

**CHAPTER 89**

**ADULT PROTECTIVE SERVICES (APS) PROGRAM**

**Authority**

N.J.S.A. 52:27D-423; Reorganization Plan No. 001-1996.

**Source and Effective Date**

R.1996 d.65, effective February 5, 1996.  
See: 27 N.J.R. 2297(a), 28 N.J.R. 817(a).

**Executive Order No. 66(1978) Expiration Date**

Chapter 89, Adult Protective Services (APS) Program, expires on February 5, 2001.

**Chapter Historical Note**

Chapter 89, Adult Protective Services (APS) Program, was originally codified in Title 5 as Chapter 72, Adult Protective Services (APS) Program. Chapter 72, Adult Protective Services (APS) Program, was adopted as R.1996 d.65, effective February 5, 1996. See: 27 N.J.R. 2297(a), 28 N.J.R. 817(a).

Pursuant to Reorganization Plan No. 001-1996, Chapter 72, Adult Protective Services (APS) Program, was recodified to N.J.A.C. 8:89, effective October 15, 1997. As a part of the recodification, administrative changes were made to reflect Department of Health and Senior Services jurisdiction. See: 29 N.J.R. 4679(a).

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## SUBCHAPTER 1. GENERAL PROVISIONS

**8:89-1.1 Purpose**

This chapter implements the Adult Protective Services Act, P.L. 1993, c.249, N.J.S.A. 52:27D-406 et seq., which establishes a Statewide program to help abused, neglected and exploited adults who are unable to protect themselves. The Department of Health and Senior Services is charged with the responsibility of establishing a State supervised and county administered program to respond promptly to reports of abuse, neglect, or exploitation and to provide protective services to those adults who need them. The Commissioner is responsible for establishing a central registry to identify and maintain a record of all persons alleged to be abused, neglected, and exploited and to ensure proper disposition by the county agencies which the Department has designated to protect these individuals.

**8:89-1.2 Definitions**

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

“Abuse” means the willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation of services which are necessary to maintain a person’s physical and mental health.

“Caretaker” means a person who has assumed responsibility for the care of a vulnerable adult as a result of family relationship or who has assumed responsibility for the care of a vulnerable adult voluntarily, by contract, or by order of a court of competent jurisdiction, whether or not such person resides with the vulnerable adult.

“Commissioner” means the Commissioner of the Department of Health and Senior Services.

“Community setting” means a private residence or any noninstitutional setting in which a person may reside alone or with others, but shall not include nursing homes, residential health care facilities, rooming houses, boarding homes or any other facility or living arrangement subject to licensure by, operated by, or under contract with, a State department or agency.

“County adult protective services provider” means a county board of social services or other public or nonprofit agency with experience as a New Jersey provider of protective services for adults, designated by the county and approved by the Commissioner. The county adult protective services provider receives reports made pursuant to the Adult Protective Services Act P.L. 1993, c.249, N.J.S.A. 52:27D-406 et seq. and maintains pertinent records and provides, arranges, or recommends protective services.

“County adult protective services screening” means a function performed by a staff person designated by the county director to receive reports made under the Adult Protective Services Act, obtain pertinent information from the person making the report, and determine whether the situation reported meets eligibility criteria.

“County adult protective services supervisor” means a supervisor designated responsible for overseeing and directing county adult protective services workers. Adult protective services workers include professional staff, such as social workers, nurses, intake workers and others, and clerical support staff.

“County director” means the director of a county adult protective services provider.

“Department” means the Department of Health and Senior Services.

“Division” means the Division of Senior Affairs in the Department of Health and Senior Services.

“Exploitation” means the act or process of illegally or improperly using a person or his or her resources for another person’s profit or advantage.

“Neglect” means an act or failure to act by a vulnerable adult or his or her caretaker which results in the inadequate provision of care or services necessary to maintain the physical and mental health of the vulnerable adult, and which places the vulnerable adult in a situation which can result in serious injury or which is life-threatening.

“Protective services” means voluntary or court-ordered social, legal, financial, medical or psychiatric services necessary to safeguard a vulnerable adult’s rights and resources and to protect a vulnerable adult from abuse, neglect or exploitation. Protective services include, but are not limited to: evaluating the need for services, providing or arranging for appropriate services, obtaining financial benefits to which a person is entitled, and arranging for guardianship and other legal actions.

“Sexual abuse” means any activity with a vulnerable adult for the purposes of sexual stimulation of the actor or another person when the vulnerable adult does not consent, or when the vulnerable adult is incapable of resisting, giving, or declining consent to the sexual activity due to disability or due to fear of retribution or hardship.

“Substantiation of a report” means that the preponderance of evidence (51 percent or more) gathered during the evaluation of the report supports the allegation that abuse, neglect or exploitation has occurred.

“Vulnerable adult” means a person 18 years of age or older who resides in a community setting and who, because of a physical or mental illness, disability or deficiency, lacks sufficient understanding or capacity to make, communicate, or carry out decisions concerning his or her well-being and is the subject of abuse, neglect or exploitation. A person shall not be deemed to be the subject of abuse, neglect or exploitation or in need of protective services for the sole reason that the person is being furnished nonmedical remedial treatment by spiritual means through prayer alone or in accordance with a recognized religious method of healing in lieu of medical treatment, and in accordance with the tenets and practices of the person’s established religious tradition.

### 8:89-1.3 Principles of adult protective services

(a) The following principles shall guide the provision of adult protective services:

1. Each vulnerable adult’s right to privacy shall be respected;
2. In planning for and providing adult protective services, every effort shall be made to determine and respect the vulnerable adult’s wishes and preferences regarding the outcome of his or her situation;
3. The least restrictive alternative to meet the vulnerable adult’s needs shall guide service provision;
4. All services shall be provided on a voluntary basis unless ordered by a court; and
5. Petitions to the court for involuntary service provision shall only be filed after all voluntary alternatives for protection have been explored.

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## SUBCHAPTER 2. DEPARTMENT AND DIVISION RESPONSIBILITIES

### 8:89-2.1 Annual reports to the Governor and the Legislature

The Commissioner shall report annually to the Governor and the Legislature on the effectiveness of the Adult Protective Services Act and make recommendations for the prevention and alleviation of the abuse, neglect and exploitation of vulnerable adults.

### 8:89-2.2 Delegation within the Department

The Commissioner delegates the responsibility for implementing, monitoring, and supervising the Adult Protective Services Program to the Division of Senior Affairs.

### 8:89-2.3 Approval of county adult protective services providers

The Division shall approve a county board of social services or other public or nonprofit agency designated by

the county as a county adult protective services provider. Priority consideration shall be given to agencies which have experience in the provision of adult protective services.

### 8:89-2.4 Development of policy and procedure

The Division shall develop policies and procedures to implement the Adult Protective Services Act and shall review and update such policies and procedures periodically as necessary to ensure the proper, efficient and effective provision of adult protective services.

### 8:89-2.5 Funding allocation

In allocating funds made available to the Adult Protective Services Program, the Division shall consider the geographic distribution of elderly persons, the geographic distribution of adults with physical and mental illnesses, disabilities or deficiencies, the demonstrated capacity of the county adult protective services provider to use funds effectively, and other factors which may be considered important in ensuring the availability of protective services Statewide.

### 8:89-2.6 Contracting

(a) The Division shall contract with a designated county adult protective services provider in each county in order to carry out the provisions of these rules and maintain fiscal accountability for funds allocated for this purpose by the State or Federal government.

(b) The Division may reallocate any funds not spent by a county adult protective services provider during a contract period.

(c) The Division may terminate or not renew funding to a county adult protective services provider when such provider does not meet the requirements of the Adult Protective Services Act, this chapter or the requirements of any contract between the provider and the Division. The Division shall provide written notice at least 45 days prior to termination or non-renewal of the contract.

### 8:89-2.7 Central registry

(a) The Division shall establish a central registry for the receipt and maintenance of all reports of suspected abuse, neglect, and exploitation of vulnerable adults. The Division shall compile and maintain in the central registry demographic data on vulnerable adults, Statewide statistics related to abuse, neglect and exploitation and other information submitted by county adult protective services providers.

(b) The Division shall maintain the names and addresses of all persons reported as subject to abuse, neglect or exploitation, the ages and living arrangements of the subjects of reports, the nature of their disability, the services provided, the type of mistreatment most prevalent, and any other information necessary for the Division to evaluate the needs of vulnerable adults and the performance of the county adult protective services provider in responding to those needs.

**8:89-2.8 Confidentiality**

(a) All records and communications pertaining to any report, evaluation, or service which are provided to the Division pursuant to the Adult Protective Services Act, P.L. 1993, c.249, N.J.S.A. 52:27D-406 et seq. shall be confidential. All third party information, together with the identity of reporters, witnesses and the adults allegedly in need of protective services are confidential, except disclosures which may be necessary for the Commissioner or the county adult protective services provider to perform its duties and to support any findings that may result from the evaluation of a report. All Division staff, aides, volunteers and students shall maintain confidentiality in all matters pertaining to the Adult Protective Services program. Information may be released only when:

1. The disclosure of information is necessary for the Division or the adult protective services provider to perform its responsibilities as set forth in this chapter; or
2. A court of competent jurisdiction directs disclosure.

**8:89-2.9 Evaluation of county adult protective services providers**

(a) The Division shall evaluate each county adult protective services provider as needed, but at least annually in order to assess program effectiveness and compliance with the requirements set forth in this chapter.

(b) The performance evaluation shall identify the county adult protective services provider's ability to render required services, identify strengths and weaknesses, and delineate any program improvements necessary to ensure a high quality of service provision.

(c) Performance evaluation is an ongoing process and may consist of site visits, review of program reports and records, interviews with vulnerable adults served by the county adult protective services provider, contact with other agencies and individuals who make referrals, and interviews with county adult protective services staff.

(d) The results of evaluations shall be shared with the county adult protective services providers by Division staff in a timely manner. Results of written evaluations shall be shared with the county adult protective services provider within 30 days after the evaluation is completed.

**8:89-2.10 Complaints**

(a) The Division shall respond to complaints referred to it about the functioning of the Adult Protective Services program. Procedures for evaluating and responding may include:

1. Contact with the person making the complaint;
2. Contact with the county adult protective services provider to request information or records, as appropriate; and/or
3. A written response to the person making the complaint with a copy to the county adult protective services provider.

**8:89-2.11 Training**

(a) The Division shall develop and periodically update a core curriculum of basic knowledge and skills training for county adult protective services workers. Basic knowledge and skills training shall consist of at least 90 classroom hours and be offered at least once every year to new staff assigned to the program.

(b) A minimum of 18 hours of supervisory training shall be offered to county adult protective services supervisors annually by the Division to support the supervisors' role in ensuring service quality.

(c) The Division shall assess the training needs of county adult protective services workers and supervisors annually to identify areas needing further development.

**8:89-2.12 Public awareness**

(a) The Commissioner shall establish a comprehensive public awareness program to inform the general public and social service agencies as to the nature of abuse, neglect, and exploitation, the method for their reporting, and information about the protective services available for vulnerable adults who need them.

(b) The comprehensive public awareness program shall be a collaborative effort with existing public awareness and training efforts, including those mandated under the "Prevention of Domestic Violence Act of 1991," P.L. 1991, c.261 (N.J.S.A. 2C:25-17 et seq.), the Safe Housing and Transportation program and the "Older Americans Act of 1965," P.L. 89-73 (42 U.S.C. § 3001 et seq.).

(c) The Department shall establish an "APS Public Awareness Task Force" to facilitate the collaboration required for the public awareness program and to develop initiatives. The Task Force shall meet at least quarterly and shall include, but not be limited to, a representative from each of the following: the Department, the Department of Human Services, the Administrative Office of the Courts, an agency funded to administer training initiatives under this Act, an agency funded to administer training initiatives under the "Older Americans Act of 1965," an agency that delivers protective services and the New Jersey Association of Area Agencies on Aging.

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**SUBCHAPTER 3. COUNTY ADULT PROTECTIVE SERVICES PROVIDER RESPONSIBILITIES**
**8:89-3.1 Applicability**

The county director shall ensure that the requirements set forth in these rules are met, that the provider complies with the contract with the Division, and that the provisions of this chapter be applied to all adult protective services activities carried out by the county adult protective services provider, regardless of funding source.

**8:89-3.2 Required services**

(a) County adult protective services providers shall provide or arrange for voluntary or court-ordered social, legal, financial, medical or psychiatric services necessary to safeguard a vulnerable adult's rights and resources, and to protect a vulnerable adult from abuse, neglect or exploitation. Protective services shall include, but not be limited to: evaluating the need for services, providing or arranging for appropriate services, obtaining financial benefits to which a person is entitled, and arranging for guardianship and other legal actions.

(b) The county adult protective services provider shall maintain a minimum working day of seven hours in order to receive reports of abuse, neglect or exploitation, except on weekends and holidays.

(c) Reports shall be evaluated by a county adult protective services worker directly and may not be evaluated through a subcontract or other form of arrangement with another agency, unless the Assistant Commissioner of the Division has granted an exemption from this requirement. Exemptions shall be considered on the basis of greater effectiveness, reduced cost, and the ability of the county adult protective services provider to ensure accountability and confidentiality. Exemptions shall be applied for by writing to the Division of Senior Affairs, PO Box 807, Trenton, New Jersey 08625-0807.

**8:89-3.3 Local discretion**

The rules contained in this chapter provide direction and guidance to county adult protective services providers in carrying out their responsibilities under the Adult Protective Services Act. It is recognized that rules for screening, evaluating, and providing services need to be flexible in certain circumstances in order to allow for an individualized response. For this reason, a county director or his or her designee shall, at his or her discretion, authorize exceptions to these rules regarding screening, evaluation, and providing services when it is determined to be in the best interests of a vulnerable adult, unless such actions are prohibited by law. The county director or his or her designee shall insure that the exception made and the reasons for it are documented in the case record.

**8:89-3.4 Access for monitoring by the Division**

The county adult protective services provider shall provide timely access to all files, materials, and records reasonably related to compliance with the requirements contained in this chapter to Division representatives performing their monitoring responsibilities. Timely access means notice of at least two days under routine monitoring procedures, or, in the event of a serious problem, immediately upon request.

**8:89-3.5 Client registry**

The county adult protective services supervisor shall submit to the State Coordinator, Adult Protective Services Program, Division of Senior Affairs, PO Box 807, Trenton, NJ 08625-0807, a completed Client Registration Form (APS-2) for each report accepted within 30 days following the end of the month in which the report was received. A completed Client Termination Form (APS-3) shall be submitted to the State Coordinator, at the address noted in N.J.A.C. 8:89-3.2(c), for each client accepted for services within 30 days following the end of the month in which the case was closed. The Adult Protective Services Transmittal Form (APS-4) shall serve as a cover document for the Client Registration and Client Termination Forms being forwarded. (See Appendices E, F and D, incorporated herein by reference.)

**8:89-3.6 Staff requirements**

(a) The county director shall ensure that county adult protective services workers engaged in carrying out the mandates of the Adult Protective Services Act and these rules meet the following minimum standards:

1. Possession of a bachelor's degree from an accredited college or university or graduation as a registered nurse from an accredited institution. Experience in social services may be substituted on a year for year basis for the college or university degree; and

2. Completion of the 90 hour mandatory basic training program offered by the Division.

(b) Exceptions to the above staffing standard shall be made by the county adult protective services provider only in emergent circumstances and only for periods of no more than 30 days.

(c) Any full time staff actively employed as county provider representatives as of February 5, 1996, shall be considered to have met the requirements as set forth in (a)1 above.

(d) Aides, volunteers, and social work students are not subject to the requirements of (a) above and may be used as adjuncts to trained county adult protective services workers. Aides, volunteers, and students shall not, however, carry primary responsibility for evaluating reports or providing case management services.

**8:89-3.7 Confidentiality**

(a) All records and communications pertaining to any report, evaluation, or service pursuant to the Adult Protective Services Act, P.L. 1993, c.249, N.J.S.A. 52:27D-406 et seq., shall be confidential. All third party information, together with the identity of reporters, witnesses and the adults allegedly in need of protective services shall be confidential, except disclosures which may be necessary for the Commissioner or the county adult protective services

provider to perform their duties and to support any findings that may result from the evaluation of a report. All county adult protective services provider staff, aides, volunteers and students shall maintain confidentiality in all matters pertaining to the Adult Protective Services Program. Information may only be released when:

1. The disclosure of information is necessary for the adult protective services provider to perform its responsibilities as set forth in this chapter; or
2. A court of competent jurisdiction directs disclosure.

#### **8:89-3.8 Record retention**

All records pertaining to a report of abuse, neglect or exploitation of a vulnerable adult and the county adult protective services provider's documents regarding provider actions shall be maintained by the county adult protective services provider for a minimum of three years after a case has been closed.

#### **8:89-3.9 Interviews with vulnerable adults for public information or research**

(a) The county adult protective services provider may, but need not, allow interviews with vulnerable adults receiving services for the purposes of public information or research. If the county adult protective services provider wishes to assist potential interviewers, it shall first:

1. Contact the vulnerable adult or his or her guardian, as appropriate, to explain the nature of the request, ensure that the vulnerable adult understands the request, and determine whether the vulnerable adult is willing to participate; and
2. Obtain written consent from the vulnerable adult or his or her guardian, as appropriate.

#### **8:89-3.10 Liability insurance**

The county provider shall maintain sufficient liability insurance to cover the agency and all staff involved in the provision of services under these rules.

#### **8:89-3.11 Fiscal and audit requirements**

The county adult protective services provider shall maintain accurate fiscal records regarding program expenditures as provided for in the contract between the county adult protective services provider with the Division. The county director shall submit the following documents: the APS Quarterly Project Report (APS-21); the APS Contract Budget Summary (APS-22); the APS Personnel Summary (APS-23); the APS Budget Proposal (APS-24); and other fiscal and program information deemed necessary by the Division to maintain accountability. (See Appendices M, N, O and P, incorporated herein by reference.)

#### **8:89-3.12 Complaints**

The county adult protective services provider shall establish and maintain written procedures for receiving, evaluating and responding to complaints from clients, caregivers, family members and other interested or involved individuals or agencies.

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### SUBCHAPTER 4. ELIGIBILITY

#### **8:89-4.1 Vulnerable adult**

(a) A person who meets the following criteria is a vulnerable adult who shall be eligible for protective services:

1. Eighteen years of age or older;
2. Residing in a community setting;
3. Lacking sufficient understanding or capacity to make, communicate, or carry out decisions concerning his or her well-being because of a physical or mental illness, disability, or deficiency; and
4. The subject of abuse, neglect or exploitation.

#### **8:89-4.2 Nonmedical remedial treatment**

A person shall not be deemed to be the subject of abuse, neglect or exploitation or in need of protective services for the sole reason that the person is being furnished nonmedical remedial treatment by spiritual means through prayer alone or in accordance with a recognized religious method of healing in lieu of medical treatment, and in accordance with the tenets and practices of the person's established religious tradition.

#### **8:89-4.3 No financial eligibility requirement**

There shall be no financial eligibility criteria applied for an adult protective services evaluation and visits by a county adult protective services worker.

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### SUBCHAPTER 5. SCREENING

#### **8:89-5.1 Who may report**

A person who has reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect or exploitation may report the information to the county adult protective services provider.

#### **8:89-5.2 Information to be reported**

The report, if possible, shall contain the name and address of the vulnerable adult; the name and address of the caretaker, if any; the nature and possible extent of the vulnerable adult's injury or condition as a result of abuse, neglect or exploitation; and any other information that the person reporting believes may be helpful.

**8:89-5.3 Immunity for persons who report**

A person who reports information pursuant to this chapter, or provides information concerning the abuse of a vulnerable adult to the county adult protective services provider, or testifies at a grand jury, judicial or administrative proceeding resulting from the report, is immune from civil and criminal liability arising from the report, information, or testimony, unless the person acts in bad faith or with malicious purpose.

**8:89-5.4 Retaliation for filing of reports prohibited**

No employer or any other person shall take any discriminatory or retaliatory action against an individual who reports abuse, neglect or exploitation pursuant to the act and this chapter. An employer or any other person shall not discharge, demote or reduce the salary of an employee because the employee reported information in good faith pursuant to the act and this chapter. A person who violates this section is liable for a fine of up to \$1,000.

**8:89-5.5 Access for reporting**

(a) A county adult protective services provider shall provide access for reporting abuse, neglect and exploitation. Information shall also be available to a person who reports abuse, neglect or exploitation on methods of accessing emergency assistance.

(b) The county adult protective services provider is not required to receive reports after normal business hours. The county adult protective services provider may, at its own discretion, choose to operate an after hours response program either directly or through an agreement with another system in the county.

(c) Anonymous reports may be accepted by the county adult protective services provider. The county adult protective services provider shall encourage persons making reports to remain available to provide additional information that may be needed to complete the evaluation. The county adult protective services provider shall advise persons making reports that notwithstanding the provider's intention to preserve anonymity, should a court order be obtained by a third party to reveal the source of a report, anonymity may not be possible.

**8:89-5.6 Adult protective services screening**

(a) Adult protective services screening includes taking as much information as possible from the person making the report, including:

1. The name and address of the vulnerable adult;
2. The name and address of the caretaker, if any;
3. The specific allegations of abuse, neglect, or exploitation being made;

4. The nature and possible extent of the vulnerable adult's injury or condition as a result of abuse, neglect or exploitation;

5. Whether the person making the report is willing to be identified to the client or caretaker during the evaluation process; and

6. Any other information that the person reporting believes may be helpful.

(b) The county adult protective services supervisor shall be available to the staff person receiving reports for consultation if a question exists regarding eligibility.

(c) The county adult protective services supervisor shall be notified immediately if the report indicates the need for an emergency response because of a clear and substantial risk of death or immediate physical harm.

(d) Referrals to other agencies or other units within the provider agency shall be made when a report is not appropriate for response by the county adult protective services provider but other services are needed.

(e) An Inappropriate Referral Form (APS-1) shall be completed when a report alleging the need for protective services is made, but is determined not to be appropriate. (See Appendix C, incorporated herein by reference.)

(f) The county adult protective services staff person taking the report shall record all appropriate information provided by the person making the report, and sign and date his or her notes.

**8:89-5.7 Role of the county adult protective services supervisor in screening**

(a) The county adult protective services supervisor or his or her designee shall be available to consult with the adult protective services provider staff person designated to receive reports.

(b) The county adult protective services supervisor or his or her designee shall determine priority for evaluating reports, including whether immediate response is required, taking into consideration the nature of the situation reported and the availability of staff.

(c) The county adult protective services supervisor or his or her designee shall assign reports for evaluation within one working day of receipt.

(d) The county adult protective services supervisor or his or her designee shall determine when the need for increased safety precautions, such as the use of a team, police assistance, arranging for secure interview locations, or other measures, may arise due to the nature of the referral, the location to be visited, or because the subject or the worker is fearful.

## SUBCHAPTER 6. EVALUATING REPORTS

**8:89-6.1 Purpose of the evaluation**

The purpose of the evaluation is to determine, through a personal contact, whether the subject of the report is a vulnerable adult, whether the allegations of abuse, neglect or exploitation reported are valid, and whether the vulnerable adult is in need of immediate intervention to ensure his or her health and safety.

**8:89-6.2 Prompt evaluation**

(a) The county adult protective services provider, upon receiving a report that a vulnerable adult is being or has been subjected to abuse, neglect, or exploitation, shall initiate a prompt and thorough evaluation of the report within 72 hours, in accordance with the following requirements.

(b) Reports require an immediate evaluation when there are indications of immediate physical harm or clear and substantial risk of death to the subject of the report.

(c) All reports not requiring an immediate evaluation require that a face-to-face contact with the subject of the report be attempted within three working days. Documentation of attempts to make face-to-face contact shall be recorded when face-to-face contact is not possible because the vulnerable adult is not accessible. (See sample letter, APS-19, when no personal contact has been made.) (See Appendix K, incorporated herein by reference.)

(d) Response time requirements are the same for reports made by internal or external staff or agencies.

**8:89-6.3 Conducting the evaluation**

(a) An evaluation conducted pursuant to this subchapter shall be conducted by a person who meets the requirements of N.J.A.C. 8:89-3.6(a).

(b) The evaluation shall be based upon a personal visit with the vulnerable adult about whom the report was made and upon consultation with others who have knowledge of the particular case to determine whether protective services are needed and what action, if any, is required. The evaluation shall include separate face-to-face contacts with the subject of the report and the alleged perpetrator, if applicable and when appropriate, and may include a review of social, medical, and financial records, consultation with family members, medical professionals with knowledge of the subject's condition, involved agencies, or other parties who have knowledge of the subject's situation.

(c) Activities undertaken to initiate an evaluation may vary depending on the nature of the referral, and may include, but are not limited to: contacting the person who made the report for additional information; planning the first visit; consulting with the county adult protective services supervisor; contacting other agencies which may have knowledge of the situation; and contacting the subject to make an appointment for a visit.

(d) When the subject or the caregiver refuses reasonable attempts at contact, including strategies to compensate for barriers such as visual or hearing impairments or language differences, for the purpose of evaluating the report, the county adult protective services worker may send a letter explaining the county adult protective services provider's responsibility to evaluate the report. (See Appendix L, APS-20, incorporated herein by reference.)

(e) An evaluation shall be considered thorough when sufficient information has been obtained to allow the county adult protective services worker to determine whether or not the report is substantiated. Reports are substantiated when the preponderance of evidence supports the allegation. An evaluation may require more than one visit to determine whether there is reasonable cause to believe that the vulnerable adult has been the subject of abuse, neglect or exploitation, depending on the complexity of the situation and the availability of necessary information.

(f) The county adult protective services worker shall make a determination regarding substantiation of the report and complete and sign the Client Evaluation Form (APS-5) within 30 working days of the first face-to-face contact with the subject of the report. (See Appendix G, incorporated herein by reference.)

**8:89-6.4 Immunity for county adult protective services providers**

Pursuant to P.L. 1993, c.249, N.J.S.A. 52:27D-406 et seq., a county adult protective services provider and its employees are immune from criminal and civil liability when acting in the performance of their official duties, unless their conduct is outside the scope of their employment, or constitutes a crime, actual fraud, actual malice, or willful misconduct.

**8:89-6.5 Accessing records**

(a) Records of public agencies, private organizations, banks and other financial institutions, medical institutions and practitioners, which the county director or his or her designee reasonably believes to be necessary to complete the evaluation, shall be made available to the county adult protective services provider.

(b) To the extent possible, county adult protective services providers shall be specific in requesting information from public agencies, private organizations, banks and other financial institutions, medical institutions and practitioners.

(c) The county adult protective services provider shall make a reasonable effort to access records and may use the Access to Records sample letter (APS-18) prior to petitioning the court. (See Appendix J, incorporated herein by reference.)

(d) If the county adult protective services provider is not successful in accessing records of public agencies, private organizations, banks and other financial institutions, medical institutions and practitioners necessary to complete an evaluation, the county adult protective services provider may petition a court of competent jurisdiction for a court order to access needed information.

#### **8:89-6.6 Announced and unannounced visits**

(a) Depending on the specific circumstances and conditions alleged in the report, the county adult protective services worker may make either an announced or unannounced visit to conduct the evaluation.

(b) Visits shall normally be made during business hours, but may be adjusted to fit the needs of the situation.

(c) The county adult protective services worker shall identify himself or herself and his or her agency to the subject of the report and the subject's caretaker, if there is one. The worker shall inform the subject and any other party to be interviewed of his or her obligation as an adult protective services worker to evaluate the report.

(d) The county adult protective services worker may not reveal the identity of the person who made the report unless the person who made the report consents.

(e) The county adult protective services worker shall interview the vulnerable adult privately regarding allegations.

#### **8:89-6.7 Seeking information about the subject of a report without his or her consent**

Information necessary to evaluate a report may be sought by the county adult protective services worker without the specific consent of the subject of the report when the information is necessary to carry out the county adult protective services provider's responsibilities.

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## SUBCHAPTER 7. PROVISION OF PROTECTIVE SERVICES

### **8:89-7.1 Arranging for services**

If a determination is made by the county adult protective services provider that there is reasonable cause to believe that the vulnerable adult has been the subject of abuse, neglect or exploitation, the county adult protective services provider shall determine the need for protective services. If the vulnerable adult or his or her legal guardian consents, the county adult protective services provider shall provide or arrange for appropriate protective services, as may be available. The county adult protective services provider shall also make formal referrals to State, county, and local agencies, hospitals and organizations, including offices on aging

for clients age 60 and over, for services which the county adult protective services provider is unable to provide directly. The county protective services provider shall follow up on referrals to determine whether services are being provided.

### **8:89-7.2 Referrals to the Division of Developmental Disabilities and Division of Mental Health and Hospitals**

A county adult protective services provider may refer a person who needs protective services and who, because of a developmental disability or mental illness, is in need of specialized care, treatment or services, to the Division of Developmental Disabilities or the Division of Mental Health and Hospitals in the Department of Human Services, as appropriate. These Divisions shall consider referrals from the county adult protective services providers on a priority basis and assist in providing the specialized services needed to protect abused, neglected, or exploited vulnerable adults, including those 60 years and over.

### **8:89-7.3 Minimum visitation requirement**

(a) The county adult protective services worker shall visit vulnerable adults as frequently as necessary, but at least once a month, to insure that service needs are being met.

(b) The frequency of visits shall be determined by the county adult protective services worker in consultation with the county adult protective services supervisor. This determination shall be based on the specific circumstances of the vulnerable adult's situation.

(c) Visits to vulnerable adults may be made by the county adult protective services worker or by other county provider staff, such as protective services aides or volunteers. Visits by staff from other involved agencies shall not be substituted for the county adult protective services worker's minimum visitation requirement.

### **8:89-7.4 Care plan**

(a) The county adult protective services worker shall develop a care plan following substantiation of the report of abuse, neglect or exploitation of a vulnerable adult.

(b) The care plan shall include:

1. A statement of the problem;
2. The vulnerable adult's perception of the problem and wishes regarding outcome; and
3. Planned interventions.

(c) The county adult protective services worker shall submit the substantiation of the report and the written care plan to the county adult protective services program supervisor within 30 days after acceptance of the report.

**8:89-7.5 Case recording**

(a) Case progress notes shall be maintained starting with the day a report is received. Case progress notes shall document dates of contact, and provide a summary of important activities, events and changes regarding the vulnerable adult's situation. Significant contacts with other agencies, family members, or involved persons shall also be summarized and dated in the progress notes.

(b) The county adult protective services worker shall, at a minimum, record progress notes on a monthly basis. More frequent notation may be necessary if a change in the status of the vulnerable adult occurs.

**8:89-7.6 Closing a case**

(a) The county adult protective services worker shall close a case when a decision is made that the vulnerable adult is no longer in need of protective services. The Adult Protective Services Termination form (APS-3) is completed by the adult protective services worker when a case is closed. (See Appendix F, incorporated herein by reference.)

(b) When it is necessary to reopen a case, the procedure is the same as that for a new case. A new registration number is entered, using the Adult Protective Services Registration form (APS-2), indicating thereon that this is a reopening of a case.

**8:89-7.7 Case transfer within New Jersey**

(a) When a vulnerable adult moves into another county within New Jersey and protective services are still needed, the county adult protective services worker in the county from which the vulnerable adult has moved shall:

1. Call the county adult protective services screening worker in the county to which the vulnerable adult has moved to make a referral and discuss service needs;
2. Forward a summary or a copy of the pertinent materials in the vulnerable adult's case record as soon as possible, but within 30 days;
3. Consult with the new county adult protective services worker when requested; and
4. Notify cooperating agencies and other significant persons of the move.

(b) If it is determined to be in the best interests of the vulnerable adult, and if both providers agree, the original provider may continue to work with the vulnerable adult without transferring the case.

(c) The new county adult protective services provider shall assume responsibility for serving the vulnerable adult immediately upon referral, using criteria described in N.J.A.C. 8:89-6.2, Prompt evaluation.

**8:89-7.8 Out-of-county residents**

(a) When there is a potential for involvement by two county adult protective services providers because a reported incident occurs in one county while the vulnerable adult resides in another county, the county adult protective services provider in the county where the incident occurs shall evaluate the report, unless both providers agree to an evaluation by the county of residence.

(b) If the report is substantiated, a referral and progress notes shall be forwarded to the adult protective services provider in the county of residence, if requested.

(c) Responsibility for payment of services authorized on behalf of the vulnerable adult may be determined by the two counties in question.

**8:89-7.9 Out-of-State relocation**

(a) If a vulnerable adult moves out of the State of New Jersey and protective services are still needed, the county adult protective services provider shall make referral to the adult protective services agency in the state to which the vulnerable adult has relocated.

(b) Individual case information shall be shared with an out-of-State adult protection agency when the vulnerable adult continues to need protective services and the out-of-State agency maintains a similar policy of confidentiality.

**8:89-7.10 Role of the county adult protective services supervisor in service provision**

(a) The county adult protective services supervisor shall guide, support, and direct the county adult protective services worker in decisions and actions involving vulnerable adults and on problematic aspects of intervention.

(b) The county adult protective services supervisor shall sign and date the following forms within 30 days: Inappropriate Referral form (APS-1); APS Program Registration and Termination forms (APS-2 and APS-3); Client Evaluation form (APS-5); and client care plan within 30 days. (See Appendices C, E, F and G.)

(c) The county adult protective services supervisor shall assign cases, schedule coverage, and adjust caseloads when necessary.

(d) The county adult protective services supervisor shall accompany the county adult protective services worker on field visits to provide consultation when necessary.

(e) The county adult protective services supervisor shall review allegations of criminal misconduct regarding vulnerable adults for possible referral as specified in N.J.A.C. 8:89-8.3 (referral to local police or the county prosecutor by the county director or his or her designee).

## SUBCHAPTER 8. CRITICAL INCIDENT REPORTING

### 8:89-8.1 Reportable incidents

(a) The county adult protective services supervisor shall report the circumstances listed below to the State Coordinator of adult protective services in the Department of Health and Senior Services, Division of Senior Affairs:

1. Any suspicious death or serious injury of a vulnerable adult who has been under supervision, when brought to the attention of the county adult protective services provider;
2. Any confirmed or suspected criminal activity by county adult protective services provider staff involving the Adult Protective Services program;
3. Any civil, criminal or legal actions filed against the county adult protective services provider, brought as a result of involvement with the Adult Protective Services program;
4. Death or serious injury of a county adult protective services provider's staff member while performing adult protective services responsibilities; and
5. Situations which involve or might involve hostile or controversial media coverage.

### 8:89-8.2 Reporting procedures

(a) When a critical incident occurs, the county adult protective services supervisor shall notify the State Coordinator, Adult Protective Services Program, by telephone within two working days. In any instance where there is doubt as to whether an incident requires reporting, the supervisor shall contact the State Coordinator for clarification.

(b) The Critical Incident Report form (APS-6) shall be submitted to the State Coordinator, Adult Protective Services, within five working days of the incident. (See Appendix H, incorporated herein by reference).

### 8:89-8.3 Reporting criminal acts

If the county director, or his or her designee, has reasonable cause to believe that a caretaker or other person has committed a criminal act against a vulnerable adult, including, but not limited to, P.L. 1989, c.23 (N.J.S.A. 2C:24-8) (commonly referred to as the caretaker neglect statute), he or she shall immediately report the information to local law enforcement officials or the prosecutor of the county in which the alleged criminal act was committed. If the report is made orally, a written report shall follow within three working days.

## SUBCHAPTER 9. INVOLUNTARY SERVICES

### 8:89-9.1 Petition for access to the subject of a report

If the county adult protective services provider is prevented from conducting an evaluation of a report of abuse, neglect or exploitation, the county adult protective services provider may petition a court of competent jurisdiction for an order to conduct the evaluation.

### 8:89-9.2 Petition for caretaker non-interference

(a) If the vulnerable adult's caretaker or any other person interferes with the provision of protective services, the county adult protective services provider shall petition the court for an order enjoining the caretaker or any other person from interfering with the provision of services.

(b) Any other party concerned with the welfare of the vulnerable adult may also petition the court for an order enjoining the caretaker or any other person from interfering with the provision of services.

(c) The petition filed by the county adult protective services provider shall present facts to show that:

1. The vulnerable adult is in need of protective services;
2. The vulnerable adult or his or her guardian consents to the receipt of services; and
3. The adult's caretaker or other person has interfered with the provision of services.

(d) The judge shall issue an order enjoining the caretaker or other person from further interference if it is found that:

1. The adult requires protective services;
2. The vulnerable adult or his or her guardian consents to the services; and
3. The vulnerable adult has been prevented from receiving the protective services by his or her caretaker or other person.

### 8:89-9.3 Petitioning for access to records

(a) Records of public agencies, private organizations, banks and other financial institutions, medical institutions and practitioners, which the county director or his or her designee reasonably believes to be necessary to complete the evaluation, shall be made available to the county adult protective services provider.

(b) To the extent possible, county adult protective services providers shall be specific in requesting information from public agencies, private organizations, banks and other financial institutions, medical institutions and practitioners.

(c) The county adult protective services provider shall make a reasonable effort to access records and may use the Access to Records sample letter (APS-18) prior to petition-

ing the court. (See Appendix J, incorporated herein by reference.)

(d) If the county adult protective services provider is not successful in accessing records of public agencies, private organizations, banks and other financial institutions medical institutions and practitioners necessary to complete an evaluation, the county adult protective services provider may petition a court of competent jurisdiction for a court order to access needed information.

#### 8:89-9.4 Petitioning for emergency protective services

(a) The county director or his or her designee shall petition a court of competent jurisdiction for an order authorizing the provision of protective services if the county director or his or her designee reasonably determines that an emergency exists and the vulnerable adult refuses or is unable to consent to the protective services.

(b) The petition shall set forth:

1. The name, age and residence of the adult;
2. The nature of the emergency;
3. The proposed protective services; and
4. Sufficient facts to show that:
  - i. The adult is a vulnerable adult in need of protective services as a result of abuse, neglect or exploitation;
  - ii. The adult, without protective services, will incur a clear and substantial risk of death or immediate physical harm;
  - iii. The adult refuses or is unable to consent to the protective services; and
  - iv. No other person authorized by law or court order to give consent for the adult is available and willing to arrange for protective services.

(c) The court shall set the case for hearing within 24 hours of receipt of a petition pursuant to this section. The adult has the right to an attorney of his or her choice, or the court shall appoint counsel.

(d) Every reasonable effort shall be made to provide notice of the hearing, including a copy of the petition, to the adult, the adult's attorney, legal guardian, spouse or, if none, to his or her adult children or next of kin, and caretaker, if any, prior to the hearing.

(e) A reasonable effort shall be made to provide for the participation of the adult at the hearing.

(f) The court may waive the notice requirement and schedule an *ex parte* hearing immediately upon receipt of the petition if the court finds that there is a clear and substantial risk to the adult of death or irreparable injury if the order were delayed.

(g) The judge shall issue an order authorizing the provision of protective services if, at the hearing, the judge finds by clear and convincing evidence that:

1. The adult is a vulnerable adult in need of protective services as a result of abuse, neglect or exploitation;
2. The adult, without protective services, will incur a clear and substantial risk of death or immediate physical harm;
3. The adult refuses or is unwilling to consent to services; and
4. No other person authorized by law or court order to give consent for the adult is available and willing to arrange for protective services for the adult.

(h) The court shall order only such protective services as are necessary to remove the conditions creating the emergency.

(i) An emergency order entered by the court may not exceed 72 hours. The county director or his or her designee, upon determining that continued services are necessary to prevent death or serious physical harm, may apply for continuation of the order for an additional 72-hour period, if a guardian has not been named.

(j) If an emergency order is entered *ex parte*, the vulnerable adult or any other party, on behalf of the vulnerable adult, may petition the court to have the order modified or vacated; and the court shall consider the petition on an emergent basis.

#### 8:89-9.5 Petition for non-emergency protective services

(a) The county director or his or her designee shall petition a court of competent jurisdiction for an order authorizing the provision of protective services if the director or his or her designee reasonably determines that a vulnerable adult will incur a substantial risk of physical harm or deterioration without protective services, and the adult refuses or is unable to consent to the services.

(b) The petition shall set forth:

1. The name, age and residence of the adult;
2. The proposed protective services; and
3. Facts sufficient to show that:
  - i. The adult is a vulnerable adult in need of services as a result of abuse, neglect or exploitation;
  - ii. The adult will incur a substantial risk of physical harm or deterioration without protective services;

iii. The adult refuses or is unable to consent to the services; and

iv. No other person authorized by law or court order to give consent for the adult is available and willing to arrange for protective services.

(c) The court shall set the case for hearing within three court days after the filing of the petition.

(d) The adult has the right to an attorney of his or her choice or the court shall appoint counsel.

(e) The court may issue an order requiring a psychiatric or psychological assessment or examination to determine the vulnerable adult's understanding or capacity, and the nature of, or reason for the refusal, if the vulnerable adult refuses protective services.

(f) Every reasonable effort shall be made to provide notice of the hearing, including a copy of the petition to the adult, the adult's attorney, legal guardian, spouse or, if none, to his or her adult children or next of kin and caretaker, if any.

(g) A reasonable effort shall be made to provide for the participation of the vulnerable adult at the hearing.

(h) If there has been a psychiatric or psychological assessment or examination of the vulnerable adult, the psychiatrist, psychologist, or licensed clinical social worker shall provide a report to the court and to the attorney for the vulnerable adult.

(i) The judge may issue an order authorizing the provision of protective services if, at the hearing, the judge finds by clear and convincing evidence that:

1. The adult is a vulnerable adult in need of the services as a result of abuse, neglect or exploitation;

2. The adult will incur a substantial risk of physical harm or deterioration without protective services;

3. The adult refuses or is unable to consent to the services;

4. No other person authorized by law or court order to give consent for the adult is available and willing to arrange for protective services; and

5. The report of the psychiatrist, psychologist or licensed clinical social worker, if there has been an assessment or an examination, states that the vulnerable adult lacks the understanding or capacity to refuse the protective services.

(j) The order for non-emergency protective services may designate an individual or organization to be responsible for the provision of, arrangement for, or consent for the protective services on behalf of the adult.

(k) A protective services order shall not exceed 30 days, but may be continued for an additional 30-day period upon application of the county director or his or her designee, and proof that the vulnerable adult would suffer a substantial risk of physical harm or deterioration if the protective services were withdrawn. The court may not grant any further renewal of the order.

#### 8:89-9.6 Permanent change in living situation

No permanent changes in the living situations of an abused, neglected or exploited vulnerable adult shall be made under the authority of the Adult Protective Services Act, P.L. 1993, c.249, N.J.S.A. 52:27D-406 et seq. If a permanent change in the living situation or non-emergency medical treatment is necessary, the appropriate guardianship, conservatorship or civil commitment action shall be initiated by the county adult protective services provider pursuant to applicable State law.

#### 8:89-9.7 Right to review a court order

The vulnerable adult, or the individual or organization responsible for providing protective services for the vulnerable adult, has the right to move for review of a court order pursuant to this act, notwithstanding a finding by the court of a lack of capacity to consent to protective services.

#### 8:89-9.8 Payments from the estate

The court may order payments to be made by or on behalf of the vulnerable adult for protective services from his or her own estate.

### SUBCHAPTER 10. FINANCIAL MANAGEMENT

#### 8:89-10.1 Accountability in formal arrangements

(a) Procedures to ensure fiscal accountability shall be followed if the county adult protective services provider elects to assume responsibility for managing the financial assets of a vulnerable adult in the capacity of a:

1. Representative payee;
2. Legal custodian for veteran's benefits;
3. Financial guardian;
4. Conservator; or
5. Power of attorney.

(b) The county adult protective services provider shall take all appropriate action to safeguard the vulnerable adult's funds including:

1. Maintaining an accurate and complete record of all financial transactions in the vulnerable adult's case record;

2. Keeping separate accounts for each vulnerable adult in order to prevent the commingling of one vulnerable adult's fund's with another account;

3. Providing documentation for all disbursements;

4. Requiring approval of expenditures on behalf of a vulnerable adult by one staff person designated for this function; and

5. Giving vulnerable adults receipts for all cash or valuables received.

### 8:89-10.2 Accountability for informal arrangements

(a) County adult protective services workers may assist vulnerable adults in handling routine financial matters. This informal financial handling may include bill paying and money handling services which consist of:

1. Cashing checks;

2. Purchasing items for the vulnerable adult with cash;

3. Making deposits and withdrawals;

4. Helping vulnerable adults organize and maintain financial records;

5. Explaining amounts due for rent, utilities, medical care, taxes, and other bills; and

6. Preparing checks for signature by the vulnerable adult.

(b) Financial transactions on behalf of vulnerable adults shall only be undertaken with their consent or under court order.

(c) The county adult protective services provider shall establish appropriate accountability measures to ensure proper documentation of all financial transactions conducted by county adult protective services workers on behalf of vulnerable adults.

(d) At a minimum, the county adult protective services provider shall:

1. Give vulnerable adults a receipt for cash or other valuables received for safekeeping or transfer;

2. Have a third party witness transactions involving a vulnerable adult's cash or valuables, when possible;

3. Document all financial transactions in the progress notes, including dates, amounts, and reasons; and

4. Obtain receipts from vulnerable adults for cash or valuables returned to them.

## SUBCHAPTER 11. GUARDIANSHIP AND CONSERVATORSHIP

### 8:89-11.1 Guardianship or conservatorship

(a) The county director or his or her designee may initiate appropriate legal action including, but not limited to, petitioning for guardianship or conservatorship in order to protect a vulnerable adult.

(b) A conservatorship petition shall only be filed if a vulnerable adult is competent and willing to accept a conservator to act as fiduciary.

(c) The county adult protective services provider shall seek guardianship when there is reasonable cause to believe that the vulnerable adult is incompetent, subject to abuse, neglect or exploitation, and cannot be protected with less intrusive measures.

(d) A guardianship petition shall only be filed by the county adult protective services provider when there are no other appropriate persons willing to file for guardianship.

(e) The county adult protective services provider, in petitioning the court for guardianship of a vulnerable adult, shall only seek the specific limited authority needed to protect the vulnerable adult, preserving as much independence as possible.

(f) If guardianship is being planned, the county adult protective services worker shall initiate any applications for public benefits or institutional care that may be necessary for the vulnerable adult's care so that the guardian, on appointment, will be able to act quickly to arrange for appropriate care.

(g) The county adult protective services provider shall attempt to identify a person or agency to serve as a guardian for a vulnerable adult.

(h) The Office of the Public Guardian may be used for adults over the age of 60 or the county adult protective services provider may develop resources within the private bar or with other public or private agencies to serve as guardian.

(i) The county adult protective services provider may petition the court for reimbursement of the following costs from the vulnerable adult's estate:

1. Court costs and filing fees;

2. Attorney fees (retainer or salary equivalent);

- 3. Assessment and appraisal fees;
- 4. Medical and psychiatric evaluations necessary to bring a guardianship petition;
- 5. Costs for staff time and purchased services authorized by a temporary guardian appointed by the court; and
- 6. Other costs involved in filing the guardianship petition.

for a vulnerable adult in a guardianship petition, the county adult protective services worker shall forward a short summary to the Director of Social Work, Office of the Public Guardian, using the Referral to the Office of the Public Guardian form (APS-17) within five working days of the filing of the petition. (See Appendix I, incorporated herein by reference.)

(b) The county adult protective services worker shall assist the Office of the Public Guardian in making an initial visit to the vulnerable adult when requested.

**8:89-11.2 Coordination with the Office of the Public Guardian**

(a) When the county adult protective services provider recommends that the Public Guardian be appointed to act

(c) The county adult protective services worker shall assist the case manager from the Office of the Public Guardian in identifying local service agencies which could be used in carrying out the recommended plan of care.

**APPENDIX A**

**STATE OF NEW JERSEY**

**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

**GRANT/LOAN AGREEMENT**

Agreement Number \_\_\_\_\_ Date \_\_\_\_\_

Account Number \_\_\_\_\_

Program \_\_\_\_\_

\_\_\_\_\_

Recipient \_\_\_\_\_

\_\_\_\_\_

Agreement Pages 1 through \_\_\_\_\_

## APPENDIX B

STATE OF NEW JERSEY  
GRANT/LOAN PROVISIONS BETWEEN

## THE DEPARTMENT OF HEALTH AND SENIOR SERVICES

AND

(RECIPIENT)

AGREEMENT NUMBER \_\_\_\_\_

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APPENDIX C

**Adult Protective Services Inappropriate Referral**



<b>County:</b> _____		<b>Date:</b> _____	
<b>Name of Subject</b>		<b>Name of Referrer Address/Phone</b>	
<b>Nature of Referral</b>			
<b>Disposition</b>			
<b>Worker:</b> _____		<b>Date:</b> _____	
<b>Supervisor:</b> _____		<b>Date:</b> _____	

APPENDIX D

State of New Jersey  
 Department of Health and Senior Services  
 Division of Senior Affairs



ADULT PROTECTIVE SERVICES TRANSMITTAL FORM

**Submit to:** APS Information Systems  
 Division of Senior Affairs  
 POBox 807  
 Trenton, NJ 08625-0807

Registration Number	2 (X)	3 (X)	Registration Number	2 (X)	3 (X)	Registration Number	2 (X)	3 (X)
1.			21.			41.		
2.			22.			42.		
3.			23.			43.		
4.			24.			44.		
5.			25.			45.		
6.			26.			46.		
7.			27.			47.		
8.			28.			48.		
9.			29.			49.		
10.			30.			50.		
11.			31.			51.		
12.			32.			52.		
13.			33.			53.		
14.			34.			54.		
15.			35.			55.		
16.			36.			56.		
17.			37.			57.		
18.			38.			58.		
19.			39.			59.		
20.			40.			60.		

TOTAL NUMBER 2's \_\_\_\_\_ County \_\_\_\_\_

TOTAL NUMBER 3's \_\_\_\_\_ Submitted by \_\_\_\_\_

PERIOD COVERED \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX E

State of New Jersey
Department of Health and Senior Services
Division of Senior Affairs



ADULT PROTECTIVE SERVICES PROGRAM REGISTRATION

County:

I. REFERRAL:

1. Date of Referral
2. Registration No.
3. Name of Client
Address
City State Zip
Phone: ( )
4. Mun. Code
5. Living Arrangement (Check One)
6. Referral made by: Name
Name of Agency
Address:
City State Zip
Phone: ( )
7. Referral Source (Check One)

Referral Information:

8. Type of Referral:
(Check primary one)

- Abuse
1. Physical
2. Psychological
3. Sexual

- Neglect
4. Self
5. Caretaker
6. Caretaker (Overwhelmed)

- Exploitation
7. Financial
8. Personal

9. Referral Description:
Date Worker

II. RESPONSE:

10. Date of Initial Investigation Mo. Da. Yr.

11. Initial Findings:

Client 12. Age: 13. Birthdate: 14. Sex M F 15. Ethnicity 1. Caucasian 2. Black 3. Hispanic 4. American Indian 5. Asian 6. Other
16. S.S.I Y N 17. Marital Status: One Married Single Widowed Divorced
18. Income Monthly (Check One) 1. 0-No Income 2. 1-350 3. 351-500 4. 501-1300 5. 1300-over
19. Initial Referral Substantiated Y N If no, was another problem substantiated? Y N
If yes, enter code (from Section #8)
20. Case Accepted Y N 21. Case Re-opened Y N
22. Date Worker 23. Code

APPENDIX F

State of New Jersey  
 Department of Health and Senior Services  
 Division of Senior Affairs



**ADULT PROTECTIVE SERVICES TERMINATION**

County: \_\_\_\_\_

Client's Name	Registration No.
<b>1. Services Provided:</b> <input type="checkbox"/> 1. Homemaker/Health Care <input type="checkbox"/> 6. Emergency Shelter <input type="checkbox"/> 11. Guardian-Agency Appointed <input type="checkbox"/> 2. Chore/Cleaning <input type="checkbox"/> 7. Medical Care <input type="checkbox"/> 12. Access to Subject <input type="checkbox"/> 3. Respite <input type="checkbox"/> 8. Representative Payee <input type="checkbox"/> 13. Emergency Order <input type="checkbox"/> 4. Day Care <input type="checkbox"/> 9. Guardianship-Agency Assisted <input type="checkbox"/> 14. Non-emergency Order <input type="checkbox"/> 5. Food/Clothing <input type="checkbox"/> 10. Guardianship-Agency Filed <input type="checkbox"/> 15. Caretaker Non-interference Order <input type="checkbox"/> 16. Records Access	
<b>2. Risk Factors:</b> Is client functionally impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, check only one primary functional impairment.  <input type="checkbox"/> 1. Physical Impairment <input type="checkbox"/> 2. Mental Impairment <input type="checkbox"/> 3. Both physical and mental impairment <input type="checkbox"/> 4. Mental Retardation <input type="checkbox"/> 5. Dementia/Alzheimers	
<b>3. Dependency Factors:</b> 1. Is client dependent on others for activities of daily living? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is family involved in providing care or financial assistance to client? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Does client have a substance abuse problem? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> DRUG <input type="checkbox"/> ALCOHOL <input type="checkbox"/> BOTH	
<b>4. Alleged Perpetrator:</b> Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, proceed to Section 5) 1. Was alleged perpetrator identified? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Was alleged perpetrator interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No Age _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F 3. Reported to Prosecutor? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Alleged Perpetrator's Relationship to Client: (Check One) <input type="checkbox"/> 1. Spouse <input type="checkbox"/> 2. Son <input type="checkbox"/> 3. Daughter <input type="checkbox"/> 4. Other relative <input type="checkbox"/> 5. Non-relative	
<b>5. APS TERMINATION: a. Housing at termination (check one)</b> <input type="checkbox"/> 1. Private Residence <input type="checkbox"/> 5. Mental Institution <input type="checkbox"/> 2. Boarding Home or RHC <input type="checkbox"/> 6. Homeless <input type="checkbox"/> 3. Rooming House <input type="checkbox"/> 7. Other _____ <input type="checkbox"/> 4. Nursing Home	<b>b. Reason for termination (check one)</b> <input type="checkbox"/> 1. No longer at risk <input type="checkbox"/> 5. Referred to another program <input type="checkbox"/> 2. Unable to locate <input type="checkbox"/> 6. Moved out of state <input type="checkbox"/> 3. Refused services <input type="checkbox"/> 7. Transferred to another APS program <input type="checkbox"/> 4. Deceased <b>c. Effective Date</b> _____
<b>7. Case Summary:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
<b>Worker:</b> _____	<b>Date:</b> _____

APPENDIX G

Department of Health and Senior Services  
Division of Senior Affairs



APS-5  
page 1 of 7

Adult Protective Services  
Client Evaluation Form

I. EVALUATION SUMMARY

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Report Received: \_\_\_\_\_ Registration #: \_\_\_\_\_

Allegation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Substantiated	Not Substantiated
Abuse:	<input type="checkbox"/>	<input type="checkbox"/>
Neglect:	<input type="checkbox"/>	<input type="checkbox"/>
self	<input type="checkbox"/>	<input type="checkbox"/>
caregiver	<input type="checkbox"/>	<input type="checkbox"/>
Exploitation	<input type="checkbox"/>	<input type="checkbox"/>

If substantiated, is the subject:

lacking in capacity  Y  N

If yes, is this due to:

- physical impairment
- mental impairment
- alcoholism or substance abuse

willing to accept services  Y  N  somewhat

LEVEL OF RISK (check all that apply)

	high	low	none
Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTION TAKEN

Case accepted  Case not accepted

Referred to: \_\_\_\_\_

SIGNATURES

Worker	Supervisor
Date	Date

II. CLIENT ASSESSMENT

Check those items that are characteristic of the client or situation and use the comments to explain items checked. This section is also used to add any items and to identify strengths as well.

a. Client Appearance (describe)	COMMENTS
<b>b. Mental Functioning</b>	
<b>1. Mental Status</b>	
<input type="checkbox"/> disoriented to time <input type="checkbox"/> disoriented to place <input type="checkbox"/> disoriented to person <input type="checkbox"/> incoherent <input type="checkbox"/> poor memory <input type="checkbox"/> depressed, withdrawn <input type="checkbox"/> confused <input type="checkbox"/> severely anxious <input type="checkbox"/> unreasonably fearful <input type="checkbox"/> cannot follow conversation <input type="checkbox"/> faulty judgment/reasoning <input type="checkbox"/> frequent calls to police <input type="checkbox"/> mini-mental score, if appropriate <input type="checkbox"/> mental retardation	
<b>2. Depression</b>	
<input type="checkbox"/> change in eating patterns <input type="checkbox"/> change in sleeping patterns <input type="checkbox"/> recent loss <input type="checkbox"/> decreased social interaction <input type="checkbox"/> loss of interest	
<b>3. Mental Illness</b>	
<input type="checkbox"/> psychiatric history <input type="checkbox"/> bizarre behavior <input type="checkbox"/> hears voices <input type="checkbox"/> visual hallucinations <input type="checkbox"/> inappropriate affect	
<b>4. Alcoholism/Substance Abuse</b>	
<input type="checkbox"/> previous history <input type="checkbox"/> smells of alcohol <input type="checkbox"/> slurred speech <input type="checkbox"/> dilated pupils <input type="checkbox"/> frequent falls <input type="checkbox"/> bottles present <input type="checkbox"/> frequent car accidents <input type="checkbox"/> abuse of Rx medications	
<b>c. Physical Functioning Deficits</b>	
<input type="checkbox"/> continence <input type="checkbox"/> vision <input type="checkbox"/> hearing <input type="checkbox"/> mobility <input type="checkbox"/> speech <input type="checkbox"/> chewing/swallowing	



**III. OTHERS INVOLVED WITH SUBJECT**

**a. Others in household and relationship to subject**

**b. Family members, significant others not in household**

**c. Important Medical Information on Subject**

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Doctor's name: \_\_\_\_\_ Last seen: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health insurance:

Advance directive:  yes  no If yes, indicate where kept: \_\_\_\_\_

**d. Current arrangements for home care and other assistance**

**IV. CAREGIVER INTERVIEW SUMMARY**

List caregiving tasks: \_\_\_\_\_

a. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

**Check and comment on problem areas in the caregiving relationship**

- knowledge about care needs
- financial ties to subject
- reliability
- coping ability
- mental limitations
- physical limitations
- suspected substance abuse
- excessive use of alcohol
- appears overburdened
- appears mentally disturbed
- will not allow services

b. Caregiver's account of situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. ALLEGED PERPETRATOR INTERVIEW SUMMARY**

a. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

If alleged perpetrator is not also the caregiver, check and comment on problem areas.

- knowledge of care needs
- financial ties to subject
- reliability
- coping ability
- mental limitations
- physical limitations
- suspected substance abuse
- excess use of alcohol
- appears overburdened
- appears mentally disturbed
- will not allow services

b. Alleged perpetrator interviewed:  yes  no If yes, date: \_\_\_\_\_

c. Perpetrator's account of situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





APPENDIX H

State of New Jersey  
Department of Health and Senior Services  
Division of Senior Affairs



Adult Protective Services Program  
Critical Incident Report Form

APS Provider Agency:

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Description of the incident with relevant dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Person(s), if any, making the complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Background of the situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Actions taken by APS to deal with the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Follow-up action planned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Involvement of other parties (prosecutor, police, public officials, media, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Action requested of the Division of Senior Affairs (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor

Note: Attach a copy of the Client Evaluation Form-APS-5.

APPENDIX I

State of New Jersey  
Department of Health and Senior Services  
Division of Senior Affairs  
Adult Protective Services Program



**Referral to the Office of the Public Guardian** County: \_\_\_\_\_

Client name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ SSA # \_\_\_\_\_

\_\_\_\_\_

Date Filed \_\_\_\_\_ Affairs \_\_\_\_\_ Hearing Date \_\_\_\_\_

Provider name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

1. Reason Guardianship petition filed: \_\_\_\_\_

\_\_\_\_\_

2. Recommendations for care:  institutional  community  other

3. Recommended providers: (nursing home, home care agencies, family members, involved others, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Family involvement (describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Summary of financial status: a. monthly income \_\_\_\_\_ tot. value of assets \_\_\_\_\_

b. status of applications for public and other benefits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPENDIX J

APS-18  
8/94

REQUEST FOR INFORMATION PURSUANT TO  
THE ADULT PROTECTIVE SERVICES ACT  
P.L. 1993, c. 249 c.52:27d-406

Date: \_\_\_\_\_

To: \_\_\_\_\_  
name and title

Re: \_\_\_\_\_  
adult's name /date of birth

\_\_\_\_\_ address

\_\_\_\_\_ address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The \_\_\_\_\_ has been designated by the Department of Health and Senior Services as an adult protective services provider agency . We evaluate reports of abuse, neglect, and exploitation of vulnerable adults under the authority of the Adult Protective Services Act cited above.

An evaluation is being conducted on \_\_\_\_\_ and access to your records on this adult is necessary to complete the evaluation. The Adult Protective Services Act provides for your cooperaton in Section 5e as follows:

"Records of public agencies, private organizations, banks and other financial institutions, medical institutions and practitioners, which the county director or his designee believes to be necessary to complete the evaluation, shall be made available to the county adult protective services provider."

Access to both past and present records on this adult is necessary to assist us in determining whether abuse, neglect or exploitation is occurring. Immunity from civil and criminal liability in the release of these records is provided by Section 4c of the Adult Protective Services Act.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_ address

\_\_\_\_\_ Supervisor

\_\_\_\_\_

\_\_\_\_\_ APS Worker

\_\_\_\_\_

\_\_\_\_\_ phone

8102A

APPENDIX K

APS-19  
8/94

SAMPLE LETTER - FOR SUBJECT WHEN NO PERSONAL CONTACT HAS BEEN MADE

Date \_\_\_\_\_

Dear \_\_\_\_\_

My agency, the \_\_\_\_\_ is responsible for reaching out to older adults and people with disabilities when the possibility of serious harm exists. This responsibility is carried out under the Adult Protective Services Act passed in 1994, C.52:27d-406. I recently attempted to contact you and you were not at home. The purpose of my visit is to evaluate your circumstances. If you need assistance with medical or social services, information on benefits, or help with family problems, I may be in a position to help you.

I am planning to be in your area on \_\_\_\_\_ and would like to visit you at home on that date at \_\_\_\_\_ o'clock. If this is not convenient for you, please contact me at \_\_\_\_\_.

If I do not hear from you, I look forward to meeting with you on that date.

Sincerely,

9865A

APPENDIX L

APS-20  
8/94

Date \_\_\_\_\_

SAMPLE LETTER - WHEN A SUBJECT OR CAREGIVER REFUSES AN EVALUATION VISIT

Dear \_\_\_\_\_:

When I spoke with you on \_\_\_\_\_, you indicated that you did not want me to visit with you to evaluate your situation. I am writing to you because I would like to be sure that you understand my reason in asking to meet with you. It is my job is to reach out to older adults and people with disabilities when they may be at risk of serious harm. My agency, the \_\_\_\_\_ is legally required to look into potentially harmful situations involving vulnerable adults under the Adult Protective Services Act enacted in 1994, C.52:27d-406.

I am requesting your cooperation and am hoping that you will reconsider.

If you need assistance in arranging for medical or social services, information on benefits, or help with family problems, I may be of assistance to you.

I am planning to be in your area on \_\_\_\_\_ and could visit with you in this date. If this is not convenient for you, please contact me at \_\_\_\_\_. I look forward to meeting with you.

Sincerely,

APPENDIX M

APS-21

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF SENIOR AFFAIRS  
APS REPORTING SYSTEM  
QUARTERLY PROJECT REPORT

YEAR \_\_\_\_\_ COUNTY \_\_\_\_\_ PROJECT 825 to \_\_\_\_\_  
REPORT PERIOD

PROJECT NAME: APS Adult Protective Service

LINE ITEM	CASH
1. Personnel	\$ _____ .00
2. Purchase of Services	\$ _____ .00
3. Travel	\$ _____ .00
4. Training	\$ _____ .00
5. XXXXXXXXXX	\$ <u>N/A</u> .00
6. XXXXXXXXXX	\$ <u>N/A</u> .00
7. Administrative Alloc.	\$ _____ .00
8. Other	\$ _____ .00
9. XXXXXXXXXX	\$ <u>N/A</u> .00
10. Total Expenses	\$ _____ .00

QUARTERLY LEVEL OF SERVICE

SERVICE CODE: 925 NUMBER OF REFERRALS (BASIC): \_\_\_\_\_  
 SERVICE CODE: 926 NUMBER OF REFERRALS (SUPPL): \_\_\_\_\_  
 SERVICE CODE: 927 NUMBER OF REFERRALS (ALL FUNDS): \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE. THAT ALL ADJUSTMENTS ARE COMPLETELY ACCOUNTED FOR, AND THAT ALL COSTS REPORTED HEREIN WERE ACCRUED IN ACCORDANCE WITH THE CONDITIONS OF THIS GRANT

PREPARED BY: \_\_\_\_\_, Project Preparer DATE: \_\_\_\_\_  
REVIEWED BY: \_\_\_\_\_, Project Director DATE: \_\_\_\_\_

STATE OF NEW JERSEY  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF SENIOR AFFAIRS

APS-22

AGENCY \_\_\_\_\_

COUNTY \_\_\_\_\_

ADULT PROTECTIVE SERVICES PROGRAM  
 CONTRACT BUDGET SUMMARY

199\_\_

BUDGET CATEGORY	FUNDING SOURCE GRANT AMOUNT									TOTAL
PERSONNEL SALARIES										
PURCHASE OF SERVICES										
LEGAL										
CLIENT										
HOME CARE										
MISC. PURCHASE										
TRAVEL										
TRAINING										
ADMINISTRATION										
OTHER										
TOTALS										

Financial Officer's Certification: \_\_\_\_\_

Date: \_\_\_\_\_

APPENDIX 0

STATE OF NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF SENIOR AFFAIRS			
AGENCY _____		APS-23	
COUNTY _____		<b>ADULT PROTECTIVE SERVICES PROGRAM</b>	
		<b>PERSONNEL SUMMARY</b>	
		199__	
POSITION TITLE	NAME OF EMPLOYEE	FULL TIME EQUIVALENCE IN APS	ANNUAL SALARY
<b>TOTALS</b> →			

Financial Officer's Certification: \_\_\_\_\_

Date: \_\_\_\_\_

APPENDIX P

APS-24

New Jersey Division of Senior Affairs  
 PO Box 807  
 Trenton, N. J. 08625-0807

**BUDGET PROPOSAL - ADULT PROTECTIVE SERVICES**

County: \_\_\_\_\_

1. Title of Project. <p style="text-align: center;"><b>Adult Protective Services</b></p>	
2. Agency Director (Name, Title, Dept and Address, Street, City State, Zip Code)	5. Dates of: From Through Amount a. Basic Allocation: 1/1/95 12/31/95 \$ b. Suppl. Allocation: 1/1/95 12/31/95 \$ 6. Type of Organization: CWA _____ AAA _____ Private Non-Profit Agency _____
3. Program Contact (Name, Address Street, City, State, Zip Code)	7. Payee (Specify to whom checks should be sent: Name, Title, Address)
4. Official Authorized to sign for applicant Agency: (Name, Address, Title)	8. Source and Funding: Total DoA APS funding: \$ _____ Total Other APS funding \$ _____ Total Program Costs \$ _____
Fiscal Contact Person: _____ Phone: _____ Program Contact Person: _____ Phone: _____	
Levels of Service: Total number of referrals to be responded to in 1995: _____ Total number funded by DoA basic allocation: _____ Total number funded by DoA supplemental allocation: _____	

APS: 10/27/94