

Appendix C

FINANCIAL INSTITUTION ELDER ABUSE OPTIONAL SCREENING FORM

(Please note that use of this form is not required. This form was developed by the Oregon Office of Adult Abuse Prevention and Investigations at the request of bankers simply as a means of expediting the reporting process.)

Financial Institution (FI) Name: _____

Risk Level:

Imminent Danger – Client is at imminent danger for personal harm and/or substantial loss of financial assets

Hazardous Situation – Client is potentially in danger for personal harm and/or substantial loss of financial assets

Chronic/Problematic – Client has been in a chronic situation which is resulting in personal harm and/or loss of financial assets.

Date: _____ Time: _____ Banker Name: _____ Referred to: _____

REPORTED VICTIM (RV)/CLIENT

Name: _____

Address: _____ City/State/Zip: _____

Soc. Sec. #: _____ Phone: _____ DOB: _____ Sex: F M

Additional information on RV: _____

REPORTER/FI CONTACT

ANONYMOUS CONFIDENTIAL

Name: _____

DOB _____ Position at FI: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Additional information on RV: _____

REPORTED PERPETRATOR (RP) (Include information on all RPs):

Name(s): _____ Relationship to RV _____

Address: _____ City/State/Zip: _____

Phone: _____ DOB: _____ Soc. Sec. # _____

Additional information on RP: _____

WITNESSES:

Name Phone Relationship to RV or position at FI

1. _____

2. _____

3. _____

PRESENTING PROBLEM (Check all that apply): INCIDENT DATE/TIME _____ OR ONGOING

Self-Neglect Neglect Physical Abuse Sexual Abuse Verbal Abuse

Financial Exploitation Wrongful Restraint Abandonment Involuntary Seclusion

Details of report: _____

Safety Concerns: (check all that apply):

Guns/Weapons Aggressive Pets Family Conflicts Previous APS