



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 - 1 st Update; U2 - 2 nd Update)		Initial Update Update	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to use phone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to do heavy chores <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to prepare meals		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to drive/use transportation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to manage medical care/medications <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to do light housekeeping	
<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Update		<input type="checkbox"/> (select) <input type="checkbox"/> (select) <input type="checkbox"/> (select)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to do laundry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to shop <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to manage finances			

9. Requires adaptive equipment			
I U1 U2 (I - Initial; U1 - 1 st Update; U2 - 2 nd Update)		Initial Update Update	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wheelchair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bedside commode		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Walker <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shower chair	
<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Update		<input type="checkbox"/> (select) <input type="checkbox"/> (select) <input type="checkbox"/> (select)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cane <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxygen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hospital bed			

10. Residence poses special problems or hazardous living conditions that place the victim at risk			
I U1 U2 (I - Initial; U1 - 1 st Update; U2 - 2 nd Update)		Initial Update Update	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non working utilities <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inadequate heat/air		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inadequate food supply/ source <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poor sanitation/cleanliness	
<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Update		<input type="checkbox"/> (select) <input type="checkbox"/> (select) <input type="checkbox"/> (select)	

11. Inappropriate living arrangement			
		Initial Update Update	
<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Update		<input type="checkbox"/> (select) <input type="checkbox"/> (select) <input type="checkbox"/> (select)	

12. Report involves a death of any person as a result of A/N			
		Initial Update Update	
<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Update		<input type="checkbox"/> (select) <input type="checkbox"/> (select) <input type="checkbox"/> (select)	

SERVICE NEEDS

Services needed			
		Initial Update Update	
<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Update		<input type="checkbox"/> (select) <input type="checkbox"/> (select) <input type="checkbox"/> (select)	

13. Victim/caregiver agrees to identified services			
		Initial Update Update	
<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Update		<input type="checkbox"/> (select) <input type="checkbox"/> (select) <input type="checkbox"/> (select)	

14. Identified services currently available			
		Initial Update Update	
<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Update		<input type="checkbox"/> (select) <input type="checkbox"/> (select) <input type="checkbox"/> (select)	

15. Transportation is unreliable or unavailable			
		Initial Update Update	
<input type="checkbox"/> Initial		<input type="checkbox"/> (select) <input type="checkbox"/> (select) <input type="checkbox"/> (select)	

Update	
Update	

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

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

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

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

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

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

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

Update	
Counselor	
Supervisor	

Update	
Counselor	
Supervisor	

COMMENTS: