

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

- | | |
|---|---|
| 1. <input type="checkbox"/> Determine if the victim is a Vulnerable Adult (VA)
2. <input type="checkbox"/> Determine whether the VA can see, hear and communicate ideas.
Cognition may be diminished before competency (see below).
3. <input type="checkbox"/> Determine harm, if any to the VA | 4. <input type="checkbox"/> Determine whether you are required to report to APS or others
5. <input type="checkbox"/> Evidence and forms for collection
6. <input type="checkbox"/> Crimes and elements |
|---|---|

Is the Victim a vulnerable Adult? (Documenting lack of ability is important)

- | | | |
|--|--|--|
| <input type="checkbox"/> Over 18 | <input type="checkbox"/> 65 years or older | |
| <input type="checkbox"/> Victim needs assistance with ADLs (Activities of Daily Living): | | |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Sitting | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Getting Water | <input type="checkbox"/> Getting Dressed |
| <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 | <input type="checkbox"/> Banking/Financial affairs | |

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): _____

Activities of Daily Living (ADL'S)

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

Level of Function: Independent Needs Assistance Total Care

Describe: _____

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 Assistance Total Care

Describe: _____

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

Level of Function: Independent Needs Assistance Total Care

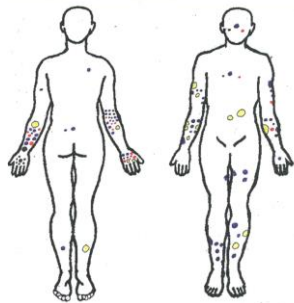
Describe: Guardian Conservator

Doctor Name and contact information:

PHYSICAL RISK ASSESSMENT

If the adult is vulnerable, is there harm? Abuse Neglect Financial Provide explanation as needed in narrative

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Soiled bedding | <input type="checkbox"/> Lock on victim's door | <input type="checkbox"/> Narcotic medication | <input type="checkbox"/> Unusual physical signs |
| <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, including common areas |
| <input type="checkbox"/> Victim is in pain | <input type="checkbox"/> Foul Smell | <input type="checkbox"/> Inconsistent explanation of care | <input type="checkbox"/> No sign of pain reliever (aspirin etc.) |
| <input type="checkbox"/> Dehydrated | <input type="checkbox"/> Stopped seeing doctor | <input type="checkbox"/> Lack of food/malnutrition | |
| <input type="checkbox"/> Lack of Medication | <input type="checkbox"/> Lack of access to mobility | | |



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

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

Medical Treatment following incident

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

If the adult is vulnerable and has been harmed, consent is often an issue. Ask Questions to assess:

- 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 accepts reports of financial harm to vulnerable adults

- Parasitic Living: "Caregiver's" sole source of income is the victim
 Caregiver/suspect controls the money, no audit/no 2nd look
 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
 List of all services performed by suspect/amount of pay for the services
 Income claimed on suspect's taxes

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 Vulnerable Adult's assets
 New friend/person helping with finances – church, grocery store, estranged family member
 Requested records/receipts for expenditures by suspect
 Power of Attorney 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.

Referral to 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
 Release of medical records by victim or by conservator/guardian
 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 emergency medical situations call an ambulance
- Report to APS as required
- 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. & Painter, R. – Prosecuting Attorneys Association 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)