

# Smart County Adult Protection Multidisciplinary Team

## Case Review Intake Form

### Instructions

#### Who Should Complete the Form

The form should be completed by the agency or professional who is bringing the case for discussion to the MDT. This ensures that the information provided is both detailed and relevant to the case being reviewed.

#### Confidentiality

The referring agency or professional completing this form should ensure that all disclosures of client information on the form are allowed by the confidentiality laws (if any) that apply to the referring agency or professional.

#### Form Submission

MDT members may refer a case to the team for discussion by completing this form and returning it to the MDT Coordinator prior to the scheduled case review meeting.

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### Section 1: Referring Individual

<b>Name</b>	<i>Det. Paul Bond</i>
<b>Relationship to Client</b>	<i>Investigating Officer</i>
<b>Contact Information</b>	<i>(919) 777-8888</i>
<b>Referral Date</b>	<i>February 22, 20XX</i>

### Section 2: Client Information

<b>Client Initials</b>	<i>D.R.</i>
<b>Client Gender</b>	<i>F</i>
<b>Client Age</b>	<i>78</i>
<b>Client Living Arrangement</b> (alone, with spouse, with family, with friends, nursing home, assisted living facility, with alleged perpetrator, other)	<i>Living with family</i>
<b>Special Circumstances</b> (e.g., veteran, disabled, homeless, deaf, blind, hard of hearing, diminished cognition, homebound, substance abuse, language barrier, blind, legally blind, other)	<i>Client is physically disabled, uses a walker.</i>
<b>Client's Relationship to Alleged Perpetrator</b> (if known)	<i>Grandparent</i>



### Section 3: Allegations

Type (Check all that apply)		Brief Description
<input checked="" type="checkbox"/>	Abuse	<i>Ex: Client is being physically abused by her adult grandson.</i>
<input type="checkbox"/>	Caretaker Neglect	
<input type="checkbox"/>	Self-Neglect	
<input type="checkbox"/>	Exploitation	

### Section 4: Case Information

<p><b>Case Overview</b></p> <p><i>Ex: Client is living with her adult grandson who abuses drugs. When the client refuses to give him money the grandson physically assaults client. Client's lease is up in two months and landlord has stated the lease is not eligible for renewal. Client is dependent on grandson for transportation to medical and other appointments.</i></p>
<p><b>Services Referring Agency Has Provided to Client</b></p> <ol style="list-style-type: none"> <li>1. Investigating physical abuse.</li> <li>2. Made APS report to DSS.</li> <li>3. Referred client to DSS to apply for services.</li> <li>4. Referred client to domestic violence office.</li> </ol>
<p><b>Other Services Client Receives</b></p> <ol style="list-style-type: none"> <li>1. Food and Nutrition Services benefits</li> <li>2. Medicare</li> </ol>

## Section 5: Remaining Needs/Reason for Referral

<p><b>What is the reason for your referral?</b></p> <p>Ex:            (1) Client will need a new living arrangement within the next two months.            (2) Client needs transportation to DSS and to medical appointments.</p>
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## Section 6: Recommendations

Recommendation	Outcome (review at next meeting)
<p>Ex: DSS will share Medicaid Transportation application with referring agency to pass along to client.</p>	
<p>Ex: Housing Authority staff will investigate possible housing options for the client and bring back to next meeting.</p>	