

NorthWest Senior and Disability Services

Adult Protective Services Referral Form

If this is an emergency, call 911.

Name	Click here to enter text.
Relationship to Victim(s)	Click here to enter text.
Address	Click here to enter text.
Phone	Click here to enter text.
Victim(s) (Information that pertains to the Adult you are concerned about)	
Name of adult(s) who was abused, neglected, or is self-neglecting?	Click here to enter text.
Date of birth or age?	Click here to enter text.
Gender	Click here to enter text.
Address of victim(s)	Click here to enter text.
Phone number of victim(s)	Click here to enter text.
Address where abuse occurred (if different)	Click here to enter text.
In what way was the adult abused, neglected, or exploited?	Click here to enter text.
When did this occur?	Click here to enter text.
Did you or others witness the incident? What did you see? If not, when and how did you become aware of the incident?	Click here to enter text.
Alleged Perpetrator(s) (Person suspected to have abused, neglected, or exploited)	
Name	Click here to enter text.
Relationship to the victim	Click here to enter text.
Address	Click here to enter text.
Date of birth (if known) or age	Click here to enter text.
Phone number	Click here to enter text.

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Facility Information if applicable	
Name of Facility	Click here to enter text.
Address	Click here to enter text.
Who is the individual(s) who mistreated the adult?	Click here to enter text.
Name	Click here to enter text.
Address	Click here to enter text.
Phone number	Click here to enter text.
What is the relationship of the individual named to the abuser?	Click here to enter text.
Description of Incident	
In what way was the adult abused, neglected, or exploited	Click here to enter text.
When did this occur?	Click here to enter text.
Did you or others witness the incident? What did you see? If not, when and how did you become aware of the incident?	Click here to enter text.
Is there anyone else who may have witnessed or have knowledge of the incident? If yes, please list.	Click here to enter text.
Name	Click here to enter text.
Address	Click here to enter text.
Phone Number	Click here to enter text.
Safety Issues	
Are there any environmental issues that the investigator should be aware of?	Click here to enter text.
Are there any other factors that would put the adult at risk that the investigator should be aware of?	Click here to enter text.

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APS Hotline (800) 846-9165

Fax: (503) 304-3465

Email: 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.