



# CAPACITY TO CONSENT TO OR REFUSE SERVICES ASSESSMENT

**APS  
1111**

Adult Protective Investigators or Human Services Counselors use this form to determine whether or not each vulnerable adult named as a victim has capacity to consent to or refuse services.

1. Investigation #: \_\_\_\_\_

2. Victim's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

### 3. ASSESSMENT CRITERIA

Is the vulnerable adult:	Yes	No	Rationale
<b>a. Oriented to:</b> Person  Place  Time			
<b>b. Able to make decisions re: various facets of life</b>			
<b>c. Able to comprehend own mental, physical, environmental limitations</b>			
<b>d. Knowledgeable of resources available to assist in meeting own needs</b>			
<b>e. Aware of the consequences if nothing is done to improve the situation</b>			
<b>f. OVERALL ASSESSMENT</b> Does the vulnerable adult have capacity to consent to services?			

4. Has the victim had a psychological/psychiatric evaluation?     Yes     No    (If yes, please attach)
5. Has the victim been adjudicated incapacitated?     Yes     No    (If yes, please attach court order)
6. Was Physician or Registered Nurse consulted?     Yes     No    (If yes, enter comments below)

Comments:

7. Protective Investigator/HSC III Signature \_\_\_\_\_

8. Date Assessment Completed \_\_\_\_\_

# CAPACITY TO CONSENT TO OR REFUSE SERVICES ASSESSMENT (APS 1111)

## What This Form is For

Before services can be provided to a victim of adult abuse, neglect or exploitation, the investigator must determine if the victim has or lacks capacity to consent to or refuse services.

Capacity to consent means that a vulnerable adult has sufficient understanding to make and communicate responsible decisions regarding the vulnerable adult's person or property, including whether or not to accept protective services offered by the department. (s. 415.102 (3), F.S.)

This form is used by the investigator or HSCIII to document his determination of the victim's capacity to consent to services.

## When To Use This Form

**Investigator/HSC III: Complete this form upon determining that the victim is in need of services to prevent abuse, neglect or exploitation.**

## General Instructions

1. Type or print in black ink.
2. Use capital and small letters to write names, addresses and titles.
3. If you do not have room to enter all information in items on this form, add additional pages. On each additional page, enter page #, Investigation report number and victim's name in upper right corner.

## How to Complete Each Item

1. **Investigation #.** Enter Investigation report number.
2. **Victim's Name.** Enter victim's last name, first name and middle initial. Enter victim's name as in this example: for Betsy L. Smith, enter Smith, Betsy L.
3. **Assessment Criteria.** In the chart below, check yes or no for (a) through (f). Under rationale, explain how you made your determination. If you are unable to determine status of each of the 5 capabilities through observation or general conversation, the questions in the chart at the bottom of this page may be helpful.

- (a) Is the Vulnerable Adult Oriented to: Person, Place & Time** means that the victim understands who and where s/he is and can estimate or know how to find time of day, day of week, month and year.
  - (b) Able to make decisions re: various facets of life** means that the victim knows facts about his/her life and that s/he is able to use these facts to make responsible decisions.
  - (c) Able to comprehend his/her own mental, physical, environmental limitations** means the victim is able to recognize his/her mental, physical and environmental limitations and thus, his/her need for assistance in some situations.
  - (d) Knowledgeable of resources available to assist in meeting own needs** means that the victim can identify what s/he needs, knows what resources are available to meet his/her needs and knows how to access those resources.
  - (e) Aware of the consequences if nothing is done to improve the situation** means the victim understands his/her current situation puts him/her at risk for physical, mental or financial harm and that if nothing is done to protect him/her, actual harm may occur or continue.
  - (f) OVERALL ASSESSMENT:** Based on your findings in the 5 assessment capabilities, does the vulnerable adult have capacity to consent? Answer yes or no. Then give a brief statement of your rationale for your determination.
4. Answer yes or no. If yes, attach a copy of the psychiatric evaluation.
  5. Answer the question yes or no. If yes, attach a copy of the court order.
  6. Answer the question yes or no. If yes enter comments/recommendation.
  7. Sign your name in this space. Circle appropriate title.
  8. Enter date you completed the assessment.

## Suggested questions for assessing the 5 capabilities which determine Capacity To Consent.

a. Orientation to . . .	b. Able to make decisions . . .	c. Able to comprehend . . .	d. Knowledgeable of resources . . .	e. Aware of consequences . . .
1. What is your first/middle/last name? 2. Could you spell that for me please? 3. How old are you? 4. Is this your home? 5. What is your street address here? 6. Could you check your calendar and tell me what date it is? 7. Do you know what year this is?	1. Who is your doctor? 2. Do you know how to get in touch with your doctor? 3. If there is an emergency and you couldn't reach your doctor, what would you do? 4. Do you pay your own bills? 5. If you didn't have enough money to pay all of your bills, which ones would you pay?	1. Have you recently had problems with your memory, gotten lost around your house or neighborhood, felt depressed, angry, nervous or anxious 2. Your wheelchair won't fit through the doors in your home, what will you do? 3. All the food in your refrigerator is spoiled, what will you eat?	1. What are your greatest problems? What would solve those problems? 2. I see you have a doctor's appointment and your daughter/son is out of town. How will you get to your doctor? 3. If you found that your checkbook was missing what would you do?	1. You can't get out of bed without help. What will happen if there is a fire? 2. You won't allow anyone to change your soiled sheets. What will happen if your surgical wound becomes infected? 3. It's clear your housekeeper has been writing checks on your account. What will happen if she uses all your money?

**NOTE::** These questions are not all inclusive and the investigator may have other questions that need to be answered by the vulnerable adult. The investigator may also need to obtain information from other sources in order to complete the Capacity To Consent To or Refuse Services Assessment.