10. SAMPLE INFORMATION GATHERING OUTLINE FOR PROTECTIVE SERVICES COURT ORDER

Information Gathering Outline for Protective Services Court Order

Date:

Petitioning the court (Check one)			
[ ]	R.C. 5101.68 - Petitioning for a Court Order		
[ ]	5101.70 - Emergency Order		
[ ]	5101.701 - Ex-Parte Emergency Order		
APS Worker:		Telephone:	Email:
APS Supervisor:		Telephone:	Email:
Consult Date:			

ADULT DEMOGRAPHICS:

Adult Name:								
Gender:	[ ]	M	[ ]	F	Date of Birth:		Age:	
Address:							Apt #:	
City:						State:		Zip Code:
Telephone:								

1. Briefly summarize in your own words what is the immediate risk of serious harm to the adult.
   Level of Risk (Check one):

[ ]	Moderate	[ ]	Imminent	[ ]	24-hour delay will result in harm
Describe:					

2. Is adult currently in a nursing home, hospital or hospice care setting?	[ ]	Yes	[ ]	No	[ ]	N/A
Name and address of facility:						
Facility Contact and Phone Number:						
a. Is this hospitalization the result of a civil commit?	[ ]	Yes	[ ]	No		
b. Is client threatening to leave the facility?	[ ]	Yes	[ ]	No		
c. Is a family member or caregiver threatening to remove the client AMA?	[ ]	Yes	[ ]	No		
d. Will the nursing facility keep adult pending a guardianship determination?						

[ ]	Yes	[ ]	No	[ ]	N/A	Comments:

3. What is the nature of the most recent current APS case, including any additional reposts, if applicable?								
	[ ]	Abuse	[ ]	Neglect	[ ]	Exploitation	[ ]	Self-Neglect
Describe:								

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4. Have less restrictive measures (either with APS and/or Community Agency) been attempted?	[ ]	Yes	[ ]	No
Describe:				
5. Have you tried to obtain the consent from the adult and/or adult's family or caregivers for the provision of services?	[ ]	Yes	[ ]	No
Describe:				

6. What is the plan of care if the protective services order is granted?

Name and the nursing home, hospital or hospice facility:

a. If adult has a primary care physician, have we included the physician in the care plan?	[ ]	Yes	[ ]	No
Describe:				

b. Do we need to request a level of care assessment?	[ ]	Yes	[ ]	No
c. Is the client in the community?	[ ]	Yes	[ ]	No

d. How will client be transported to hospital or nursing facility?

[ ]	Private car	[ ]	Wheelchair van	[ ]	EMS Ambulance	[ ]	Other (List):	

e. Have prior arrangements been made with local EMS or a private ambulance company?

[ ]	Yes	[ ]	No	Describe:

f. Does the APS worker anticipate police involvement?

[ ]	Yes	[ ]	No	Describe:

7. How are the services going to be paid for?

[ ]	Medicaid	[ ]	Medicare	[ ]	Private Insurance	[ ]	Private Pay	[ ]	Unknown

Describe:

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HISTORY OF THE CASE

Include number of visits made to the adult and result of the visits, observations, and/or any interference with the investigation by client or others.

Describe:

8. List all other APS Social Workers who have been assigned to this case. [ ] N/A

List:

9. ADULT'S HOME:

a. Does adult reside alone?	[ ]	Yes	[ ]	No
b. If adult lives with others, list names and relationships of household members to client:				

i.) Name of family member or caregiver:								
Relationship to the adult:	[ ]	Spouse	[ ]	Sibling	[ ]	Child	[ ]	Other (List):
Street Address:								Apt #:
City:			State:					Zip Code:
Telephone Number:								

ii.) Name of family member or caregiver:								
Relationship to the adult:	[ ]	Spouse	[ ]	Sibling	[ ]	Child	[ ]	Other (List):
Street Address:								Apt #:
City:			State:					Zip Code:
Telephone Number:								
c. Are any of these household members suspected of neglecting, abusing or exploiting the client?								
[ ]	Yes	[ ]	No	If yes, describe:				
d. If known, describe the adult's living conditions:								

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10. ADULT'S FAMILY AND/OR CAREGIVERS:

a. Does the adult have family members or caregivers other than immediate household members listed previously? If yes, list below.

i.) Name of family member or caregiver:								
Relationship to the adult:	[ ]	Spouse	[ ]	Sibling	[ ]	Child	[ ]	Other (List):
Street Address:								Apt #:
City:				State:				Zip Code:
Telephone Number:								

ii.) Name of family member or caregiver:								
Relationship to the adult:	[ ]	Spouse	[ ]	Sibling	[ ]	Child	[ ]	Other (List):
Street Address:								Apt #:
City:				State:				Zip Code:
Telephone Number:								

b. Are any of these persons suspected of abusing neglecting or exploiting the adult?	[ ]	Yes	[ ]	No
If yes, describe:				

11. Is adult representative by an attorney?	[ ]	Yes	[ ]	No
Name and telephone number of attorney, if known:				

12. Does the adult have a power-of-attorney (POA) for finances and/or health care?	[ ]	Yes	[ ]	No
a. Name of POA:				
b. Is the POA suspected of exploiting adult financially?	[ ]	Yes	[ ]	No

MEDICAL EVIDENCE

a. Please provide a Statement of Expert Evaluation if available.	[ ]	Yes	[ ]	No
b. Name and telephone of doctor completing Evaluation:				
Name:	Telephone Number:			
c. List adult's medical and psychiatric conditions and physical limitations:				
d. If no Statement of Expert Evaluation is available, explain:				
e. Is there other medical evidence to demonstrate client may lack of capacity, including social worker's own observations? If yes, describe:				
f. List evidence and source of information:				

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13. Other agencies involved with the adult such as hospice or PASSPORT?	[ ]	Yes	[ ]	No
List:				
a. Does the adult have a diagnosis of a serious chronic or terminal illness that may require an assessment for hospice and/or Palliative Care Assessment? [ ] Yes [ ] No				

14. Has there been any history of police involvement? ***(If yes, attach copies of the police reports if available.)***					[ ]	Yes	[ ] No
15. Does the adult need a guardian?	[ ]	Yes	[ ]	No	[ ]	Unable to determine at this time	
16. If yes, has a guardianship hearing been set?					[ ]	Yes	[ ] No
If yes, who is the applicant?							
17. List potential witnesses besides yourself who may be helpful in proving the case:							
Name:							
Agency:				Position:			
Street Address:				Apt #:			
City:	State:			Zip Code:			
Telephone Number:							
Name:							
Agency:				Position:			
Street Address:				Apt #:			
City:	State:			Zip Code:			
Telephone Number:							
18. Other pertinent information (List):