



Completed by Ageing and Disability Services

Date received by Intake:

Intake worker initials:

Assigned OIC:

Police Case Number:

Assigned Lead ADS Case manager:

Risk level:

Ageing and Disability Services REFERRAL & REPORTING FORM

Part A: Type of Referral/Report- The following types of referrals or reports can be made to ADS.

Indicate what type of referral/report you are making:

Case Management Referral:

Senior (65yrs +)

Adult (18-64yrs) with a physical or intellectual disability.

Self-neglect concern for senior or adult with a disability

Senior Abuse Report:

Physical Abuse

Emotional (verbal) Abuse

Sexual Abuse

Financial Exploitation Neglect

Senior Abuse Register Act 2008: Any person with information indicating that a senior (65years and older) is suffering abuse, has suffered abuse, or faces a substantial risk of suffering abuse, must report that information to the Registrar. Professionals are mandated to report under the Act

Part B: Client information- For Senior Abuse Reports the 'client' is the senior

Client name:

First Name

Last Name

Middle Name

Date of Birth (mm/dd/yy)

Male

Female

Home Address:

Telephone No:

Email:

Power of Attorney or Receiver (if applicable):

Telephone No:

Email:

Client's Primary Contact Person:

Relationship to Client:

Telephone No:

Email:

Client's GP:

Contact Info:

Part B: Referral/Report Details

State the reason(s) for this report or referral: Be specific as possible with names, dates, incidents, injury, behaviors and other relevant circumstances. Include any physical or mental health concerns.

Are you concerned about client's cognition? Yes No

Past Concerns (if any):

Client disclosure or preferences:

Was the client informed of the report/referral? Yes No

List other helping agencies the client is involved with, if any and known.

Additional services required for the client (if any or if known)

| | | |
|---|---|--|
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Home Care Services | <input type="checkbox"/> Care home placement |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Respite | <input type="checkbox"/> MWI |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other: | <div style="border: 1px solid black; width: 300px; height: 25px;"></div> |

Part C: Information on person submitting referral/report

Name :

Email:

Telephone Number:

Agency (if applicable):

Relationship to client:

Signature:

Date:

Email completed forms to ads@gov.bm
or
Deliver to: Ageing and Disability Services
25 Church St. Ground Floor
Hamilton, Bermuda