



C.A.R.E. Team Case Report Guideline

----- **CONFIDENTIAL** -----

Reporter's Name: _____ Date: _____

Client Name: _____ Age: _____ SS#: _____

Referral Source: _____ Phone #: _____

General Description of Assistance Required: _____

Nature of Contact: Phone: Home Visit: Other: _____

Referral to (specify name): APS: _____ Law Enf.: _____ Other: _____

OoA: _____ P. G.: _____ Ombudsman: _____

Area of Abuse: Physical Fiduciary Verbal Self Neglect

Neglect Sexual Other _____

Where did crime occur: _____ Location: _____

Alleged Abuser: Name: _____ Relationship: _____

Phone: _____ Address: _____

Live with Client? Yes No Employed by Client? Yes No

Relatives/Interested Parties: Name: _____ Phone #: _____

Address: _____ How Related? _____

Case History

Reporter's Comments: _____

Action to Date: _____

(This report form must stay with the reporter to be destroyed as all information is **CONFIDENTIAL**.)