# **North Carolina Department of Health and Human Services**

# **Division of Aging and Adult Services**

**Notice to Administrator: Completion of Evaluation**

Insert Date Here

Insert Facility Name Here

Insert Administrator Name Here

Insert Administrator Address Here

Insert Administrator City, State, Zip Here

RE: Insert Adult Name Here

Dear Insert Administrator Name Here,

An Adult Protective Services (APS) report has been received and evaluated on the resident named below.

Resident’s name:

Summary of alleged complaint:

Results of the Protective Services evaluation:

Evidence of abuse was found

Evidence of neglect was found

Evidence of exploitation was found

No evidence of abuse, neglect or exploitation was found

The need for protective services was substantiated

The need for protective services was not substantiated

General statement about how the conclusion was reached:

Sincerely,

Social Worker Social Worker Supervisor