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

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

☐ Over 18 ☐65 years or older

☐ Victim needs assistance with ADLs (Activities of Daily Living):

☐Walking ☐Sitting ☐Eating
☐Cooking ☐Getting Water ☐Getting Dressed
☐Bathing ☐Getting out of bed
☐Transportation ☐Taking medication
☐Doctor visits ☐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

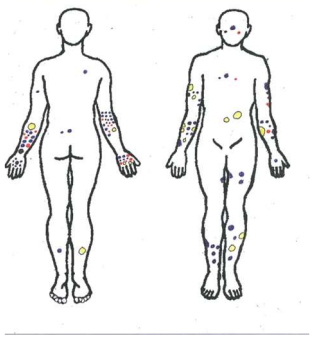
☐If the adult is vulnerable, is there harm? ☐Abuse ☐Neglect ☐Financial Provide explanation as needed in narrative

☐Soiled bedding
☐Soiled Bandages
☐Victim is in pain
☐Dehydrated
☐Lack of Medication

☐Lock on victim's door
☐Bilateral grip marks
☐Foul Smell
☐Stopped seeing doctor
☐Lack of access to mobility

☐Narcotic medication
☐Evidence of cleaning prior to arrival
☐Inconsistent explanation of care
☐Lack of food/malnutrition

☐Unusual physical signs
☐Filthy living conditions for victim, including common areas
☐No sign of pain reliever (aspirin etc.)



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 – Since 2012 a POA requires a signed acknowledgement to keep receipts and prohibits joint accounts & gifts-to-self unless explicitly allowed in the POA
☐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?

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

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)

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)