



State of Florida
Department of Children and Families

[Redacted]

Comment [d1]: Default to current system date; user modifiable.

RE: [Redacted]

Comment [d2]: Pre-fill with Intake Number of the intake linked to the investigation

[Redacted]

Comment [d3]: Text box for user to enter name for the recipient of the letter.

Dear [Redacted]

Comment [d4]: Text box for user to enter Address for the recipient of the letter.

Comment [d5]: User entered text area to record the salutation of the letter.

In accordance with s. 415.104(4), Florida Statutes, as a result of the completed adult protective investigation, the following services have been recommended to be provided to help improve the causes or effects of the abuse, neglect, or exploitation.

No Services Recommended;

Comment [d6]: User selected checkbox.

Medical Examination, diagnosis or treatment of the vulnerable adult;

Comment [d7]: User selected checkbox.

Referral of the vulnerable adult to Department of Children and Family Services for Community Care for Disabled Adult services, Home Care for Disabled Adult, Medicaid Waiver;

Comment [d8]: User selected checkbox.

Protective supervision to be provided by the Department of Children and Family Services;

Comment [d9]: User selected checkbox.

Placement in an appropriate licensed facility;

Comment [d10]: User selected checkbox.

Other services listed below:

Comment [d11]: User selected checkbox.

[Redacted]

Comment [d12]: User entered text area to record any 'Other' services.

[Redacted]

Comment [d13]: User entered text area to record any 'Other' services.

If treatment and/or services are recommended, the Department understands that:

the vulnerable adult has agreed to accept the treatment and/or services.

Comment [d14]: User selected checkbox.

the vulnerable adult has not agreed to accept the treatment and/or services.

Comment [d15]: User selected checkbox.

a court of competent jurisdiction has ordered that treatment and/or services be delivered to the vulnerable adult.

Comment [d16]: User selected checkbox.



**State of Florida
Department of Children and Families**

The investigation is now completed and the investigative file is closed. Your cooperation and assistance throughout the investigation process is appreciated. If you have any questions regarding this matter, please contact me at [redacted]

Comment [d17]: User entered text area to record the phone number.

Sincerely,

[redacted]
Adult Protective Investigator Supervisor

Comment [d18]: User entered Name field.

cc: Investigation file

Certificate of Service

I hereby certify that on this [redacted] day of [redacted], [redacted], I have sent copies of this notification letter to the person initially identified in this investigation as the vulnerable adult. I have also sent copies to the vulnerable adult's guardian, guardian advocate, and caregivers, if any, as identified as a result of the investigation. In addition, I certify that I have sent a copy of this letter to the case counselor at the Department of Children and Family Services if ongoing case management is recommended.

Comment [d19]: User entered text area to record the date.

Comment [d20]: User entered text area to record the month.

Comment [d21]: User entered text area to record the year.

[redacted] [redacted]
Name of Investigator Supervisor Signature of Investigator Supervisor

Comment [d22]: User entered Name field.

Comment [d23]: User entered Signature field.

[redacted]
Address of Investigator Supervisor

Comment [d24]: User entered Address field.