

DATE: \_\_\_\_\_

# COMMON ENTRY POINT (CEP) INTAKE FORM

## Vulnerable Adult Maltreatment Report

### \*\* DISCLOSURE \*\*

Prior to any disclosure refer to Minn. Stat. sec. 13.113 and Minn. Stat. sec. 626.557 subd. 12b

<b>A</b>	VA'S NAME:	RACE	DOB	PHONE:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
VA'S ADDRESS: <input type="checkbox"/> PRIVATE HOME <input type="checkbox"/> FACILITY		CITY:		STATE:	ZIP:
NAME OF FACILITY _____					

<p>VA Status and disability, if any:</p> <p>___ <u>Functional VA</u>: A vulnerable adult because of infirmity that impairs VA's ability to adequately care for self <b>and</b> protect self from maltreatment:</p> <p>___ <u>Categorical VA</u>: A vulnerable adult because of the type of services received:</p> <p>___ non-residential services</p> <p>___ resident of facility (facility name) _____</p> <p>Name of non-residential services: _____</p> <p>Address: _____</p>	<p>Check any that apply:</p> <p>___ Mental/emotional impairment</p> <p>___ Physical impairment</p> <p>___ Chemical use problems</p> <p>___ Developmental disability</p> <p>___ Frailty of aging</p> <p>___ Diagnosis, if known: _____</p>
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Is there reason to believe that the life of the Vulnerable Adult (VA) is PRESENTLY threatened or that he or she is in imminent danger of serious injury? No  Yes  If yes, will caller protect the VA from harm? If not, either advise the caller to call 911 or call 911 yourself.

<b>B</b>	Caller's Name:	WORK PHONE:	HOME PHONE:	CELL PHONE:	PAGER:
WORK/HOME ADDRESS:		CITY:		STATE:	ZIP:
CALLER'S RELATIONSHIP TO VA:		CODE:	CALLER'S RELATIONSHIP TO ALLEGED PERPETRATOR:		CODE

Is caller the designated facility reporter? No  Yes  If yes, who was the initial reporter?

<b>C</b>	Initial reporter's name:	WORK PHONE:	HOME PHONE:	CELL PHONE:	PAGER:
WORK/HOME ADDRESS:		CITY:		STATE:	ZIP:
INITIAL REPORTER'S RELATIONSHIP TO VA:		CODE	INITIAL REPORTER'S RELATIONSHIP TO ALLEGED PERPETRATOR:		CODE

**Notification:**

Does Caller wish to receive notification of **initial** disposition? No  Yes

If lead agency is Health or DHS, does caller wish to receive notification of **final** disposition? No  Yes

WHERE INCIDENT OCCURRED:

<b>D</b>	INCIDENT DATE & TIME:	LOCATION OF INCIDENT:			
SERVICE PROVIDER FACILITY NAME:		PHONE:	STATE LICENSE BY: <input type="checkbox"/> DEPT. OF HEALTH <input type="checkbox"/> DEPT. OF HUMAN SERVICES		
STREET ADDRESS:		CITY:		STATE: ZIP:	
CORRECTIVE ACTION PROVIDED:		COUNTY:	RULE NUMBER:		

## **MALTREATMENT CHECKLIST GUIDE**

Issues to consider when completing description of the incident:

1. Is the person a vulnerable adult?
2. Is the incident information complete enough to allow a lead agency or law enforcement to investigate?
3. Is there jurisdiction in your county to investigate the alleged maltreatment or crime?
4. Is this report a duplication of one already received and processed by the CEP?
5. Does the incident represent an allegation of maltreatment under the Vulnerable Adult Act?

**F** PLEASE **CHECK AND CIRCLE ALL THAT APPLY**. EXPLAIN DETAILS IN INCIDENT BOX. THE ALLEGATION INVOLVES:

### **ABUSE:**

- Physical:** hitting / slapping / kicking / punching / biting / corporal punishment (Notify police)
- Emotional:**
  - Oral / written / gestured **repeated** derogatory / humiliating / harassing / threatening remarks
  - Oral / written / gestured; **malicious** derogatory / humiliating / harassing / threatening remarks
  - Mental:** unauthorized aversive/deprivation procedures; unreasonable confinement/seclusion
  - Sexual:** contact or penetration / consensual or non-consensual (Call police)
  - Involuntary servitude:** forced to perform services for advantage of another

Indicate in the incident box (E) if there are marks / bruises / documents / other evidence present.

### **FINANCIAL EXPLOITATION:**

- Person **has** fiduciary relationship: guardian / conservator / power of attorney / joint account / contract / documented consent / responsible party
  - Unauthorized expenditure of funds: resulting /likely to result in detriment to VA
  - Failed to use funds for VA **AND** resulting / likely to result in detriment to VA
- Person has **NO** fiduciary relationship
  - Willfully uses / withholds / disposes of funds / property of VA
  - Obtains for self/another services to detriment of VA
  - Acquires possession/control/interest in VA's property / funds through harassment / undue influence / duress / deception / fraud
- Forces / compels / coerces / entices VA to perform services for another's advantage

### **NEGLECT:** Failure to supply CARE / SERVICES reasonable and necessary to maintain person

- Caregiver** fails to supply food / shelter / clothing / health care / supervision
- Absence of food / shelter / clothing / health care / supervision / services essential to welfare or safety of the person

**E** DESCRIPTION OF INCIDENT (What is the maltreatment being alleged?) [Use additional sheets if necessary]

Incident involves allegation of maltreatment? No  Yes

<b>G</b>	ALLEGED PERPETRATOR'S (AP) NAME: FIRST MIDDLE LAST			WORK PHONE:	HOME PHONE:
				CELL PHONE:	PAGER:
WORK/HOME ADDRESS:		CITY:	STATE:	ZIP:	
Description of AP: Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Height _____ Weight _____ Eyes _____ Hair: _____ Age _____ DOB _____ Race _____ AP's Relationship to VA: _____ Code: _____					
IS THERE EVIDENCE OF PREVIOUS MALTREATMENT BY ALLEGED PERPETRATOR: NO <input type="checkbox"/> YES <input type="checkbox"/> Nature of maltreatment:  Where can more information be obtained?					
<b>H</b>	Guardian or conservator name:			WORK PHONE:	HOME PHONE:
				CELL PHONE:	PAGER:
RELATIONSHIP TO VA:		CODE:	RELATIONSHIP TO ALLEGED PERPETRATOR:		CODE:
WORK/HOME ADDRESS:		CITY:	STATE:	ZIP:	
<b>I</b>	Witness name:			WORK PHONE:	HOME PHONE:
				CELL PHONE:	PAGER:
RELATIONSHIP TO VA:		CODE:	RELATIONSHIP TO ALLEGED PERPETRATOR:		CODE:
WORK/HOME ADDRESS:		CITY:	STATE:	ZIP:	
<b>Other:</b>				WORK PHONE:	HOME PHONE:
				CELL PHONE:	PAGER:
RELATIONSHIP TO VA:		CODE:	RELATIONSHIP TO ALLEGED PERPETRATOR:		CODE:
WORK/HOME ADDRESS:		CITY:	STATE:	ZIP:	
<b>J</b>	REFERRAL EVALUATION/ACTION TAKEN BY CEP				
	Is there suspected criminal activity? No <input type="checkbox"/> Yes <input type="checkbox"/> Type of crime: (circle) assault / sexual assault / theft / forgery / robbery / burglary / other _____ Was a police report made? No <input type="checkbox"/> Yes <input type="checkbox"/> Report # _____ Date and time of notification: _____ Was CEP form sent to police? No <input type="checkbox"/> Yes <input type="checkbox"/> Name and phone number of contact: _____				
Is there a need for Adult Protection Services? No: <input type="checkbox"/> Yes: <input type="checkbox"/> Name of specific county adult protection services agency notified: _____ _____ Date and time of notification: _____ Name and phone number of contact: _____ Referred to lead investigative agency? No <input type="checkbox"/> Yes <input type="checkbox"/> Date and time of referral _____ Health: <input type="checkbox"/> DHS: <input type="checkbox"/> County: <input type="checkbox"/> (Specify county) _____					
REPORT DATE & TIME:		RECEIVED BY NAME:		PHONE #:	COUNTY

# CEP INTAKE FORM INSTRUCTIONS

Please fill in the information requested in the space allowed. **Please refer any questions about this form to the Minnesota Department of Human Services at (651) 431-2609.**

1. NAME - Whenever and wherever on the form a name is requested, make an effort to obtain any other name, such as a nickname or alias the person might be called.
2. All information should be as complete as possible. It is not necessary to fill in every item before dispatching, but there should be enough information to assume there is a vulnerable adult and an incident of maltreatment. Also under "DOB," if unknown, please request an estimate of age.
3. Do not guess at "RACE." **Use code at beginning of each description.**

**(WH) Caucasian**

**(AF) African American, Not of Hispanic Origin** - A person having origins in any of the black racial groups of Africa.

**(HI) Hispanic Origin** - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

**(AI) American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**(AS) Asian American/Pacific Islander** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, Samoa and the Hawaiian Islands.

**(OT) Other Race** - Includes all other persons except unknown.

**(UK) Unknown**

4. If the report is to be dispatched to a law enforcement agency, the nature or type of crime alleged must be clear. See box "J."
5. Date and time receipt of all reports, even those that do not get dispatched. See box "J."
6. In your files all information collected at the time of report is **confidential**; it may only be disclosed pursuant to Vulnerable Adult act guidelines.
7. Vulnerable Adult status is either categorical or functional, not both. You may, however, indicate any impairment(s) for either. See box "A."
8. The information collected pertains to the licensed facility or services that renders the individual a categorical vulnerable adult at the time of the incident. If there is more than one licensed program involved, the names and addresses of other facilities should be obtained and provided on the bottom of A.
9. If the "in need of emergency protection or services" box is marked YES, you need to determine immediately the appropriate emergency referral. See box "A."

## CODES:

01 Self	11 Public health nursing staff	21 Financial institution
02 Parent	12 Guardian/conservator	22 Landlord/property manager
03 Sibling	13 Facility staff	23 Environmental health/housing officer
04 Child	14 Facility administrative staff	24 Anonymous
05 Spouse	15 Facility resident	25 Law enforcement
06 Significant other	16 Attorney	26 OHFC
07 Other relative	17 Court personnel	27 DHS
08 Friend/neighbor	18 Therapist (non-facility)	28 Ombudsman
09 County social service staff	19 Physician	29 Other Facility
10 Personal care provider	20 Medical examiner	99 Other -- specify _____
	organization	

10. CALLER'S NAME - This means the person who actually calls the CEP. If this person is also the initial reporter only this box need be completed. If, however, the caller is placing the call as the facility reporter then information on the initial reporter should be collected. See box "B."
11. INITIAL REPORTER - This is the mandated or voluntary reporter, when the report is made from a facility, who notified the facility reporter or "Caller" of the alleged maltreatment. See box "C."
12. NOTIFICATION - The caller may be eligible to receive an initial disposition and final disposition from a lead investigative agency. See box "C."
13. INCIDENT DATE & TIME - If the incident occurred in a licensed facility or involves a licensed facility, all this information should be collected. If the facility has not yet initiated a corrective action it should be noted here. Corrective action should include how the facility addressed protection issues for the vulnerable adult, any remedial action as well as response to alleged perpetrator by the facility. See box "D."
14. ISSUES: If your county does not have jurisdiction, take the report and refer it on to the county CEP that does.
15. MALTREATMENT CHECKLIST - An aid to CEP dispatchers to determine the nature of maltreatment being alleged. Results of items checked should be described in the incident box. See box "F."
16. INCIDENT BOX - This is a description, as much as possible in the words of the caller or reporter. There needs to be sufficient information to provide a basis for an investigation by either a Law Enforcement agency or a lead investigative agency. See box "E."
17. ALLEGED PERPETRATORS - This information will be used by both civil and criminal investigators. See box "G."
18. GUARDIANS/WITNESSES/OTHERS - Not every vulnerable adult will be under guardianship or conservatorship, but ask. Witness information is helpful to lead agencies and law enforcement. OTHERS reasonably includes case managers or other social workers assigned or working with the vulnerable adult or alleged perpetrator. Please be as thorough and accurate as possible. See boxes "H" and "I."
19. REFERRAL EVALUATION/ACTION TAKEN BY CEP - If referring to a law enforcement agency, the type of criminal activity should be indicated.

The contact person is the individual the CEP spoke to when obtaining a police report number.

All Adult Protective Service referrals should be noted, especially if more than one county is involved.

The last line is for the CEP dispatcher information. See box "J."