

## LEAPS Public Intake Form Instructions

**Adult Protective Services is not an emergency response service. If you are reporting an emergency, please call 911. Adult Protective Services responds to reports Monday through Friday 8 A.M. to 5 P.M.**

*If you wish to speak to someone to make an Adult Protective Services report, please call Dakota at Home at 1.833.663.9673. Due to high call volumes, you may need to leave a message, but an Intake Specialist will call you back.*

Every intake should be filled out as completely as possible. The more information you can provide, the more likely Adult Protective Services staff will be able to locate the alleged victim and investigate the concerns reported, if appropriate. If the report does not contain sufficient information, it may not meet the criteria for assignment or referral.

### **VICTIM**

Please complete all fields as thoroughly as possible. Under the Victim section, last name and age are required fields. If the last name is unknown, enter “unknown” in the field. The age field can be approximate, so please enter the best information available to you.

### **SUSPECTED ABUSER**

Please complete all fields as thoroughly as possible. Under this section, last name is a required field. If you do not know the last name of the suspected abuser, please enter “unknown”. If there are multiple suspected abusers, please enter each separately.

Please note, AV stands for Alleged Victim.

### **REPORTING PARTY**

Please complete all fields as thoroughly as possible. If the reporter prefers to remain anonymous, please enter their information, but note in the text box under “Reported Types of Abuse” that the reporter prefers to remain anonymous.

### **INCIDENT INFORMATION**

Please complete all fields as thoroughly as possible. The address field is required under this section. If you have the address, please enter that. If you do not have an address, please enter any information you may have such as “main street”, “victim’s son’s trailer”, or “rural Potter county”.

The Facility dropdown box is in reference to financial institutions.

## **REPORTED TYPES OF ABUSE**

Check all that apply. This will assist the Adult Protective Services staff in screening the report to determine if there was abuse, neglect, or exploitation of an elder or adult with a disability.

## **POTENTIAL DANGERS**

Please indicate any potential dangers in the home that you are aware of. If you do not have any information about potential dangers, please select "yes" or "no" and indicate "unknown" in the text box.

## **OTHER AGENCY INFORMATION**

Please indicate if law enforcement has been notified of the allegations being reported in this form. If you believe a crime has occurred, please notify local law enforcement immediately.