

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



August 6, 2001

ALL-COUNTY INFORMATION NOTICE NO: I-64-01

TO: ALL COUNTY WELFARE DIRECTORS
ADULT PROTECTIVE SERVICES (APS)
PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: REVISED SOC 343, *INVESTIGATION OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE*

This All-County Information Notice (ACIN) informs Adult Protective Services (APS) agencies that the optional investigation form used by some APS social workers, *Investigation of Suspected Dependent Adult/Elder Abuse* (SOC 343), has been revised. The California Department of Social Services (CDSS), in consultation with the California Welfare Directors Association's APS Task Force, has updated the form and instructions so that it is consistent with the *Report of Suspected Dependent Adult/Elder Abuse* (SOC 341).

SOC 343 Changes

The header has been changed to include the reminder that information contained in the SOC 343 is considered confidential and is not subject to public disclosure. Part A, "APS Investigation Information," has been renumbered and "Fiduciary Indicators" has been changed to "Financial Indicators." Part B, "Statements," has been renumbered; Part C, "Additional Information or Statements," has been revised for clarification; and Part D, "Outcome of APS Investigation," items #12 and #13 have been deleted. The new #14 in Part D, under "Allegations and Findings," lists types of abuse and the outcome of the investigation, including whether the abuse was confirmed, inconclusive, or unfounded. The new form will be printed in duplicate, rather than in triplicate, as it was in the past.

Where to Obtain the Form

The form is available on the Department's website, at <http://www.dss.cahwnet.gov/getinfo>, and may be downloaded for use by county APS agencies. It is available in quantity at the CDSS' Warehouse, and may be ordered by completing the County Form GEN 727B, and mailing or faxing the request to:

California Department of Social Services Warehouse
Post Office Box 980798-0788
West Sacramento, California 95798-0788
Telephone (916) 371-1974
Fax (916) 371-3518

The revised form is attached to this ACIN. Please contact your assigned analyst in the Adult Protective Services Bureau at (916) 229-0323 if you have any questions regarding this notice.

Sincerely,

***Original Document Signed By
Donna L. Mandelstam on 8/2/01***

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

[Investigation of Suspected Dependent Adult/Elder Abuse \(SOC 343\)](#)