

SUSPECTED DEPENDENT ADULT ABUSE REPORT

This form may be used as the written report which mandatory reporters file with the Department of Human Services, following an oral report of suspected dependent adult abuse. There are three criteria for a dependent adult abuse referral: (1) a dependent adult, (2) abuse as defined in Iowa Code 235B, (3) a caretaker, if applicable.

1. Name of Dependent	Birthdate
Address	Phone
2. Assessment of Dependency	
A. Is there a diagnosed physical/mental condition? Explain:	Yes No
B. Does adult have adequate decision-making ability?	Yes No
Assessment of Adult Self-Help Abilities	
Does the adult require assistance with tasks of daily living?	
Cooking Cleaning Finances Hygiene Mobility	
Dressing Supervision Medical Care Other:	
3. Type of abuse noted:	
Self Neglect Financial Exploitation Physical Injury	
Sexual Offense Deprivation by Caretaker	
4. Information about suspected abuse:	
5. Caretaker	Phone
Address	
6. Assessment of Caretaker	
A. Relationship:	Voluntary assumption of services Court Ordered Contractual relationship Unknown
7. Reporter information	Relationship to Adult
Name	
Address	Phone
Signature	Date
8. Intake worker contacted	Date