

C.A.R.E. TEAM

AGENCY OUTLINE

1. Name of Agency _____
2. Name of CARE Team Contact: _____
3. Phone #: _____
4. Mandated responsibilities of your agency:

5. Additional powers your agency may have which could be used to fast track an elder abuse case (i.e. - arranging a physical for an elder who does not want to leave his/her home or the ability to investigate certain cases without a warrant):

6. Possible circumstances in which your agency might need to be involved in a case:

7. Other Comments or Information:

