



Florida Department of Children & Families

Referral for Protective Supervision, Protective Intervention, CCDA or HCDA Services

APS 1099

Adult Protective Investigators use this form to refer an individual to:

- Protective Supervision – Voluntary Consent/Court Order **Attached**
- Protective Intervention (Placement/Supportive Services)
- Community Care for Disabled Adults (CCDA)
- Home Care for Disabled Adults

Comment [e1]: This box is all user entered checkboxes

1. FSN Number: _____

Comment [e2]: Prefills with the Investigation Number associated with the adult Investigation from where the form is launched

2. Referral Date: _____

14. Status of Client's Ability to Manage Own Affairs:

Comment [e3]: User entered date

3. Client's Social Security Number _____

- Adult with **Capacity**
- Adult Declared incompetent by Court
- Assigned Power of Attorney to Other Person

Comment [e5]: This grouping is all user entered checkboxes

4. Client's Last Name First Name MI _____

Guardianship Pending (Explain in Item 18.)

Comment [e4]: Prefills with SSN of adult victim

5. Street Address _____

Lacks Capacity to Consent

Comment [e6]: Prefills with name of adult victim

6. City State Zip Code _____

Other: _____

Comment [e7]: Prefills with street address of adult victim or of provider if adult is placed out of home

7. Directions to Client's Address: _____

15. Guardian, Proposed Guardian or Attorney in Fact's Name _____

Comment [e9]: Prefills from address of adult victim or of provider if adult is placed out of home

16. Street Address _____

Comment [e8]: Prefills with Name of guardian or attorney in fact from investigation

17. City State Zip _____

Comment [e10]: Prefills with Address of #15

Comment [e11]: Prefills from address of #15

8. Client's Phone Number: _____

18. If Guardianship Pending, Explain: _____

Comment [e12]: Prefills with victim's phone number

9. Client's Date of Birth: _____

Comment [e13]: Prefills with victim's dob

10. Sex:
 Female
 Male

19. Next Court Date: _____

Comment [e14]: Prefills with gender of victim

Comment [e15]: U19-23 are all ser entered text

11. Type of Report:
 Abuse (2nd Party)
 Neglect (2nd Party)
 Vulnerable Adult in Need of Services (Self-Neglect)
 Exploitation

20. Type of Hearing at Next Date _____

Comment [e16]: Prefills with type of report

12. Report is:
 Being Investigated
 Closed with One or More Verified Findings
 Closed with Some Indicators
 Closed with No Findings
 Vulnerable Adult in Need of Services (Self-Neglect)

21. Monthly Income Sources and Amounts
Social Security.....\$ _____
Supplemental Security Income.....\$ _____
Veteran's Administration.....\$ _____
Other:.....\$ _____

Comment [e17]: Prefills with status of report

22. Client's Total Monthly Income: \$ _____

23. Other Resources: _____



13. Risk Level = High | Intermediate | Low

Comment [e18]: Prefills with risk level assigned to report



24. Family Members, Caregiver or Other Interested People:

Comment [e19]: All fields on this page are user entered

25. Current or Prior Providers and Services:

26. Medical Status:

27. Mental Status:

	28. Service Assessment: Problem or Need	29. PI Recommendations	30. Service Unit's/Provider's Response/Staffing Decision
A			
B			
C			
D			

31. Staffing or Additional Comments:

32. Protective Investigator's Signature _____ Date _____

33. Protective Investigator Supervisor's Signature _____ Date _____

34. PS/HSC Supervisor's Signature _____ Date Case Assigned to Counselor _____

35. PS/HSC Signature _____ Date Received by Counselor _____

36. Service Provider's Signature _____ Date _____

37. _____ Scheduled Staffing Date _____

ATTACHMENTS:

- In-home Safety Assessment – Protective Supervision Case or CCE Referral Only
- Institutional Safety Assessment – Protective Supervision Case or CCE Referral Only
- Capacity to Consent Assessment – Protective Supervision Case Only
- Provision of Voluntary Adult Protective Services (CF-AA 1112) – Protective Supervision Case Only
- Confidential Information Release (CF-AA 1113)
- Court Order of Documents – Protective Supervision Case Only
- Other _____