



REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT.

A. SUSPECTED VICTIM

NAME (LAST, FIRST) _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ LIVES ALONE LIVES WITH OTHERS LIVES IN FACILITY

B. SUSPECTED ABUSER (CHECK IF SELF-NEGLECT AND SKIP B1)

B1. CARE CUSTODIAN _____ PARENT SPOUSE SON/DAUGHTER

HEALTH PRACTICIONER OTHER RELATION _____ OTHER _____

NAME (LAST, FIRST) _____ TELEPHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

M/F _____ AGE _____ DOB _____ HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

C. REPORTING PARTY

NAME (LAST, FIRST) _____ SIGNATURE _____ OCCUPATION/AGENCY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ RELATIONSHIP TO VICTIM _____ EMAIL ADDRESS _____

D. INCIDENT INFORMATION

DATE/ TIME OF INCIDENT _____

PLACE OF INCIDENT

OWN HOME COMMUNITY CARE FACILITY HOSPITAL/ACUTE CARE

HOME OF ANOTHER NURSING FACILITY/REHAB OTHER

E. SUSPECTED TYPES OF ABUSE (CHECK ALL THAT APPLY)

1. PERPETRATED BY OTHERS

a. PHYSICAL (e.g. assault/battery, constraint or deprivation, Chemical, restraint, over/under medication)

b. NEGLECT (including Deprivation of Goods and Services by a Care Custodian)

c. SEXUAL

d. ABANDONMENT

e. ABDUCTION

f. FINANCIAL

g. ISOLATION

h. PSYCHOLOGICAL/MENTAL

i. OTHER _____

2. SELF-NEGLECT

a. PHYSICAL CARE (personal hygiene, food, clothing)

b. MEDICAL CARE (physical and mental health needs)

c. HEALTH AND SAFETY HAZARDS (risk of suicide, unsafe environment)

d. MALNUTRITION/DEHYDRATION

e. FINANCIAL SELF-NEGLECT

f. OTHER _____

ABUSE RESULTED IN (CHECK ALL THAT APPLY)

- NO PHYSICAL HARM MINOR MEDICAL CARE HOSPITALIZATION CARE PROVIDER REQUIRED
- DEATH MENTAL SUFFERING SERIOUS BODILY INJURY UNKNOWN
- OTHER _____

F. REPORTERS OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? DOES THE ALLEGATION INVOLVE A SERIOUS BODILY INJURY? PROVIDE ANY KNOWN TIME FRAME.

G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE (family, significant other, neighbors, medical providers, etc.)

NAME (LAST, FIRST)	RELATIONSHIP
ADDRESS	CITY
	STATE
	ZIP
	TELEPHONE

H. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE

NAME (LAST, FIRST)	RELATIONSHIP
ADDRESS	CITY
	STATE
	ZIP
	TELEPHONE

I. TELEPHONE REPORT MADE TO APS (See Below) LAW ENFORCEMENT (911 or Local Township Police) NJ DEPT. OF HEALTH (609-588-6501 or 800-792-8820)

NAME OF OFFICIAL CONTACTED BY PHONE	TELEPHONE	DATE/TIME
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J. RECEIVING AGENCY USE ONLY TELEPHONE REPORT WRITTEN REPORT

REPORT RECEIVED BY	DATE/TIME
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Adult Protective Services - Provider Agencies

Atlantic Phone: 609-645-5965 **After Hrs:** 1-888-426-9243
Bergen Phone: 201-368-4300 **After Hrs:** 1-800-624-0275
Burlington Phone: 609-518-4793
Camden Phone: 856-225-8191 **After Hrs:** 211
Cape May Phone: 609-886-6200 Ext. 370
Cumberland Phone: 856-453-2223
Essex Phone: 973-624-2528 x
Gloucester Phone: 856-582-9200, 856-256-2101, 856-256-2267
After Hrs: 1-800-648-0132
Hudson Phone: 201-537-5631
Hunterdon Phone: 908-788-1253 **After Hrs:** 908-782-HELP or 908-735-HELP

Mercer Phone: 609-989-4346
Middlesex Phone: 732-745-3635
Monmouth Phone: 732-531-9191
Morris Phone: 973-326-7282
Ocean Phone: 732-286-5819, 732-286-5933, 732-286-5929 **After Hrs:** 732-240-6100, 609-693-5834
Passaic Phone: 973-881-2616 **After Hrs:** 973-345-2676
Salem Phone: 856-339-8622
Somerset Phone: 908-526-8800 **After Hrs:** 1-800-287-3607
Sussex Phone: 973-383-3600 Ext. 5170, 973-383-3600 Ext. 5150
Union Phone: 908-497-3902
Warren Phone: 908-475-6591