



ADULT PROTECTIVE SERVICES IN-HOME SAFETY ASSESSMENT

Client name: (Client Name)

SSN: (SSN)

Counselor: (Counselor Name) Unit:

For each factor, indicate (N)o, (Y)es, or (U)nknown. Complete this for the Initial Assessment and ALL subsequent updates. Provide an explanation for each. A reference to a specific document can be used as the required explanation.

VICTIM SAFETY FACTORS

1. Is 75 years or older Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

2. Has capacity to consent Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

3. Lives alone and there is no person available to assist or has no support system Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

4. Fears or has irrational desire to protect PRP or caregiver Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

5. Requires immediate medical attention or hospitalization Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

6. Has physical or mental limitations and / or behaviors that increase the risk of A/N/E or self neglect Initial (select) Update (select) Update (select)

- I U1 U2 (I - Initial; U1 - 1st Update; U2 - 2nd Update)
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Incontinent | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Self injurious | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lack of personal hygiene | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Uses drugs or alcohol |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical aggression | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sexually inappropriate behaviors | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Financially dependent on others | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unwilling or unable to provide for necessities of life regardless of income |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> History of elopement or wandering | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refuses medical care | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refuses needed service or placement | |

Initial	
Update	
Update	

7. Has limitations of Activities of Daily Living Initial (select) Update (select) Update (select)

- I U1 U2 (I - Initial; U1 - 1st Update; U2 - 2nd Update)
- | | | | |
|--|--|--|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ambulates with assistance | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Frail | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to bathe | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to use toilet |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to dress | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to groom | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to feed self | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bed bound |

Initial	
Update	
Update	

8. Has limitations of functional ability

I U1 U2 (I - Initial; U1 - 1st Update; U2 - 2nd Update) Initial Update Update
 (select) (select) (select)

Unable to use phone Unable to drive/use transportation Unable to do laundry
 Unable to do heavy chores Unable to manage medical care/medications Unable to shop
 Unable prepare meals Unable to do light housekeeping Unable to manage finances

Initial	
Update	
Update	

9. Requires adaptive equipment

I U1 U2 (I - Initial; U1 - 1st Update; U2 - 2nd Update) Initial Update Update
 (select) (select) (select)

Wheelchair Walker Cane Hospital bed
 Bedside commode Shower chair Oxygen

Initial	
Update	
Update	

10. Residence poses special problems or hazardous living conditions that place the victim at risk

I U1 U2 (I - Initial; U1 - 1st Update; U2 - 2nd Update) Initial Update Update
 (select) (select) (select)

Non working utilities Inadequate heat/air Inadequate food supply/ source Poor sanitation/cleanliness

Initial	
Update	
Update	

11. Inappropriate living arrangement

Initial Update Update
 (select) (select) (select)

Initial	
Update	
Update	

12. Report involves a death of any person as a result of A/N

Initial Update Update
 (select) (select) (select)

Initial	
Update	
Update	

SERVICE NEEDS

Services needed

Initial Update Update
 (select) (select) (select)

Initial	
Update	
Update	

13. Victim/caregiver agrees to identified services

Initial Update Update
 (select) (select) (select)

Initial	
Update	
Update	

14. Identified services currently available

Initial Update Update
 (select) (select) (select)

Initial	
Update	
Update	

15. Transportation is unreliable or unavailable

Initial Update Update
 (select) (select) (select)

Initial	
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Update	
Update	

16. Has adequate financial resources Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

17. Insurance provides for adequate medical care Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

PRP FACTORS

18. Responsible for the death or serious injury or death of another adult or child Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

19. Has unrestricted access to the victim Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

20. Describes or acts toward victim in negative terms or has unrealistic expectations Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

21. Fails to provide or arrange adequate medical care Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

22. Limits victim's access to the community and others cannot observe the condition of the victim Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

23. Physical or mental limitation that affects the ability to provide care Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

24. Financially dependent on victim Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

25. Has chronic substance abuse or alcohol problem

Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

26. Ongoing pattern of violence, abuse, neglect or exploitation

Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

OVERALL SAFETY ASSESSMENT

Initial					
Counselor		Date:		Signature:	
Supervisor		Date:		Signature:	

Update					
Counselor		Date:		Signature:	
Supervisor		Date:		Signature:	

Update					
Counselor		Date:		Signature:	
Supervisor		Date:		Signature:	

COMMENTS: