservator

Dr. Name and number: \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL RISK ASSESSMENT**

If the adult is vulnerable, is there harm?  Abuse  Neglect  Financial

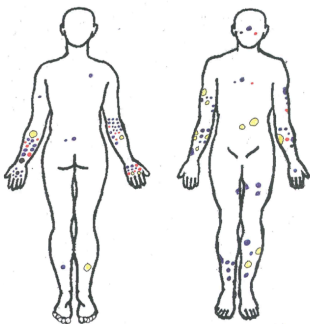
- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Extremely soiled bedding     | <input type="checkbox"/> Lock on victim's door      | <input type="checkbox"/> Smell of rotting flesh                | <input type="checkbox"/> Narcotic medication                     |
| <input type="checkbox"/> Soiled Bandages              | <input type="checkbox"/> Bilateral grip marks       | <input type="checkbox"/> Evidence of cleaning prior to arrival | <input type="checkbox"/> Filthy living conditions for victim     |
| <input type="checkbox"/> Victim is in pain            | <input type="checkbox"/> Foul Smell                 | <input type="checkbox"/> Inconsistent explanation of care      | <input type="checkbox"/> Unusual physical signs                  |
| <input type="checkbox"/> Dehydrated                   | <input type="checkbox"/> Stopped seeing doctor      | <input type="checkbox"/> Lack of food/malnutrition             | <input type="checkbox"/> No sign of pain reliever (aspirin etc.) |
| <input type="checkbox"/> Medication /lack or improper | <input type="checkbox"/> Lack of access to mobility |  |  |

**Medical Treatment**

- None
- Will seek own doctor
- First Aid
- EMT\* EMT at scene  Yes  No
- Name(s): \_\_\_\_\_
- Hospital \*\* Name: \_\_\_\_\_
- Attending Physician: \_\_\_\_\_
- Refused Medical Aid
- Medical Release Form from victim  Yes  No
- Medical Release Form from Guardian or conservator?  Yes  No
- Crime victim information given to victim?  Yes  No
- Protective Services Referral?  Yes  No

**Residence Type? (When victim is found)**

- Private
- Public Housing
- Assisted Living
- Licensed Nursing Home
- Hospital
- Homeless
- Unknown
- AFC Home (Licensed or not)
- Other: \_\_\_\_\_



**Body Image Diagram**  
Describe injury (redness, bruising etc.)

Older adults can experience bruising in dotted areas - Note anything unusual or outside the area.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If the adult is vulnerable and has been harmed, consent is often an issue. It is important to ask the right questions.**

- Confusion       Possible Intimidation       Possible Infection or Fever

**Possible questions include:**

- Are you in pain?      Would you like to be cleaned up?      When was the last time you ate?  
 Are you thirsty?      Would you like salve for your wound?      Would you like to see a doctor?

**\*\*If the adult has open wounds and is refusing to see the doctor it may be because they have been told the caregiver will go to jail and the adult will be in a nursing home. See Parasitic Living**

**FINANCIAL HARM- APS also takes reports of financial harm to vulnerable adults**

- Parasitic Living: "Caregiver" sole source of income is the victim  
 One person controls the money  
 Poor or no care being given to the victim  
 Not providing adequate care to the victim because it would require "caregiver" to pay for care instead of spending money on the "caregivers" desires or needs  
 "Caregiver" may fail to seek adequate medical attention to avoid criminal charges of vulnerable adult abuse neglect

**Other Financial Harm**

Controlled by  Victim  Other:  
 Bank Account (Institution): \_\_\_\_\_  
 Bank Account Number: \_\_\_\_\_

- Ownership of property damages (deeds, car titles, accts)  
 Misuse of legal documents (DPOA, guardianship, conservatorship – depleting VA assets)  
 New friend – church, grocery store, estranged family member  
 One person controls money, no audit, no second look  
 Power of Attorney- Since 2012 DPOA require a signed acknowledgement to keep receipts, no joint account and no gifts to self  
 Second mortgage or reverse mortgage  
 Quit Claim deed  
 New auto the victim does not drive  
 New or missing credit cards  
 Missing valuables or antiques

**COGNITION is not an all or nothing matter. Current research shows that financial savvy may decline in every human brain after the age of 60 regardless of how smart you are. Ask questions that help you find out if the person understands the consequences of their actions.**

**Current contact with Adult Protective Services**

- The matter has been reported to APS  
 APS has determined the victim is an adult in need of assistance  
 A case worker is assigned  
 Contact information for APS provided: \_\_\_\_\_

Describe: Add name and contact information for APS and the date an oral referral was made to APS at 1-855-444-3911

**Evidence:**

- A copy of all purportedly legal documents obtained  
 A copy of financial statements obtained  
 Vehicles owned by victim  
 Vehicles owned by person in charge of the money  
 Photographs of living conditions, wounds, evidence destruction, locks, location of mobility devices, victim injuries  
 When appropriate, consent to lease medical records by victim or by conservator  
 Photographs taken by: \_\_\_\_\_

**Lethality Assessment**

- Intimidation by threats, yelling  
 Suspect has used or threatened to use a weapon  
 Suspect abuses Alcohol/Drugs  
 Victim is unable / not allowed to perform Activities of Daily Living (ADLs)  
 Victim has opened / untreated wounds, lack of ADLs  
 Suspect controls finances of the victim  
 Victim isolated from friends, relatives, activities  
 Victim's physical condition poor/declining  
 Victim's mental conditions poor/declining  
 Victim living conditions poor/subs.  
 Prior incidents involving APS/Law Enforcement

**At the Death Scene of An Older Adult**

- What would you see at the scene if the victim was 20 instead of 87?  
 Who was the last person to see the deceased?  
 Who would benefit from death       Is there obvious neglect?  
 Was the person responsible for the care in a parasitic living arrangement with the victim?

**POSSIBLE ACTIONS TO BE TAKEN**

- In an emergency medical situations call an ambulance
- Report to APS when necessary
- When necessary, ask APS to freeze assets in Probate Court
- Evidence of spending may be the motive for physical abuse, obtain consent or search warrants when necessary to obtain financial evidence
- Give all information to medical examiner (request autopsy)

**STATUTES TO KNOW**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| Embezzlement of Vuln. Adult 750.174a | Embezzlement 750.174                 |
| Obtaining a False Signature 750.273  | Fraud / False Pretenses 750.218      |
| Racketeering 750.159i                | Embezzlement / Joint Account 750.181 |
| Identity Theft 445.65                | Caregiver Commingling 750.145p       |

Source: Emerson, C. – Elder Justice Project funded by the State of Michigan  
 Teter, S. – Michigan Attorney General's Office



**WHERE TO REPORT HEALTH CARE FRAUD OF MICHIGAN'S OLDER ADULTS**

Attorney General's Health Care Fraud Division Hotline:  
 1-800-24-ABUSE or 1-800-242-2873

**FEDERAL TRADE COMMISSION**

Call 1-877-987-3728 (Telemarketing, collection agencies, money scams, fraud)

