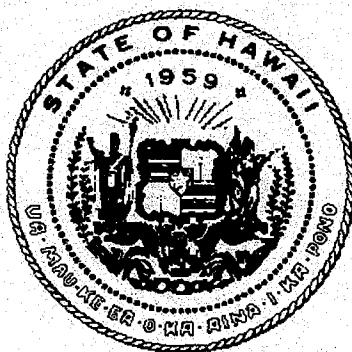

Guidelines for Mandated Reporters

Vulnerable Adult Abuse and Neglect



State of Hawaii
Department of Human Services
Adult Protective Services

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GUIDELINES FOR MANDATED REPORTERS

Vulnerable Adult Abuse and Neglect

INTRODUCTION

Protection and safety of vulnerable adults requires the involvement of all community members. Reporting of suspected abuse and neglect by the mandated reporter is a primary intervention that identifies harm, or the immediate threat of harm, to vulnerable adults. A report of abuse or neglect provides Adult Protective Services (APS) with the necessary information to intervene and to address suspected abuse or neglect.

The purpose of this booklet is to help you understand the responsibilities of a mandated reporter, and to assist you in identifying and reporting suspected vulnerable adult abuse or neglect to APS.

WHAT IS ADULT PROTECTIVE SERVICES?

Adult Protective Services (APS) is a program that 1) receives and investigates reports of vulnerable adult abuse, and 2) provides short-term services to protect the personal health, safety, and welfare of vulnerable adults who are abused, neglected, or financially exploited. APS also provides services when the adult is in danger of abuse if immediate action is not taken.

Chapter 346, Part X, Hawaii Revised Statutes, relating to Adult Protective Services authorizes the Hawaii State Department of Human Services (DHS) to provide Adult Protective Services. The law mandates certain persons to report vulnerable adult abuse, and gives the Department of Human Services authority to investigate reported incidents as it deems appropriate. The law is commonly referred to as a mandated reporting law or protective services law.

Who Is A Vulnerable Adult?

A vulnerable adult is someone 18 years and older who, because of a mental, developmental, or physical impairment, is unable to 1) communicate or make responsible decisions to manage one's own care or resources; 2) carry out or arrange for essential activities of daily living; or 3) protect oneself from abuse.

What Types Of Abuse Are Included In The Law?

The law defines vulnerable adult abuse or neglect as "...any of the following, separately or in combination: physical abuse, psychological abuse, sexual abuse, financial exploitation, caregiver neglect, or self-neglect."

Types of abuse include:

- **Physical abuse:** non-accidental injury, pain, or impairment such as from hitting, slapping, improper physical restraint, or poisoning.
- **Psychological abuse:** threats, insults, harassment, humiliation, intimidation, or other means that profoundly confuse or frighten the vulnerable adult.
- **Sexual abuse:** sexual contact or conduct including pornographic photographing without consent.
- **Financial exploitation:** wrongful taking, withholding, appropriation, or use of the vulnerable adult's money, real property, or personal property.
- **Caregiver neglect:** failure to provide adequate food, shelter, clothing, timely health care, personal hygiene, supervision, protection from abandonment, or failure to carry out responsibilities that a reasonable person would exercise as an assumed, legal, or contractual caregiver.
- **Self-neglect:** failure to care for oneself, thereby exposing oneself to a situation or condition that poses an immediate risk of death or serious physical harm.

WHO IS MANDATED TO REPORT ADULT ABUSE AND NEGLECT?

Certain professionals and personnel in health care, social services, law enforcement, and financial assistance are required to report suspected abuse or neglect to APS. The law mandates reporting when there is reason to believe abuse has occurred or the vulnerable adult is in danger of abuse if immediate action is not taken.

Mandated Reporters

- Licensed or registered professionals of the healing arts and any health-related occupation who examine, attend, treat, or provide other professional or specialized services including, but not limited to, physicians, physicians in training, psychologists, dentists, nurses, osteopathic physicians and surgeons, optometrists, chiropractors, podiatrists, pharmacists, and other health-related professionals.
- Employees or officers of any public or private agency or institution providing social, medical, hospital, or mental health services, including financial assistance.
- Employees or officers of any law enforcement agency including, the courts, police departments, correctional institutions, and parole or probation offices.
- Employees or officers of adult residential care homes, adult day care centers, or similar institutions such as community care foster family homes.

- Medical examiners and coroners.
- Licensed social workers and non-licensed persons employed in a social worker position.

In addition, Hawaii Revised Statutes, Section 412:3-114.5 requires financial institutions to file a report of financial abuse/exploitation of elders age 62 and over to their respective County Adult Protective Services (APS) and County Police Department.

Persons who are not mandated reporters also are encouraged to report suspected abuse or neglect. Any person who has reason to believe that a vulnerable adult has been abused or is in danger of abuse if immediate action is not taken may report the concern to Adult Protective Services.

When Must Vulnerable Adult Abuse or Neglect Be Reported?

Mandated reporters must report abuse or neglect promptly to APS when in the performance of their professional or official duties, when they know or have reason to believe that a vulnerable adult has been abused, or when there is danger of abuse if immediate action is not taken.

Protection from Liability

Pursuant to the Adult Protective Services law, anyone making a report of abuse or neglect shall have immunity from civil or criminal liability. Any individual who assumes a duty or responsibility pursuant to the law shall have immunity from civil liability for acts or omissions performed within the scope of the individual's duty or responsibility.

Failure to Report

A mandated reporter who knowingly fails to report an incident involving vulnerable adult abuse or neglect, or who willfully prevents another person from reporting such an incident shall be guilty of a petty misdemeanor.

HOW DO I MAKE A REPORT?

Call Adult Protective Services (APS) at the Department of Human Services. Please call the office located nearest you when reporting abuse or neglect. APS offices are listed at the end of these guidelines.

APS hours of operation are 7:45 AM to 4:30 PM, Monday through Friday, except State holidays. Leave a message to make a report after hours, on weekends, and holidays. Recorded messages will be responded to on the next workday.

In **emergency situations** or in cases of **immediate threats of violence** call 911.

What Kind of Information Will I Need to Provide?

The APS intake worker will need to obtain as much information as possible to determine whether the matter is referred for investigation.

Necessary information includes:

- Date of incident
- Victim:
 - Who is the alleged victim? (Name, address, telephone number, age).
 - Is someone responsible for the care of the vulnerable adult, for example, a caregiver, family member, or someone else?
 - Does the alleged victim have capacity (the ability to understand and appreciate the nature and consequences of making decisions concerning one's person or to communicate these decisions)?
- Perpetrator: Who is the alleged abuser? (Name, address, telephone number, age, relationship to the vulnerable adult.)
- Description: What is the nature and extent of the harm or concern?
- Action to help the victim: What has/is being done to help the vulnerable adult?
- Reporter:
 - Who are you? (Name, address, telephone number, employer, relationship to the vulnerable adult.)
 - How did you come to know about the abuse?
 - If you are currently providing services to the victim, will you continue to provide services?
 - Are you requesting anonymity?
- APS worker safety: Is the APS working in any potential danger? (For example, weapons, criminal activity, substance abuse, animals, communicable diseases).
- Other information: Any other information that may be helpful in determining the cause of abuse or neglect.

What If I'm Not Sure?

It is important to report all cases of *suspected* abuse. You do not need to prove that abuse or neglect has occurred before making a report. If you are not sure that a situation actually involves abuse or neglect, it is best to call APS. You can consult with the APS intake worker regarding your concerns or observations. APS is responsible for determining whether a report meets criteria to begin an investigation, for conducting the investigation, and for determining whether abuse did or did not occur.

General Guidance:

- If the vulnerable adult has shared information with you about abuse or neglect, this is enough for you to call APS. Please, make the referral as soon as you receive the information. It is generally good practice to inform the adult about your role as a mandated reporter.
- Report all suspected cases of adult abuse. Although you may not have evidence, if you have reason to believe there is abuse, it is sufficient for reporting.
- If you have access to the vulnerable adult and can provide additional information from observing the adult's situation and/or making outreach contact or field observations, give the APS worker that information.

Do I Need To Follow Up In Writing?

Yes. A written report must be completed and sent to the DHS APS after an oral report is made. Form DHS 1640, entitled "Report Form for Suspected Abuse and Neglect of Vulnerable Adults" is included in this brochure for your convenience. You may also download the reporter form from the DHS website at:
<http://humanservices.hawaii.gov/ssd/home/adult-services/>

As an alternative to completing the form, you may send all of the required reporter elements to the APS in a separate letter.

Please mail, email, or fax your written report to the office where your oral report was made.

WHAT HAPPENS FOLLOWING MY REPORT?

Upon receiving a report of abuse or neglect, the APS intake worker gathers basic information from you and other sources to determine whether to initiate an investigation.

When a report is accepted for investigation, an APS worker is assigned to investigate and determine if the vulnerable adult has been harmed. The APS worker gathers as much information as possible by talking to the vulnerable adult, the alleged perpetrator,

family members, caregivers, and agencies involved in providing service. If financial exploitation is suspected, investigators also review financial documents.

Investigations may require more than one visit with the victim and/or parties involved, and a mandated reporter may be asked to provide additional information or assistance during the investigation. Additional information related to the alleged incident of abuse may include financial records and medical reports that were not included in the written report submitted to DHS APS.

An investigation continues until a determination is made to confirm or not confirm abuse or neglect, generally within 60 days from receipt of the report.

APS workers make every effort to inform you whether your referral has been accepted for investigation or not. You may receive information about the progress of a case, but confidential information cannot be shared. Depending on the circumstances, you may be asked to become involved in service planning and providing services for the client.

When there is not enough evidence that abuse has occurred, the case is unconfirmed. If the client has service needs, the APS worker may provide consultation, help with needs, or make referrals to other resources in the community.

When the APS worker finds that abuse has occurred or immediate action is needed to prevent its occurrence, the case is confirmed and protective services are initiated.

In addition to initiating protective services for abuse cases, the APS worker is required to inform others when abuse is confirmed. Reports are made depending on the situation. For example, when abuse occurs in a licensed health care facility, APS informs the Department of Health, Office of Health Care Assurance (OHCA) and the Department of the Attorney General, Medicaid Fraud Control Unit (MFCU). When a report involves a licensed or certified professional or vocational individual under the purview of the Department of Commerce and Consumer Affairs (DCCA), that department is notified. When a report involves a crime, APS notifies the Police Department.

During the investigation, the APS worker is authorized to visit and communicate with the vulnerable adult alone, and without interference that may jeopardize or prejudice the investigation. It is a misdemeanor for anyone to knowingly obstruct or interfere with the investigator's access or communication with the adult.

Will The Police Get Involved?

If the APS worker suspects that a crime has been committed, a report will be made to appropriate law enforcement agencies, including the police, and the Department of the Attorney General, Medicaid Fraud Control Unit (MFCU). APS may request police involvement to gain access to the vulnerable adult, or the police may determine that they need to take immediate action and/or conduct an investigation.

Will The Reporter's Name Be Released?

Reports made to APS are confidential. Every reasonable effort is made to maintain the confidentiality of a reporter. However, reporters may find the alleged victim and/or the perpetrator will speculate about the identity of the reporter and be able to guess who made the report.

Will I Need To Testify In Court?

If the APS worker finds that legal intervention is necessary as a means of helping the vulnerable adult, a petition will be prepared and filed in Family Court (civil proceeding) on behalf of the adult.

Your testimony may be needed if APS believes it is necessary to establish the court's jurisdiction to protect a vulnerable adult from abuse or neglect. If so, an APS worker or a representative from the Department of the Attorney General will contact you and inform you about the type of testimony needed, the date and time of the court proceedings, and provide any other information you may need to know.

WHAT SERVICES CAN APS PROVIDE TO VULNERABLE ADULTS?

The APS has limited resources and must rely on other public and private agencies for ongoing support to the vulnerable adult. This includes providing or making referrals to other service providers. A service plan is developed and implemented with consent of the adult, his or her guardian, and others involved in the adult's care. A mandated reporter may be asked to participate in the service plan development.

WHAT HAPPENS IF APS DOES NOT ACCEPT THE REFERRAL?

If the referral is not accepted for investigation, the APS worker provides information or consultation, or recommends other community agencies or resources that may be helpful to the individual.

If an initial report was not accepted for investigation, but the problems re-appear or persist, you are strongly encouraged to report the situation again. A repeat report may add information to the case file and result in a new determination and a different outcome. Do not hesitate to report again.

What Happens If The Adult Does Not Accept APS Services?

Competent adults have the right to decide where and how they live, and what types of assistance to accept in their lives. An individual's right to self-determination is respected, which means they have the right to refuse services offered by APS workers.

- If the vulnerable adult is competent, he or she may refuse any help that is offered.
- If a client consents to services, he or she has the right to participate in all decisions concerning his or her welfare, to choose the least restrictive alternatives, to refuse medical treatment, and to withdraw from protective services.
- If a physician determines that a vulnerable adult lacks capacity to make an informed decision, and a life threatening danger exists, APS will initiate legal proceedings to help protect the adult.

HOW CAN I GET MORE INFORMATION?

The APS Branch maintains offices across the state. Call your county APS to ask questions, to discuss concerns or observations, to ask if a situation should be reported, to follow-up on the status of a report, or to express any other questions or concerns relating to APS. Communication between reporters and APS workers is strongly encouraged.

For more information on the APS law refer to Hawaii Revised Statutes, Chapter 346, Part X, Adult Protective Services, and Hawaii Administrative Rules Chapter 17-1421. Hawaii Revised Statutes and Hawaii Administrative Rules can be found in the reference section of major libraries, at internet sites, or by calling APS or the Executive Office on Aging. Internet access for the DHS website which has highlights of the law and Hawaii Administrative Rules is: <http://humanservices.hawaii.gov/admin-rules-2/>

USEFUL TELEPHONE NUMBERS

Department of Human Services (DHS) Adult Protective Services (APS)

- Oahu: 832-5115
- Kauai: 241-3337
- Hilo / Hamakua / Puna / Volcano : 933-8820
- Kona / Kohala / Kamuela / Kau: 327-6280
- Maui / Molokai / Lanai: 243-5151

Other Resources

- **Emergencies:** Emergency response by Police-Fire-Emergency Medical - 911
- **Domestic Violence:** Domestic violence involving victims in intimate relationships
Emergency: 911
Domestic Violence Action Center:
 - Oahu: 531-3771
 - Neighbor Island Helpline: 1-800-690-6200
- **Victim Witness Assistance Program:** County Office of Prosecuting Attorney
 - Oahu: 768-7401
 - East Hawaii: 934-3306 or 1-800-901-4021
 - West Hawaii: 322-2552 or 1-800-321-8712
 - Kauai: 241-1898 or 1-800-668-5734
 - Maui: 270-7695
- **State of Hawaii Crime Victim Compensation Commission:** The Commission provides compensation to victims of violent crimes for their crime-related injuries and losses, and to “Good Samaritans” for injuries or property damage suffered in the prevention of a crime or apprehension of a criminal. The Commission works in partnership with the county Victim Witness Assistance Programs.
 - Oahu: 587-1143
 - Hawai'i County: 974-4000, x71143
 - Kaua'i County: 274-3141, x71143
 - Maui County: 984-2400, x71143
 - Moloka'i / Lāna'i: 1-800-468-4644, x71143
- **Legal Services for At-Risk Elders:**

University of Hawaii Elder Law Program (UHELP), Oahu: 956-6544

Legal Aid Society of Hawaii
 - Honolulu: 536-4302
 - Neighbor Islands: 1-800-499-4302
- **Hawaii State Executive Office on Aging:** Information on aging issues, elder abuse, programs, policies, and advocacy to promote access, quality of life, community-based care, and supports for elderly in the community.
Call (808) 586-0100.

- **Hawaii Aging and Disability Resource Center (ADRC):** Helps older adults, individuals with disabilities, and family caregivers find options for long term supports and services available to them in the State of Hawaii. Agency network services include information and referral; outreach; case management; and referrals to social, health, financial, legal, and support services to help prevent abuse and neglect. Call 643-ADRC (643-2372), or visit the website at www.hawaiiadrc.org

- **Long Term Care Ombudsman:** Concerns, assistance, and advocacy for older adults living in State licensed or certified long-term care settings.
 - Oahu: (808) 586-7305
 - Neighbor Islands: (808) 586-7268
 - Main Number: (808) 586-0100

- **Aloha United Way 2-1-1:** Confidential, toll-free help hotline for anyone in Hawaii in need of information and referrals for help. Call 2-1-1 or visit the website at: <http://www.auw211.org/>

Indicators of Possible Adult Abuse

The following indicators do not always mean abuse or neglect has occurred, but they can be clues to the need for an abuse investigation. The physical assessment of abuse should be done by a physician or trained health practitioner.

Physical Indicators

- Bruises, welts, discoloration, swelling
- Cuts, lacerations, puncture wounds
- Pale appearance
- Sunken eyes, hollow cheeks
- Pain or tenderness on touching
- Detached retina
- Soiled clothing or bed
- Absence of hair/ bleeding scalp
- Dehydration/malnourishment
- Evidence of inadequate care (untended bed sores, poor skin hygiene)
- Evidence of inadequate or inappropriate administration of medication
- Burns: may be caused by cigarettes, flames, acids, or friction from ropes
- Signs of confinement (tied to furniture, bathroom fixtures, locked in a room)
- Lack of bandages on injuries or stitches when indicated, or evidence of unset bones

Injuries are sometimes hidden under breasts or found on areas of the body usually covered by clothing. Repeated skin or other bodily injuries should be documented. Pay careful attention to their location and treatment. Other indicators of abuse or neglect may include: frequent use of the emergency room, and/or healthcare "shopping"; the lack of necessary appliances such as walkers, canes, bedside commodes; the lack of necessities such as heat, food, water; and unsafe conditions in the home (no railing on stairs).

Behavioral Indicators from the Victim

These behaviors do not necessarily indicate abuse or neglect. However, they may be clues to ask more questions and to look beyond the obvious.

- Fear
- Withdrawal
- Depression
- Helplessness
- Resignation
- Anger
- Ambivalence/contradictory statements not due to mental dysfunction
- Conflicting accounts of incidents by the family, victim, and supporters
- Implausible stories
- Confusion or disorientation
- Non-responsiveness
- Agitation, anxiety
- Hesitation to talk openly

Indicators from the Family/Caregiver

- Elder or vulnerable adult not given the opportunity to speak for themselves or to see others without the presence of the caregiver (suspected abuser)
- Absence of assistance, indifference or anger toward the vulnerable person
- Family member or caregiver "blames" the elder or vulnerable adult (accusation that incontinence is a deliberate act)
- Aggression (threats, insults, harassment)
- Previous history of abuse to others
- Social isolation of family or isolation or restriction of activity of the elder or vulnerable adult within the family unit
- Reluctance to cooperate with service providers in planning for care

Indicators of Possible Financial Abuse

- Activity in bank accounts that is inappropriate to the person, e.g., withdrawals from automated banking machines when the person cannot walk or get to the bank
- Unusual interest about the amount of money being expended for the care of the person
- Refusal to spend money on the care of the person
- Numerous unpaid bills, overdue rent, when someone is supposed to be paying the bills
- Checks and other documents signed when the person cannot write
- Missing clothing, jewelry, or other items
- A recently drafted will when the person is clearly incapable of making a will
- A recent change of house title in favor of a "friend" when the person is incapable of understanding the nature of the transaction
- Power of attorney given when person is unable to comprehend the financial situation, and is incompetent to grant power of attorney
- Lack of personal grooming items, appropriate clothing, etc., when the person's income appears adequate to cover such need

Source: Elder and Dependent Adult Abuse Reporting, A Guide for the Mandated Reporter, Community and Senior Services of Los Angeles County, Rev. June 2001; adapted from "Protocols" Consortium for Elder Abuse Prevention, Institute on Aging 3330 Geary Boulevard, 2nd Floor, San Francisco, CA 94118.

CONFIDENTIAL

**REPORT FORM FOR SUSPECTED ABUSE AND NEGLECT OF
VULNERABLE ADULTS**

In accordance with HRS §346-224, to file a report of abuse, neglect, and/or exploitation of vulnerable adults, please:

1. Review available records and fill this form as completely as possible. Please type or print legibly. Use **Y** for Yes, **N** for No, or as specified. If requested information is not known, use **U** for Unknown. If not applicable, use **N/A** for Not Applicable.
2. Immediately call the **Adult Protective Services (APS) Intake Reporting Line** in your county to report your findings. Refer to the last page of this form for contact information.
3. FAX, e-mail, or mail this form with comments to APS immediately **after** verbally reporting to the intake worker.

If you are a mandated reporter, submission of this form fulfills your statutory obligation under Hawaii Revised Statutes (HRS) §346-224 requiring a written report as well as an oral report.

REPORTER INFORMATION	
<input type="checkbox"/> Check if you are a Mandated Reporter <input type="checkbox"/> Check if anonymity is requested	
Name / Agency / Title (as applicable):	
Address:	Phone Number: Is this a direct number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to alleged victim:	

TYPE OF HARM (check all that apply)		
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Self Neglect
<input type="checkbox"/> Psychological Abuse	<input type="checkbox"/> Caregiver Neglect	<input type="checkbox"/> Financial Exploitation

Date of Incident: _____	Location: <input type="checkbox"/> Home <input type="checkbox"/> Care/Foster Home <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Other: _____
-------------------------	---

VULNERABLE ADULT INFORMATION		
Name (Last, First, M.I.)	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address (Including apartment / unit number):	Phone Numbers (Home / Cellular / Other):	
Living Arrangement (i.e., Lives alone, with family, spouse, caregiver, etc.):		
Present Location (If different from above, i.e. care home, with other family, etc.):		
Ethnicity:	Primary Language Spoken, if known:	
Communicates verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Disabilities seen (i.e., physical, medical, or behavioral conditions, vulnerability of the adult):		
<input type="checkbox"/> Mobility impairment	<input type="checkbox"/> Hearing or vision impairment	<input type="checkbox"/> Frail or appears ill
<input type="checkbox"/> Medical condition	<input type="checkbox"/> Behavioral condition	<input type="checkbox"/> Other (specify): _____

VULNERABLE ADULT INFORMATION (con't.)

Vulnerable adult's appearance and behavior:

- Alert, oriented Alert, but forgetful Nervous, anxious
 Incoherent, confused Unkempt, poorly groomed Other (specify): _____

Additional information (i.e. changes in behavior, changes in appearance, grooming, ability to care for self, etc.):

Other vulnerable adults at risk? Yes No If yes, please attach additional pages as necessary:

PRESENTING CONCERNS OF VULNERABLE ADULT

- Intellectual disability Physical disability/Assistive device used: _____ Developmental disability
 Mental health concerns Other mental health impairment (specify): _____ Substance abuse
 Other (specify): _____ Death

INDICATORS OF HARM:

- Decubitus ulcers (bedsores) Substantial / multiple skin bruising Malnutrition
 Injury causing substantial bleeding Burns Fractures / Broken bones
 Failure to provide adequate care Extreme mental distress Misuse of medications
 Evidence of sexual abuse Other (specify): _____

Please describe in detail:

ALLEGED PERPETRATOR(S): List facility if applicable

Check if Self Neglect, go to page 3.

Name (Last, First, M.I.) and nicknames, alias: _____ Age: _____ Gender: Male Female

Home Address (including apartment / unit number): _____ Phone Numbers (Home / Cellular / Other): _____

Work Address: _____

Relationship to the Vulnerable Adult:

- Caregiver Child Spouse Parent
 Sibling Family member (specify): _____ Health Practitioner Financial Advisor
 Other (specify): _____

Ethnicity: _____ Primary Language Spoken, if known: _____
Interpreter needed? Yes No Unknown

Does the alleged perpetrator still have access to the vulnerable adult?

Other perpetrators? Yes No If yes, please attach additional pages as necessary:

Do you think the vulnerable adult has decisional capacity? Yes No Unknown

(HRS §346-222 defines capacity as: the ability to understand and appreciate the nature and consequences of making decisions concerning one's person or to communicate these decisions.)

If no, why do you think the vulnerable adult lacks decisional capacity: _____

Is there any supporting documentation on decisional capacity? Yes No Unknown If yes, please attach.

SERVICES/TREATMENT HISTORY:

Check services or treatment the vulnerable adult or alleged perpetrator were offered prior to this report. Check all that apply. List service provider and contact information in space below.

- | | |
|---|--|
| <input type="checkbox"/> Medical / Health Services | <input type="checkbox"/> Case management services |
| <input type="checkbox"/> Domestic Violence/Abuse | <input type="checkbox"/> Public Health Nursing |
| <input type="checkbox"/> Behavioral Health Services | <input type="checkbox"/> APS involvement (Hawaii or elsewhere) |
| <input type="checkbox"/> Substance abuse counseling/treatment: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient | <input type="checkbox"/> Financial Management / Services |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other (specify): _____ |

Service provider(s) and contact information:

SUPPORT SYSTEM:

Support system available and willing to assist the vulnerable adult. List name(s) and contact information in the space below.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Child | <input type="checkbox"/> Sibling(s) |
| <input type="checkbox"/> Family Member(s) | <input type="checkbox"/> Friend(s) | <input type="checkbox"/> Church member(s) | <input type="checkbox"/> Service providers |
| <input type="checkbox"/> Community groups | <input type="checkbox"/> Other (specify): _____ | | |

Name(s) and contact information:

NARRATIVE INFORMATION:

Describe the incident(s) and what action you believe needs to be taken. If known, include dates and location. List any health and/or environmental hazards or concerns. Use additional pages as necessary.

Signature of Reporter

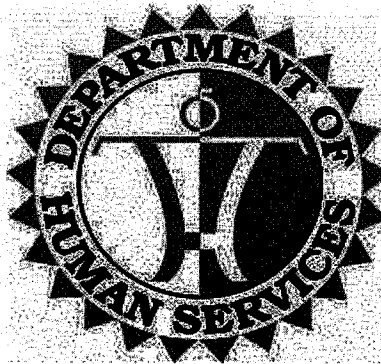
Date

THANK YOU FOR YOUR ASSISTANCE.

**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
ADULT PROTECTIVE SERVICES**

**Business hours: 7:45 a.m. to 4:30 p.m., Monday to Friday (excluding holidays).
Phone calls, FAXES, and e-mails received after hours will be answered the next working day.**

	<u>Phone:</u>	<u>FAX:</u>	<u>E-mail:</u>
<u>Oahu:</u>			
420 Waiakamilo Road, #202 Honolulu, HI 96817	832-5115	832-5391	SSDOahuAPCS@dhs.hawaii.gov
<u>Kauai:</u>			
4370 Kukui Grove Street, #203 Lihue, HI 96766	241-3337	241-3476	SSDKauaiAPCS@dhs.hawaii.gov
<u>East Hawaii: (Hilo / Hamakua / Puna / Volcano)</u>			
1055 Kino'ole Street, #201 Hilo, HI 96720	933-8820	933-8859	SSDEastHIAPCS@dhs.hawaii.gov
<u>West Hawaii: (Kona / Kohala / Kamuela / Kau)</u>			
75-5995 Kuakini Highway, #433 Kailua-Kona, HI 96740	327-6280	327-6292	SSDWestHIAPCS@dhs.hawaii.gov
<u>Maui / Molokai / Lanai:</u>			
1773-B Wili Pa Loop Wailuku, HI 96793	243-5151	243-5166	SSDMAuiAPCS@dhs.hawaii.gov



Department of Human Services
Adult Protective Services
P.O. Box 339 / Honolulu, Hawaii 96809
www.humanservices.hawaii.gov

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