

**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 VA's Name:</b>		Race: choose	DOB:	Phone:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
VA's Address: Private Home <input type="checkbox"/> Facility <input type="checkbox"/>		City:		State: MN	Zip:
<u>VA Status and Disability, if any:</u>			<u>Check any that apply:</u>		
<input type="checkbox"/> FUNCTIONAL VA: A vulnerable adult because of infirmity that impairs VA's ability to adequately care for self <b>and</b> protect self from maltreatment →		<input type="checkbox"/> Mental/Emotional Impairment			
<input type="checkbox"/> CATEGORICAL VA: A vulnerable adult because of the type of services received:		<input type="checkbox"/> Physical Impairment			
<input type="checkbox"/> non-residential services		<input type="checkbox"/> Chemical use problems			
<input type="checkbox"/> resident of facility		<input type="checkbox"/> Developmental Disability			
Name of facility:		<input type="checkbox"/> Frailty of aging			
Name of non-residential services:		<input type="checkbox"/> Diagnosis, if known:			
Address:					
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 <input type="checkbox"/> Yes <input type="checkbox"/> → If yes, will caller protect the VA from harm? Yes <input type="checkbox"/> No <input type="checkbox"/> → If not, either advise the caller to call 911 or call 911 yourself.					
<b>B Caller's Name:</b>		Work Phone:	Home Phone:	Cell Phone:	Pager:
Work/Home Address:		City:		State: MN	Zip:
Caller's relationship to VA:	CODE:	Caller's relationship to Alleged Perpetrator		CODE:	
Is Caller the designated facility reporter? No <input type="checkbox"/> Yes <input type="checkbox"/> → If yes, who was the initial reporter?					
<b>C Initial Reporter's Name:</b>		Work Phone:	Home Phone:	Cell Phone:	Pager:
Work/Home Address:		City:		State: MN	Zip:
Initial reporter's relationship to VA:	CODE:	Initial reporter's relationship to Alleged Perpetrator		CODE:	
<b>Notification:</b>					
Does Caller wish to receive notification of <b>initial</b> disposition? No <input type="checkbox"/> Yes <input type="checkbox"/>					
If Lead Agency is Health or DHS, does Caller wish to receive notification of <b>final</b> disposition? No <input type="checkbox"/> Yes <input type="checkbox"/>					
<b>D Incident Date and Time:</b>		Location of Incident:			
Service Provider Facility Name		Phone	State License by: <input type="checkbox"/> Dept. of Health <input type="checkbox"/> DHS		
Street Address		City:		State:	Zip:
Corrective Action Provided:			County:		Rule Number:

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

Incident involves allegation of maltreatment? No  Yes

**MALTREATMENT CHECKLIST GUIDE**

Issues to consider when completing Description of 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 ALL THAT APPLY. EXPLAIN DETAILS IN INCIDENT BOX. THE ALLEGATION INVOLVES:

**ABUSE:**

- Physical:** hitting / slapping / kicking / punching / biting / corporal punishment → **Notify Law Enforcement Agency**
- 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 → **Notify Law Enforcement Agency**
- 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

<b>G Alleged Perpetrator's (AP) Name</b> (First-Middle-Last)		Work Ph:	Home Ph:	
		Cell Ph:	Pager:	
Work/Home Address:		City:	State:	Zip:
			MN	
Description of AP: Male <input type="checkbox"/> Female <input type="checkbox"/>		Height:	Weight:	Eyes:
				Hair:
Age:		DOB:	Race: <b>choose</b>	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 Guardian or Conservator Name:</b>		Work Phone:	Home Phone:	Cell Phone:
				Pager:
Relationship to VA:		CODE:	Relationship to Alleged Perpetrator	CODE:
Work/Home Address:		City:	State:	Zip:
<b>I Witness Name:</b>		Work Phone:	Home Phone:	Cell Phone:
				Pager:
Relationship to VA:		CODE:	Relationship to Alleged Perpetrator	CODE:
Work/Home Address:		City:	State:	Zip:
<b>Other's Name:</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 REFERRAL EVALUATION / ACTION TAKEN BY CEP</b>				
Is there suspected criminal activity? No <input type="checkbox"/> Yes <input type="checkbox"/> → If yes, answer below:				
Type of crime: N/A If other, specify:				
Was a report made to Law Enforcement Agency? No <input type="checkbox"/> Yes <input type="checkbox"/> → If yes, Report #:				
Date and time of notification:				
Was CEP form sent to Law Enforcement Agency? 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"/> → If yes, answer below:				
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"/> → If yes, answer below:				
Date and Time of Referral:				
Referred to: Dept. of Health: <input type="checkbox"/> DHS: <input type="checkbox"/> County: <input type="checkbox"/> (Specify county):				
Report Date and Time	Received by Name:	Phone #:	County:	
1/24/17				