

# **Pennsylvania Department of Aging Area Agency on Aging Older Adult Protective Services Notification of Suspected Elder Abuse to Officials**

## **Instructions**

This notification form is to be completed by the Area Agency on Aging (AAA) to report older adult protective services cases to appropriate external officials as outlined in the Older Adult Protective Services Act (OAPSA) as follows:

1. In accordance with OAPSA § 15.46 promoting cooperation and collaboration between law enforcement and AAAs, and § 15.46(a)(3) specifically related to establishing procedures for reporting suspected criminal conduct to law enforcement, the Department has established a procedure for AAAs to notify law enforcement of suspected criminal conduct as outlined in OAPSA § 15.152(a):
  - o When a AAA receives a suspected report of elder abuse which also alleges any criminal conduct offense has been perpetrated against the older adult victim, the AAA shall immediately provide oral notification, followed by a written report within 48 hours, to the appropriate local law enforcement officials and the District Attorney's Office in the jurisdiction where the suspected abuse is alleged to have occurred.
2. In accordance with OAPSA § 15.154 the Coroner's Office notification requirement:
  - o If it is suspected that the alleged victim died as a result of the reported abuse the AAA must make an oral report followed by a written report to the county coroner of the county where the death occurred.
3. In accordance with OAPSA under §15.46(g) the Coroner's Office and Law Enforcement notification requirement:
  - o If the death of an older adult reported to need protective services occurs prior to the AAA's investigation of a report of need, during an investigation, or at any time prior to the closure of the protective services case, and there is some nexus between the death and the need for protective services, the AAA shall immediately report that death to the police and the county coroner. This is the requirement for both voluntary and mandatory reports received by the AAA.
4. In accordance with state and federal laws, (Social Security Act § 1903(q), 42 CFR § 1007.11, 18 Pa. C.S.A. §§ 2713(d)(2), 2713.1(d)(2), 3922.1(d), and the Pennsylvania Commonwealth Attorney's Act, 71 P.S. §§ 732-205(a)(6)(8)):
  - o The Office of Attorney General shall be notified concurrently of all reports received meeting the standard of abuse and neglect of a care dependent person.

The AAA shall send this completed notification form to the appropriate official(s) and the AAA shall keep a copy of this completed form for its records by attaching it to the appropriate case file in the Pennsylvania Department of Aging's designated information system.

# NOTIFICATION OF SUSPECTED ELDER ABUSE

Official Notification (Check all that apply and list):

- ☐ Local Law Enforcement \_\_\_\_\_ ☐ PA State Police \_\_\_\_\_
- ☐ Attorney General's Office \_\_\_\_\_ ☐ Coroner \_\_\_\_\_
- ☐ Other/Specify \_\_\_\_\_

Sent by Area Agency on Aging (AAA): \_\_\_\_\_ Notification Date: \_\_\_\_\_

## Alleged Abuse – Reason for Referral

Check all appropriate reasons for referral:

- ☐ Suspicious Death ☐ Sexual Abuse ☐ Serious Physical Injury ☐ Caregiver Neglect with Serious Injury
- ☐ Other/Specify: \_\_\_\_\_

Date AAA received Report of Abuse: \_\_\_\_\_

## Nature and Extent of Alleged Abuse (Brief Narrative)

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**Note to Law Enforcement Official: Please inform the AAA of the status of the investigation within 48 hours of receipt.**

## Previous Indicated or Substantiated Reports:

Involving Older Adult: ☐ Yes ☐ No

Involving Perpetrator: ☐ Yes ☐ No

## Older Adult Information

Older Adult Name (First, Initial, Last): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_  
\_\_\_\_\_

County of Residence: \_\_\_\_\_

## **Current Residence if Different Than Above:**

Current Address (Street, City, State, Zip): \_\_\_\_\_  
\_\_\_\_\_

## Primary Contact Information

Primary Contact Name (First, Initial, Last): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_  
\_\_\_\_\_

County of Residence: \_\_\_\_\_

Relationship to Older Adult: \_\_\_\_\_

Power of Attorney (if different than primary contact): \_\_\_\_\_

Guardian (if different than primary contact): \_\_\_\_\_

**Person of Interest Information**

Perpetrator Name (First, Initial, Last): \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Check One: ☐ Alleged ☐ Substantiated

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Relationship to Older Adult: \_\_\_\_\_

Address or Location Where Abuse Occurred (be as specific as possible): \_\_\_\_\_

**Confidential Informant: (Please Protect the Identity of this Person)**

☐ When checked, the Area Agency on Aging is prohibited from releasing the identity of the reporting source. Under §15.105(5), releasing the identity of a voluntary reporter or a person who cooperated in a subsequent investigation is prohibited unless the PA Secretary of Aging can determine that the release will not be detrimental to the safety of the person.

Confidential Informant Name (First, Initial, Last): \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Area Agency on Aging Information**

Area Agency on Aging Name: \_\_\_\_\_

Agency Address (Street, City, State, Zip): \_\_\_\_\_

Name of Worker (First, Initial, Last): \_\_\_\_\_

Worker Signature: \_\_\_\_\_

Supervisor (First, Initial, Last): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

AAA Contact Information (Phone number/email, etc.): \_\_\_\_\_

**Attachments**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_