# BUREAU OF ADULT PROTECTIVE SERVICES REFERRAL

**DIVISION OF SENIOR CITIZENS ♦ DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**
**123 Chalan Kareta, Mangilao, Guam 96913-6304 Ph: 735-7415 or 7421**

**Transmittal of this referral form may be made in person to the Division of Senior Citizens, by phone at (671)735-7415/21 or (671) 632-8853; via email at APSGUAM@dphss.guam.gov; or via facsimile (with cover sheet) at (671) 735-7416**

| REFERRAL INFORMATION (PLEASE ENSURE GRAY AREAS ARE FILLED OUT COMPLETELY) | |
|---|---|
| Referral Submitted by: | |
| Date Submitted: | |
| Time Submitted: | |
| Agency (if applicable): | |
| Phone No.: | |
| Email Address: | |
| Referral Received by: (DSC-APS Staff) | |
| Title: | |

| CLIENT INFORMATION | | | | | |
|---|---|---|---|---|---|
| Client Status: (Enter check ☑ in appropriate box) | ☐ | Male | ☐ | Female | |
| | ☐ | Elderly | ☐ | Adult with a Disability | |
| | ☐ | Elderly with a Disability (Dual) | | | |
| | ☐ | Deceased-Date of Death: | | | |
| | ☐ | Former | ☐ | New | |
| Last Name: | | | | | |
| First Name: | | | | | |
| Middle Name: | | | | | |
| Address: (Please include directions, description, landmarks, etc.) | ☐ **Map illustrated on sheet #3** | | | | |
| Village: | | | | | |
| Phone No.: | | | | | |
| Email Address: | | | | | |
| Ethnicity: | | | | | |
| Citizenship: | | | | | |
| Birth Date: | | | | | |
| Age: | | | | | |
| Insurance: | ☐ | Medicaid | ☐ | Medicare | |
| | ☐ | Other: | | | |
| Marital Status: (Enter check ☑ in appropriate box) | ☐ | Single | ☐ | Married | |
| | ☐ | Widowed | ☐ | Divorced | |
| | ☐ | Other: | | | |

| TYPES OF ABUSE (Enter check ☑ in appropriate box) | |
|---|---|
| ☐ | Emotional or Psychological Abuse |
| ☐ | Financial or Property Exploitation |
| ☐ | Neglect |
| ☐ | Physical Abuse |
| ☐ | Physical Harm |
| ☐ | Self-Neglect |
| ☐ | Sexual Abuse |

| ALLEGED ABUSER INFORMATION | | | | |
|---|---|---|---|---|
| Last Name: | | | | |
| First Name: | | | | |
| Middle Name: | | | | |
| Relationship: | | | | |
| Address: (Please include directions, description, landmarks, etc.) | | | | |
| Village: | | | | |
| Phone No.: | | | | |
| Ethnicity: | | | | |
| Gender: | ☐ | Male | ☐ | Female |
| Birth Date: | | | | |
| Age: | | | | |
| Marital Status: (Enter check ☑ in appropriate box) | ☐ | Single | ☐ | Married |
| | ☐ | Widowed | ☐ | Divorced |
| | ☐ | Other: | | |

| FOR USE BY APS STAFF ONLY | | |
|---|---|---|
| APS Referral No.: | | |
| Central Registry Entered by: | | |
| Date entered into Central Registry: | | |
| Assigned Worker: | | |
| Date Assigned: | | |
| Reports (indicate date completed): | 24 Hour / 7 Day: | 14 Day: |
| | 30 Day: | 60 Day: |

| NATURE AND EXTENT OF ABUSE |
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| EMERGENCY ACTION TAKEN: |
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**MAP:**