

**CONFIDENTIAL REPORT -
NOT SUBJECT TO PUBLIC DISCLOSURE**

**INVESTIGATION OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE – Page 1 of 2
TO BE COMPLETED BY APS SOCIAL WORKER**

DEPENDENT ADULT/ELDER NAME (LAST NAME FIRST)	APS CASE NO.	SSN
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A. APS INVESTIGATION INFORMATION - ADDITIONAL SPACE ON PAGE TWO

1. DATE(S) AND TIME(S) OF INCIDENT(S)	2. DATE(S) AND TIME(S) INVESTIGATED BY APS
3. NAME OF SUSPECTED ABUSER	
4. SUMMARY OF ALLEGATIONS	
5. DESCRIBE CHARACTERISTICS OF VICTIM'S ENVIRONMENT (LIVING QUARTERS, ADEQUACY OF CARE, FINANCIAL ARRANGEMENTS, ETC.)	
6. ABUSE/SELF-NEGLECT INDICATORS OBSERVED OR REPORTED AT TIME OF INVESTIGATION (CIRCLE ALL THAT APPLY)	
<p>a. <u>Physical Indicators</u>: Bruises Burns Welts Fractures Dislocations Lacerations Abrasions Skin Irritations Skin disorders Bedsores Friction burns Untreated injuries Untreated medical/dental problem Stomachaches Malnutrition Dehydration Pallor Sunken eyes/cheeks Fleas Lice/nits No food/water Signs of confinement Poor hygiene Unwashed clothing/bedding Inadequate heating Unsanitary conditions Unsafe housing</p> <p>b. <u>Behavioral Indicators</u>: Fear Denial Trembling Implausible/conflicting stories Regressive behavior Helplessness Non-responsiveness Resignation Agitation Depression Sleeping disturbances Excessive sleeping</p> <p>c. <u>Sexual Abuse Indicators</u>: Sexually transmitted disease Genital discharge/infection Genital trauma (Bruises, etc.) Difficulty walking/sitting Excessive body consciousness Fecal soiling Inappropriate sexual behavior</p> <p>d. <u>Financial Indicators</u>: Unusual bank account activity Inappropriate interest by relative/caretaker Isolated Numerous unpaid bills Lack of affordable necessities/amenities Promise of lifelong care Inappropriately executed/exercised Power of Attorney Forged signature Personal belongings/valuables missing Recent will/transfer of property</p>	
7. DESCRIBE PHYSICAL EVIDENCE OF ABUSE/SELF-NEGLECT (CLARIFY INDICATORS ABOVE OR INCLUDE ADDITIONAL INFORMATION)	
8. DESCRIBE HOW/WHY ABUSE APPEARS TO HAVE BEEN COMMITTED (MAY INCLUDE WEAPONS USED, POSSIBLE MOTIVE, ETC.)	

B. STATEMENTS - ADDITIONAL SPACE ON PAGE TWO. A SIGNED STATEMENT (OPTIONAL) MAY BE OBTAINED FROM ANY OF THE PARTIES LISTED BELOW.

9. VICTIM'S STATEMENT (INCLUDE REPORTS OF THREATS, INTIMIDATION, HARASSMENT)
10. ASSESSMENT OF VICTIM'S WILLINGNESS AND ABILITY TO COOPERATE WITH INVESTIGATION AND PROSECUTION

PRINT APS SOCIAL WORKER NUMBER	SIGNATURE OF APS SOCIAL WORKER	DATE
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INSTRUCTIONS FOR COMPLETING THE SOC 343

Page 1 of 2

Heading - Give client's name, APS case number and social security number.

Part A - APS Investigation Information

1. Give date(s) and time(s) of incident(s) as reported.
2. Give date(s) and time(s) the incident(s) are actually investigated by APS.
3. Give suspected abuser's name.
4. Give summary of allegations as reported.
5. Describe the pertinent characteristics of the victim's environment including conditions of his/her present living quarters, the adequacy of care being provided, what types of financial arrangements the victim has, etc.
6. Circle all the abuse/self-neglect indicators that are observed or reported by the victim at the time of the APS investigation.
7. Describe the physical evidence of abuse/self-neglect observed or reported by the victim at the time of the APS investigation. This section may be used to clarify the indicators reported under A6 above.
8. Describe how or why the abuse appears to have been committed. This requires a subjective determination by the APS worker performing the investigation.

Part B - Statements

9. Summarize the victim's statement as given to the APS worker performing the investigation.
10. Give an assessment of the victim's willingness and ability to cooperate with an investigation and prosecution. This requires a subjective determination by the APS worker doing the investigation.

Footing - Give APS social worker number, APS social worker signature, and date the SOC 343 was completed.

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11. SUSPECTED ABUSER'S STATEMENT

12. STATEMENT(S) OF OTHER PERTINENT PARTIES (INCLUDE ADDRESS/TELEPHONE NUMBER IF NOT ON SOC 341)

13. ARE OTHER AGENCIES INVOLVED IN INVESTIGATION? YES NO IF SO, GIVE AGENCY NAME AND NAME AND TELEPHONE NUMBER OF CONTACT PERSON

C. USE THIS SPACE FOR ADDITIONAL INFORMATION OR STATEMENTS - IF CONTINUATION FROM PREVIOUS ITEM, PLEASE SPECIFY ITEM NUMBER.

D. OUTCOME OF APS INVESTIGATION

14. ALLEGATIONS AND FINDINGS

PERPETRATED BY OTHERS:

- | | | | |
|--|------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Isolation | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Abduction | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |

PERPETRATED BY SELF:

- | | | | |
|---|------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Physical Care | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Health and Safety | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Malnutrition/Dehydration | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Inconclusive | <input type="checkbox"/> Unfounded |

15. COMMENTS

PRINT APS SOCIAL WORKER NUMBER	SIGNATURE OF APS SOCIAL WORKER	SIGNATURE OF APS SUPERVISOR
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INSTRUCTIONS FOR COMPLETING THE SOC 343
Page 2 of 2

Heading - Give client's name, APS case number and social security number.

Part B - Statements (continued)

11. Summarize the suspected abuser's statement.
12. Summarize the statements of any other pertinent parties, identifying the person by name, address and telephone number if this information is not already included on the SOC 341.
13. Indicate if other agencies are involved in the investigation. If so, give the agency name and telephone number of a contact person.

Part C - Additional Space

Use this additional space to continue any items under parts A or B.

Part D - Outcome of APS Investigation

14. Indicate allegations and findings.
15. Use this space for additional comments.

Footing - Give APS social worker number, APS social worker signature, and APS supervisor signature.