CONFIDENTIAL REPORTNOT SUBJECT TO PUBLIC DISCLOSUR

NOT SUBJECT TO PUBLIC DISCLOSURE										DATE COMPLETED:				
REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE														
TO BE COMPLETED BY REPORTING PA	RTY. PLEASE PR	NT OR TY	PE. SEE	GENERAL II	VSTRUCT	TIONS	<u>.</u>		-					
A. VICTIM	ctim consents to	disclosu	re of in	formation [Ombuds	man	use o	nly WIC	15636(a)]				
*NAME (LAST NAME FIRST)			DATE OF BIR				GENDE		THNICITY		NGUAGE (🗸	CHECK ONE)		
							□м	ПЕ				L	Н	
*ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY O	MRUDSMAN)		*CITY				*ZIP COD		*TEI	L_ _EPHONE	OTHER (SP	ECIFY)	-	
				ZII CODE					()					
*PRESENT LOCATION (IF DIFFERENT FROM ABOVE)				*CITY *ZIP CODE						*TELEPHONE				
										()				
☐ ELDERLY (65+) ☐ DEVELOPMENTALLY DISABL	ED MENTALLY IL	L/DISABLED	☐ PH1	YSICALLY DISABLE	D D	JNKNOV	VN/OTHER	₹		LIVES AL	ONE	LIVES WITH C	THERS	
B. SUSPECTED ABUSER ✓ Check	k if Self-Neglect													
NAME OF SUSPECTED ABUSER		ARE CUSTOD	IAN (type)		☐ PAREN	NT	☐ sc	N/DAUGHTE	₹ [OTHER	₹			
	☐ HEALTH PRAC			TITIONER (type) SPOUSE					ONSHIP					
ADDRESS	*ZIP CODE	TELEPH	ONE	GENDER	ETHNICIT	Υ	AGE	D.O.B.	HEIG	HT	WEIGHT	EYES	HAIR	
				□м □ F										
C. REPORTING PARTY: Check appro								☐ ✓ All but perpetrator						
*NAME (PRINT) SIGNATURE OCCUPATION AGENCY/NAME OF BUSINESS														
RELATION TO VICTIM/HOW KNOWS OF ABUSE	(CTDEET)	(CITY)		(ZIP CODE)	(F.N	1AIL ADE	DECC)			LTC	LEDUONE			
RELATION TO VICTIM/HOW KNOWS OF ABUSE	(STREET)	(CITY)		(ZIP CODE)	(E-IV	IAIL ADL	JKESS)			TELEPHONE				
D. INCIDENT INCODMATION ALL														
D. INCIDENT INFORMATION – Address *DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (
DATE/TIME OF INCIDENT(3)	OWN HOME			ITY CARE FACILIT	Y		HOSPITA	L/ACUTE CAF	RE HOSPIT	'AL				
	☐ HOME OF ANOTHER		NURSING	FACILITY/SWING I	BED		OTHER (Specify)						
E REPORTED TYPES OF ABUSE (CHECK ALL THA	T APPLY).												
1. PERPETRATED BY OTHERS (WI	C 15610.07 & 156	10.63)				2. 5	SELF-N	NEGLEC	T (WIC	15610).57 (b)(5))		
a. PHYSICAL	_	,	_				_		•		. , ,	, ,		
	. NEGLECT		☐ ABDUC	TION (Non-Mandated	. e u							, clothing, she	lter)	
<u> </u>	. ☐ FINANCIAL . ☐ ABANDONMENT		deprivat	tion of goods and	1						l mental hea	itn needs)		
_	Services: psychological/mental) C. U HEALTH and SAFETT HAZARDS													
OVER OR UNDER MEDICATION								R (Non-Ma						
ABUSE RESULTED IN (✓ CHECK ALL THAT AP	, <u> </u>	IYSICAL INJ		☐ MINOR MED				PITALIZATI		_		OVIDER REC	UIRED	
	DEATI		MENTAL	SUFFERING	□ 0	THER ((SPECIF	Y)	ᆫ	UNKN	OWN			
F. REPORTER'S OBSERVATIONS.														
F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.) LIST ANY POTENTIAL DANGER FOR														
ACCESS TO THE VICTIM? PROV	IDE ANY KNOW	N TIME F	RAME ((2 days, 1 w	VAILAE eek, ong	joing	, etc.)	LIST A	VY PO	TENTI	AL DAN	GER FOR	VE	
ACCESS TO THE VICTIM? PROVINVESTIGATOR (animals, weapo	IDE ANY KNOW	N TIME F	RAME ((2 days, 1 w	VAILAE eek, ong	joing	, etc.)	LIST A	VY PO	TENTI	AL DAN	GER FOR	VE	
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