



# 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@chehalis tribe.org](mailto:referrals@chehalis tribe.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



Chehalis Tribal Social Services

## Elder & Vulnerable Adult Intake / Safety Concern Form

### 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):



Chehalis Tribal Social Services

## Elder & Vulnerable Adult Intake / Safety Concern Form

### 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.)?



Chehalis Tribal Social Services  
**Elder & Vulnerable Adult Intake / Safety  
Concern Form**

**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.*