Insert Date Here

Insert Reporter Name Here

Insert Reporter Address Here

Insert Reporter City, State, Zip Here

RE: Insert Adult Name Here

Dear Insert Reporter Name Here,

Our agency appreciates the concern you demonstrated for the above-named adult when you contacted our Adult Protective Services (APS) Unit.

In accordance with North Carolina Law (N.C.G.S. 108A-101) three separate criteria must be met for APS to conduct an APS evaluation:

1. The adult must be disabled.
2. The allegations must indicate the adult is being abused, neglected and/or exploited.
3. The adult is alleged to be in need of protective services at the current time.

The following marked boxes indicate the actions taken after receiving your report:

[ ]  We will evaluate the need for protection based on the allegations. At the completion of the evaluation, you will be notified of the findings.

[ ]  An APS evaluation will not be completed as your referral does not meet the criteria because: Describe screen out rationale here.

[ ]  We will refer the report to the District Attorney’s Office and/or Law Enforcement.

[ ]  We will refer the report to the Division of Facility Services/Adult Home Specialist.

[ ]  We are referring you to the following other appropriate community resources that may be available to assist: List additional referrals here.

If you believe you have additional information that may change this decision, please contact me at      .

Thank you again for your concern.

Sincerely,

Social Worker Social Worker Supervisor