

# NorthWest Senior and Disability Services

## Adult Protective Services Referral Form

**If this is an emergency, call 911.**

Name			
Relationship to Victim(s)			
Address			
Phone			
Victim(s) (Information that pertains to the Adult you are concerned about)			
Name of adult(s) who was abused, neglected, or is self-neglecting?			
Date of birth or age?			
Gender			
Address of victim(s)			
Phone number of victim(s)			
Address where abuse occurred (if different)			
In what way was the adult abused, neglected, or exploited?			
When did this occur?			
Did you or others witness the incident?			

What did you see?			
If you did not witness the incident, when and how did you become aware of it?			
<b>Alleged Perpetrator(s) (Person suspected to have abused, neglected, or exploited)</b>			
Name			
Relationship to the victim			
Address			
Date of birth (if known) or age			
Phone number			

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Facility Information if applicable			
Name of Facility			
Address			
Who is the individual(s) who mistreated the adult?			
Name			
Address			
Phone number			
What is the relationship of the individual named to the abuser?			
Description of Incident			
In what way was the adult abused, neglected, or exploited			
When did this occur?			
Did you or others witness the incident?			
What did you see?			
If not, when and how did you become aware of the incident?			

<p>Is there anyone else who may have witnessed or have knowledge of the incident? If yes, please list.</p>							
<p>Name</p>							
<p>Address</p>	<table border="1"> <tr> <td data-bbox="743 415 1097 468"></td> <td data-bbox="1097 415 1253 468"></td> <td data-bbox="1253 415 1508 468"></td> </tr> <tr> <td data-bbox="743 468 1097 520"></td> <td data-bbox="1097 468 1253 520"></td> <td data-bbox="1253 468 1508 520"></td> </tr> </table>						
<p>Phone Number</p>							
<p><b>Safety Issues</b></p>							
<p>Are there any environmental issues that the investigator should be aware of?</p>							
<p>Are there any other factors that would put the adult at risk that the investigator should be aware of?</p>							

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#### **APS Hotline (800) 846-9165**

Fax: (503) 304-3465

[Email: apsreferral@nwsds.org](mailto:apsreferral@nwsds.org)

#### **Oregon Elder Abuse Hotline**

(800) 232-3020

Please note that the name of any person making an adult protective services report is confidential and not public information. Names are only released pursuant to the law. Reports may be made anonymously, but please understand we will then be unable to obtain additional information. The agency is also prohibited from disclosing information regarding the report or investigation unless authorized to do so by law.

A referral made does not always constitute an investigation. If you have not received a response or have questions, please follow up with a phone call.