



Chehalis Tribal Social Services

Elder & Vulnerable Adult Intake / Safety Concern Form

(form ss008)

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

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: _____ @ gmail.com chehalis tribe.org yahoo.com
 Hotmail.com comcast.net icloud.com
 Other: _____

May we contact you for additional information? Yes No

How would you prefer to be contacted? E-mail phone call

Do you wish to remain anonymous? Yes No *(please note that information may be shared in court)*

III. REASON FOR INTAKE / SAFETY CONCERN

Please check all that apply:

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



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IV. DESCRIPTION OF CONCERN

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

V. IMMEDIATE SAFETY

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



VI. ALLEGED PERSON(S) OF CONCERN AGAINST VULNERABLE ADULT/ ELDER (If applicable)

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



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VII. ADDITIONAL INFORMATION

- **Are there any known medical, cognitive, or mobility concerns?** Yes No Unsure
 If yes, please describe:

- **Are there other agencies involved?** Yes No Unsure

- Tribal Police Behavioral Health
- Chehalis Tribal Court Chehalis Tribal Wellness Center
- Chehalis Tribal Loan fund (Financial Exploitation)

Other: _____

VIII. CONSENT

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

Signature: _____

Date: _____

IX. FOR SOCIAL SERVICES USE ONLY

Referred To (APS/Other): _____

Immediate Action Taken: _____

Date Received: _____
 Case Number: _____

Received By: _____
 Time Received: _____