

NOTICE OF FORM CHANGE NO. 03-122

DATE

08/28/2003

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE SOC 341 (8/03) Report of Suspected Dependent Adult/Elder Abuse

ORDER UNIT SET	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 8/03	REPLACES 6/00	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective when old supply is exhausted.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

PRINTING INSTRUCTIONS: 8-1/2" x 11" paper. 4-part set. Part 1 (form instructions) is printed 2-sided, head to foot, on white paper. Parts 2, 3, and 4 (form to be completed) are a NCR set (white, yellow, and pink paper), are printed 1-sided, and are the same.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

COUNTY APS/OMBUDSMAN CASE NUMBER

LAW ENFORCEMENT CASE/FILE NUMBER

RECEIVING AGENCY USE ONLY

A. VICTIM [As applicable under Welfare and Institutions Code (WIC) 15636 (a)]

CHECK THIS BOX IF VICTIM CONSENTS TO DISCLOSURE OF INFORMATION (Ombudsman use only)

Form fields for victim information: NAME, AGE, DATE OF BIRTH, SSN, SEX, ETHNICITY, LANGUAGE, ADDRESS, CITY, ZIP CODE, TELEPHONE, PRESENT LOCATION.

B. REPORTING PARTY: Check Appropriate Box If Reporting Party Waives Confidentiality:

Form fields for reporting party: NAME, SIGNATURE, OCCUPATION, AGENCY, RELATION TO VICTIM, WHERE TO CONTACT, STREET, CITY, ZIP CODE, TELEPHONE.

C. INCIDENT INFORMATION - Address where Incident Occurred:

Form fields for incident information: DATE/TIME OF INCIDENT(S), PLACE OF INCIDENT, OWN HOME, HOME OF ANOTHER, COMMUNITY CARE FACILITY, NURSING FACILITY/SWING BED, HOSPITAL/ACUTE CARE HOSPITAL, OTHER (Specify).

D. REPORTED TYPES OF ABUSE (CHECK ALL THAT APPLY).

Form fields for reported types of abuse: 1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63), 2. SELF-NEGLECT (WIC 15610.57(b)(5)).

Form fields for abuse results: ABUSE RESULTED IN (CHECK ALL THAT APPLY), NO PHYSICAL INJURY, MINOR MEDICAL CARE, HOSPITALIZATION, CARE PROVIDER REQUIRED, DEATH, MENTAL SUFFERING, OTHER (SPECIFY), UNKNOWN.

E. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (E.G., ANIMALS, WEAPONS, COMMUNICABLE DISEASES, ETC.).

F. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).

Form fields for family member or other person responsible for victim's care: NAME, ADDRESS, CITY, ZIP CODE, TELEPHONE, RELATIONSHIP, IF CONTACT PERSON ONLY (CHECK).

G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (e.g., family, significant others, neighbors, medical providers and agencies involved, etc.)

Form fields for other person believed to have knowledge of abuse: NAME, ADDRESS, TELEPHONE NO., RELATIONSHIP.

H. SUSPECTED ABUSER (Check if Self-Neglect)

Form fields for suspected abuser: NAME OF SUSPECTED ABUSER, CARE CUSTODIAN (type), PARENT, SON/DAUGHTER, OTHER, HEALTH PRACTITIONER (type), SPOUSE, OTHER RELATION, ADDRESS, ZIP CODE, TELEPHONE, SEX, ETHNICITY, AGE, D.O.B., HEIGHT, WEIGHT, EYES, HAIR.

I. TELEPHONE REPORT MADE TO: APS, Law Enforcement, Ombudsman, Calif. Dept. of Mental Health, Calif. Dept. of Developmental Services

Form fields for telephone report: NAME OF OFFICIAL CONTACTED BY PHONE, TELEPHONE, DATE/TIME.

J. WRITTEN REPORT (Mailed or Faxed) (DO NOT FAX REPORT TO CDSS) FAX to agency to which telephone report was made.

Form fields for written report: AGENCY NAME, ADDRESS OR FAX #, DATE MAILED OR FAXED.

K. RECEIVING AGENCY USE ONLY (Telephone Report, Written Report)

Form fields for receiving agency use only: 1. Report Received by, Date/Time; 2. Assigned (Immediate Response, Ten-day response, No initial face-to-face required, Not APS), Approved by, Assigned to (optional); 3. Cross-Reported to (CDHS, Licensing & Cert., CDSS-CCL, CDOA Ombudsman, Bureau of Medi-Cal Fraud & Elder Abuse, Mental Health, Law Enforcement, Professional Board, Developmental Services, APS, Other (Specify)), Date of Cross-Report.

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE GENERAL INSTRUCTIONS

PURPOSE OF FORM

This form, as adopted by the California Department of Social Services, is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse of an elder or dependent adult. "Elder," as defined in WIC Section 15610.27 means any person residing in this state who is 65 years of age or older. "Dependent Adult," as defined in WIC 15610.23 means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code (H & S).

REPORTING RESPONSIBILITIES

Mandated reporters* (see definition on p. 2 under "Reporting Party Definitions") shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect (including self-neglect), isolation, and abandonment (see definitions in WIC 15610) involving an elder or a dependent adult. **The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:**

- The county Adult Protective Services (APS) agency or the local law enforcement agency (if abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter).
- Long-term care ombudsman (LTCO) program or the local law enforcement agency (if abuse occurred in a nursing home, adult residential facilities, adult day programs, residential care facility for the elderly, or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (if abuse occurred in Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, or Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (if abuse occurred in Sonoma State Hospital, Lanterman State Hospital, Porterville State Hospital, Fairview State Hospital, or Agnews State Hospital).

WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect), or is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report (SOC 341) sent within two working days to the appropriate agency.

MULTIPLE REPORTERS

When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of abuse of an elder or a dependent adult and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single written report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.

FAILURE TO REPORT

Failure to report physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than \$1,000, or by both imprisonment and fine. Any mandated reporter* who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to \$5,000, or by both imprisonment and fine.

WRITTEN REPORT/TELEPHONE REPORT

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse. Complete asterisk (*) sections on the form when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services (CDSS).
2. If any item of information is unknown, write "unknown" beside the item.
3. Part B. REPORTING PARTY - Please check if reporting party waives confidentiality.
4. Part B. REPORTING PARTY - Mandated reporters* are required to give their names and non-mandated reporters may report anonymously.
5. Part C. INCIDENT INFORMATION - Please provide best known time frame (e.g., 2 days, 1 week, or ongoing).
6. Part D. Please check all types of suspected abuse that apply.
7. Part E. Reporter may attach medical diagrams, photographs of injuries or environment, etc.
8. Part I. TELEPHONE REPORT MADE TO - The mandated reporter* completes this section after making the telephone report.
9. Part K. AGENCY USE ONLY - This section may be used by the agency receiving the written report.

DISTRIBUTION OF SOC 341 FORMS/COPIES

Mandated reporter- After making the telephone report send the original and 1 copy to the receiving agency, keep 1 copy for your file.

DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES.

Receiving Agency - Place the original in the case file. The copy may be sent to a cross-reporting agency or it may be discarded.

GENERAL INSTRUCTIONS (continued)

IDENTITY OF THE REPORTER

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only between APS agencies, local law enforcement agencies, LTCO coordinators, Bureau of Medi-Cal Fraud and Elder Abuse of the Office of the Attorney-General, licensing agencies or their counsel, Investigators of the Department of Consumer Affairs who investigate elder and dependent adult abuse, the office of the District Attorney, the Probate Court, the Public Guardian, or upon waiver of confidentiality by the reporter, or by court order.

REPORTING PARTY DEFINITIONS

*Mandated Reporters (WIC) "15630 (a) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter."

Care Custodian (WIC) "15610.17 'Care custodian' means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff: (a) Twenty-four-hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code. (b) Clinics. (c) Home health agencies. (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services. (e) Adult day health care centers and adult day care. (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders. (g) Independent living centers. (h) Camps. (i) Alzheimer's Disease day care resource centers. (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code. (k) Respite care facilities. (l) Foster homes. (m) Vocational rehabilitation facilities and work activity centers. (n) Designated area agencies on aging. (o) Regional centers for persons with developmental disabilities. (p) State Department of Social Services and State Department of Health Services licensing divisions. (q) County welfare departments. (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys. (s) The office of the long-term care ombudsman. (t) Offices of public conservators, public guardians, and court investigators. (u) Any protection or advocacy agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following: (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities. (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness. (v) Humane societies and animal control agencies. (w) Fire departments. (x) Offices of environmental health and building code enforcement. (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults."

Health Practitioner (WIC) "15610.37 'Health practitioner' means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner."

EXCEPTIONS TO REPORTING (WIC 15630 (b) (3) (A))

A mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

- (i) The mandated reporter* has been told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect).
- (ii) The mandated reporter* is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- (iii) The elder or the dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- (iv) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

In a long-term care facility, a mandated reporter* who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the state office of the Long-term Care Ombudsman (LTCO), has access to plans of care and has the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse (WIC 15630 (b) (4) (A)):

- (i) The mandated reporter* is aware that there is a proper plan of care.
- (ii) The mandated reporter* is aware that the plan of care was properly provided and executed.
- (iii) A physical, mental, or medical injury occurred as a result of care pursuant to clause (i) or (ii).
- (iv) The mandated reporter* reasonably believes that the injury was not the result of abuse.