

Adult Protective Services Consent to Receive Protective Services or Referrals

Name (print) <i>Jean Hoffman</i>	Investigation ID <i>289206</i>
Legal representative name (print)	Investigator name (print) <i>Caroline Ventrice</i>

I have been informed of the nature of the APS services available. I understand the receipt of services is entirely voluntary, and I may choose to accept or decline the services offered at any time.

Education / Information / Referrals	Service Offered	Service Accepted	Service Declined
Check one: <input type="checkbox"/> AAA / <input type="checkbox"/> DDA / <input type="checkbox"/> HCS Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Attorney-in-Fact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Pay Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>senior resources</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Signature <i>Jean Hoffman</i>	Date <i>12/13/24</i>
<input type="checkbox"/> If unable to sign, the form is acknowledged as accurate.	

Instructions: The APS investigator completes this form.

Name: Enter the full name of the alleged victim. Use quotations if a person goes by a nickname.

Investigation ID: Enter the Investigation ID.

Legal representative name: Enter the full name of the legal representative if the legal representative is signing on behalf of the alleged victim. Use quotations if a person goes by a nickname.

Investigator name: Enter the name of the APS investigator completing the form.

Services offered: Select the services offered by the APS investigator.

Services accepted: Of the services offered, select the services accepted by the alleged victim or legal representative.

Service declined: Of the services offered, select the services declined by the alleged victim or legal representative.

Signature: Signature from the alleged victim or legal representative. If the alleged victim or legal representative is unable to sign the form, check the box if the alleged victim or legal representative acknowledges the form accurately represents the alleged victim's wishes.

Education / Information / Referrals	Description
Check one: AAA / DDA /HCS Referral	Referral will be made to AAA/HCS/DDA to initiate services. Do not use this code to indicate the AV already has AAA/HCS/DDA services.
Change in Residence	Information, assistance, or coordination will be completed for a change in residence.
Change of Attorney-in-Fact	Information and assistance will be provided to modify their attorney-in-fact.
Communication Services	Information or assistance will be provided for communication devices or an emergency response system.
Domestic Violence Services	Information or assistance will be provided for domestic violence services.
Equipment	Information or assistance will be provided for a medical equipment provider or a medical equipment bank.
Legal Assistance	Information or assistance will be provided for contacting legal services.
Meals on Wheels	A referral or information will be provided for Meals on Wheels.
Payee	Payee services will be initiated by APS or information or assistance will be provided for a change in payee services.
Physician Services	Information or assistance will be provided for medical services, evaluation, mental health, or home health.
Private Pay Services	Information or assistance will be provided for private pay placement services.
Protection Order	Information or assistance will be provided for a non-AAG protection order. AAG protection order is documented as legal services.
Transportation Services Referral	Information or assistance will be provided for transportation services such as Dial-A-Ride, paratransit, or other transportation services.
Veteran Services Referral	A referral will be made for veteran services.
Other	Services not listed, such as intervention services. Write the service on the line.

Adult Protective Services (APS) Investigations Fact Sheet

Adult Protective Services (APS) is investigating a report that you might have abused, abandoned, financially exploited, or neglected a vulnerable adult. This document informs you of the investigation process, your rights, and other important information. As part of the investigation, APS will review records and interview people about the allegation(s).

The outcome of the investigation could have serious consequences for you. Please read this carefully.

The investigator assigned to your case is: **Caroline Ventrice**

They can be reached at: **360-814-9682** **caroline.ventrice@dshs.wa.gov**

What rights do I have?

- You have the right to have a third party (such as a friend, attorney, union representative, family member, or guardian) with you during the interview.
- If English is not your primary language, you have the right to a free interpreter (APS is not allowed to use family members as interpreters).
- You have the right to not participate in the interview, to stop, or reschedule it.
- You have the right to provide APS with documents or witnesses related to the allegations.

How will APS notify me of the outcome of the investigation?

- APS makes a decision based upon evidence that APS gathers during the investigation. The types of decisions APS makes are:
 - **Substantiated:** More likely than not the alleged incident occurred
 - **Unsubstantiated:** More likely than not the alleged incident did not occur
 - **Inconclusive:** Cannot determine whether or not the alleged incident occurred.
- If APS finds that it is more likely than not that the incident occurred, APS will notify you by sending you a letter by certified and regular mail.
- If APS finds that it is more likely than not that the incident did not occur, APS will notify you verbally. APS can provide you a letter if you ask.
- If APS cannot determine whether or not the incident occurred, APS will notify you verbally. APS can provide you a letter if you ask.
- If APS does not have your current address, they will send the letter to the wrong address, and you might miss important deadlines.

What does a substantiated finding mean?

If APS decides the allegations of abuse, neglect, abandonment, or financial exploitation are “substantiated”, you can request a hearing if you disagree with the finding. If the APS decision is upheld at the end of the hearing process, your name will be placed on a registry.

Being on the registry means you may not be able to work or volunteer anywhere you might have unsupervised contact with vulnerable adults or children. There is currently no way to get your name off the registry.

Can I challenge an APS decision?

- If APS decides the alleged incident is **unsubstantiated** or **inconclusive** you do not need to do anything.
- If APS decides the alleged incident is **substantiated** and you do not agree you may request a hearing. The APS letter will tell you how.

To request a hearing, you only have until 5:00 p.m. on the 30th calendar day after the date the department’s letter of notice is mailed or personally served upon you, whichever occurs first.

For More Information

You can get more information about APS online at <https://www.dshs.wa.gov/altsa/adult-protective-services-aps>.

Your Rights

You are entitled to be free from abandonment, abuse, financial exploitation and neglect. If there is a reason to believe that you have experienced abandonment, abuse, financial exploitation or neglect, you have the right to:

1. Make a report to the Department of Social and Health Services (DSHS) and law enforcement and share any information you believe could be relevant to the investigation, and identify any persons you believe could have relevant information.
2. Be free from retaliation for reporting or causing a report of abandonment, abuse, financial exploitation, or neglect.
3. Be treated with dignity and addressed with respectful language.
4. Reasonable accommodation for your disability when reporting, and during investigations and administrative proceedings.
5. Request an order that prohibits anyone who has abandoned, abused, financially exploited, or neglected you from remaining in your home, having contact with you, or accessing your money or property.
6. Receive from DSHS information and appropriate referrals to other agencies that can advocate, investigate, or take action.
7. Be informed of the status of investigations, proceedings, court actions, and outcomes by the agency that is handling any case in which you are a victim.
8. Request referrals for advocacy or legal assistance to help with safety planning, investigations, and hearings.
9. Complain to DSHS formally or informally, about investigations or proceedings, and receive a prompt response.

To make a report of abuse, abandonment, neglect, self-neglect or financial exploitation, or to ask for information, call:

1-866-EndHarm (1-866-363-4276)

Voice/TTY Accessible 1-800-737-7931

You will be transferred to the local APS Intake Office to make a report or to ask for information.

Local Contact Information:

Caroline Ventrice
360-814-9682
caroline.ventrice@dshs.wa.gov

