

BEAS Reporting: 1-800-949-0470; Fax 603-271-4743

DEFINITIONS

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| Mandatory Reporting | NH RSA 161-F:46-requires any person that has a reason to believe that an elderly incapacitated adult has been subjected to physical abuse, neglect, or exploitation or is living in hazardous conditions to notify the DHHS or their local law enforcement agency. |
| Incapacitated Person | Person who lacks sufficient understanding to make or communicate decisions about his/her own person or property. |
| Abuse | Actions that result in bodily harm, pain or mental distress |
| Neglect | Failure to provide care and services when an adult is unable to care for him or herself. |
| Exploitation | Illegal or improper use of an adult's money or property for another person's profit or advantage such as forcing an adult to change a will or sign over control of assets or |
| What conditions contribute to Abuse, Neglect, or Exploitation? | Misunderstanding the person's needs/abilities; Financial, family, marital or health problems; mental illness; substance abuse; lack of training/education; social isolation |
| | |
| | Information about the Reporter |
| Date: | |
| Reporter's name/title: | |

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| Relationship to person being reported? | Professional | Family | Acquaintance |
| Wish to remain anonymous? | YES No | NO | Other: |
| Contact info: | Ph: | Fx: | Email: |
| Mailing address: | | | |
| Physical Address: | | | |
| | Information about individual being reported | | |
| Nature of the alleged abuse: | Type: Abuse Neglect Self Neglect Exploitation Incapacitation | | |

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| <p>Describe: Provide primary concern, secondary concern and list other issues that may have impact on those concerns</p> | | | |
| <p>Name of Individual you are calling about:</p> | | | |
| <p>His/Her Contact info:</p> | <p>Ph</p> | <p>Fx</p> | <p>Email</p> |
| <p>Mailing Address:</p> | | | |
| <p>Physical Address:</p> | | | |
| <p>Date of Birth / Social Security #/Marriage Status</p> | <p>DOB:</p> | <p>SS#:</p> | <p>Marital status:</p> |

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| Other demographics | Veteran Blind Disabled Mental Physical Emotional Developmental Educational Level Addiction |
| Is the person being reported willing to accept help? | Yes NO Maybe I don't know |
| Does the person live alone? | Yes NO I don't know |
| Household member name and contact | |
| Household member name and contact | |

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| <p>Other person who may have information? Please list name and contact information.</p> | | | |
| <p>Next of Kin?</p> | <p>Name and relation:</p> | | |
| <p>Contact information?</p> | | | |
| | <p>Guardianship/Payee Information</p> | | |
| <p>Is the person his/her own guardian?</p> | | | |
| <p>If no, who is the guardian?</p> | <p>Name:</p> | | <p>Relation:</p> |
| <p>Guardian Contact info:</p> | <p>Ph:</p> | <p>Fx:</p> | <p>Email:</p> |
| <p>Guardian Mailing Address:</p> | | | |

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| Guardian Physical Address: | | | |
| Is the person his/her own Payee? | YES | | |
| If no, who is the Payee? | Name: | | Relation: |
| Payee Contact info: | Ph: | Fx: | Email: |
| Payee Mailing Address: | | | |
| Payee Physical Address: | | | |
| | Medical information | | |
| Please list health and/or pharmaceutical concerns: | | | |
| | | | |
| | Behavioral information | | |

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| Please list behavioral concerns: | | |
| | Disabilities | |
| Please list concerns: | Please list physical, mental, emotional, developmental, acquired... | |
| | Environmental/Household/Background | |
| Describe: | Mold | |
| | Trash | |
| | Infestation/Animals | |
| | Homeless | |
| | Repairs needed | |
| | Housekeeping | |
| | Heat | |
| | Water/Hot Water | |
| | Sewer | |
| | Lights | |
| | Phone | |
| | Medical | |
| | Transportation | |
| | Domestic violence | |
| | Substance Abuse | |

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| | Criminal History | |
| | Falls | |
| | Wandering | |
| | Exploitation | |
| | Accidents | |
| | Suicide? Homicide? | |
| | Isolation | |
| | History of fires/burns? | |
| | Hoarding that interferes with safety? | |
| | Inability to manage finances? | |
| | Inability /noncompliance with taking meds as described? | |
| | Disheveled or unclean appearance? | |
| | Fecal/urine smell/soiling? | |
| | Inappropriate clothing/decisions for weather conditions? | |
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| How did you learn of situation? | | |
| Info about potential Abuser | NO YES | Name: Relation: Alias?: |
| Location of abuse/neglect/exploitation: | | |

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| Extent of current abuse/neglect/exploitation: | | |
| How were disabilities affected (Were disabilities prevented by action taken? Were they caused by action taken? Were they worsened or improved?) | | |
| Info about past abuse/neglect/exploitation? Prior reports made? | | |
| Action taken to assist individual? | | |
| Hospitalizations in past 12 months? | How many? | Reason for hospitalization: |
| Name of hos. & stay duration. | | |
| How was the individual transported? | | |
| Reason for hospitalizations? | | |
| In your opinion, what does the individual need? | | |
| Income source and amount: | | |
| List Benefits: | Cash Programs: | |
| | Food Programs: | |
| | Fuel Programs: | |
| | Electric Assistance Programs: | |
| | Medication Programs: | |
| | Housing Programs: | |
| | Non-Profit Programs: | |

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| | Charity Programs: | |
| | Rehabilitation Programs: | |
| | Transportation Programs: | |
| | Guardianship Programs: | |
| | Support Groups: | |
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| | Providers | |
| Primary Care Physician | Name | Ph |
| Mental Health | Name | Ph |
| Case Manager | Name | Ph |
| Protective | Name | Ph |
| Rehabilitative therapists | Name | Ph |
| Neighbor | Name | Ph |
| Relative | Name | Ph |
| Caretaker | Name | Ph |
| Guardian/Payee | Name | Ph |
| First Responder | Name | Ph |
| Faith Based Provider | Name | Ph |
| Welfare Director | Name | Ph |
| First Responder | Name | Ph |
| | Name | Ph |
| | Name | Ph |
| | Name | Ph |
| | Name | Ph |
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| | Name | Ph |