

form 716		State of Maryland – Adult Protective Services Program INTAKE RECORD				1. DATE OF REFERRAL 2/14/2013 AM	
						2. EMERGENCY?	
3. CLIENT NAME			4. CLIENT TELEPHONE		5. CASE NUMBER	6. LOCAL DSS St. Mary's County	
7. CLIENT ADDRESS (include city, state, zip code)			8. DIRECTIONS TO CLIENT'S HOME				
9. REFERRAL SOURCE		10. RELATIONSHIP TO CLIENT			11. ADDRESS		12. TELEPHONE -
13. SPOUSE				14. SCREENER			
	DATE OF BIRTH	RACE	SOCIAL SECURITY #	SEX	RELIGION	MARITAL STATUS	HEALTH INSURANCE INFORMATION
CLIENT							
SPOUSE							
15. CAN REFERRAL SOURCE BE RELEASED TO THE CLIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			16. IS THE CLIENT AWARE OF REFERRAL? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. REPORTED RISK FACTORS <input type="checkbox"/> ABUSE <input type="checkbox"/> SELF NEGLECT <input type="checkbox"/> NEGLECT BY OTHERS <input type="checkbox"/> EXPLOITATION <input type="checkbox"/> OTHER (explain)		
18. INCOME (list amount and source)		19. ASSETS?		20. OTHERS IN HOUSEHOLD		21. INTERESTED OTHERS (Agencies, Physicians, etc.)	
22. REPORTED SITUATION							
23. REPORTED MEDICAL/PSYCHIATRIC PROBLEM							
24. DISPOSITION OF REFERRAL							
25. SUPERVISOR'S SIGNATURE			26. DATE		27. WORKER ASSIGNED		28. DATE