

C.A.R.E. TEAM

ELDER ABUSE REPORTING AGREEMENT FOR MANDATED REPORTERS

I, _____, as a member of the C.A.R.E. Team, hereby
(Name)

agree to adhere to the elder and dependant adult abuse reporting requirements as defined in Welfare and Institutions Codes 15630 (h) and 15634 (a-c). I understand that I am a mandated reporter under these statutes, and that I must call the Adult Protective Services 24 hr. hotline immediately if I have suspicion of abuse, and that I must follow up with a written SOC 341 reporting form within 48 hours after the called report, which must be faxed to Adult Protective Services intake unit at 951-358-3969.

I have received a copy of W&I code 15630 (h) and 15634 (a-c). I understand and will comply with the reporting requirements defined in those codes. I have also received a copy of the SOC 341 reporting form.

(Printed Name)

(Signature)

(Date)

