



Chehalis Tribal Social Services

Elder & Vulnerable Adult Intake / Safety Concern Form

This form may be completed by community members, family members, service providers, or agencies to report concerns regarding the safety, well-being, or care of an elder or vulnerable adult. Please e-mail to referrals@chehalistribe.org or bring into the Social Services office.

Answer to the best of your knowledge for all answers. If you are unsure, just leave blank.

I. PERSON OF CONCERN (ELDER / VULNERABLE ADULT)

- Name: _____
- Date of Birth: _____ Age: _____
- Tribal Affiliation / Enrollment (if known): _____
- Address / Location: _____
- Phone Number (if known): _____
- Living Situation: Alone With Family Caregiver Facility
 Other: _____

II. REPORTER INFORMATION

- Your Name: _____
- Relationship to Individual: Self Family Friend Community Member
 Provider Other: _____
- Phone Number: _____
- Email: _____
- May we contact you for additional information? Yes No
- Do you wish to remain anonymous? Yes No



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III. REASON FOR INTAKE / SAFETY CONCERN

Please check all that apply:

- Physical abuse or injury
- Sexual abuse
- Emotional or verbal abuse
- Neglect
- Self-neglect
- Financial exploitation
- Lack of basic needs (food, housing, utilities, medical care)
- Unsafe living conditions
- Caregiver concerns
- Medical or mental health concerns
- Other: _____

IV. DESCRIPTION OF CONCERN

Please describe the concern or situation in as much detail as possible (what happened, when, where, and who is involved):



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V. IMMEDIATE SAFETY

- Is the individual in immediate danger? Yes No Unsure
- If yes, has 911 or law enforcement been contacted? Yes No

Comments:

VI. ALLEGED PERSON(S) OF CONCERN (If applicable)

- Name: _____
- Relationship to Individual: _____
- Contact Information (if known): _____

VII. ADDITIONAL INFORMATION

- Are there any known medical, cognitive, or mobility concerns?
- Are there other known agencies involved (medical, housing, law enforcement, etc.)?



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VIII. CONSENT (If completed by or with the individual)

I understand that this information will be shared with Chehalis Tribal Social Services for the purpose of assessing safety and providing appropriate support.

Name: _____

Signature: _____

Date: _____

IX. FOR SOCIAL SERVICES USE ONLY

- Date Received: _____
- Time Received: _____
- Received By: _____
- Case Number: _____
- Referred To (APS/Other): _____
- Immediate Action Taken: _____

This document is confidential and intended solely for use by Chehalis Tribal Social Services. Information contained herein will remain confidential and will only be released as required by law or court order.