



MACOMB

Adult Protective Services – APS Reporting Form

1. Determine if APS needs to be notified urgently and contact Adult Protective Services.
Central Intake 855-444-3911
2. Please attach copy of face sheet and progress note to yellow copy of this form.
Progress note must also describe APS issues (ex: abuse.neglect.vulnerable adult situation)
3. Send form, face sheet and progress note to Clinical Social Work Department.
4. Place original form in chart.

Patient Name _____ DOB: _____

Encounter #: _____ Medical Record #: _____

Address: _____

Next of Kin or Contact Names and Addresses: _____

Living Arrangements: Home Apartment Alone Spouse/Partner

Patient has Guardian: Family ECF Group Name Homeless

APS Concerns: Abuse Neglect Vulnerable Adult Home Situation

Comments: _____

Referral Called to: _____ Date: _____

APS Recommendations: _____

Referral Completed by: _____ Date: _____