

## STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES Report Form For Protective Services For The Elderly

To Refer a Connecticut Protective Service Case Call: 1-888-385-4225 Toll Free

Call the Protective Services for the Elderly at the Department of Social Services during business hours at the toll-free line: 1-888-385-4225 or Info-line at 211 (<u>after business hours, weekends or state holidays</u>) if you have any reason to believe or suspect that the elderly person cited below is being abused, neglected, exploited or abandoned. You may complete this form and forward it to the DSS Central Office via Fax 860-424-5091 or mail to **55 Farmington Avenue**, **Hartford**, **CT 06105**.

Pursuant to Sec. 17b-451 of the Connecticut General Statutes, certain individuals are mandated to report suspected abuse, neglect, exploitation, or abandonment. If you are making a written referral, complete this form giving as much information as you have available to you.

I. INDIVIDUAL BEING REFERRED (Person in need of protection)					
(Last Name) (First)		(M.I.)	Age:	Date of Birth:/	
ADDRESS (No. & Street) (City or Town & Zip Co			ode)	Phone (include area code):	
SOCIAL SECURITY NUMBER:		LANGUAGE SPOKEN:			
RELEVANT PERSONS: In-Home or Not in Home (attach additional sheets, if needed)					
NAME RELATION:	RELATIONSHIP		CURRENT ADDRESS		
II. REASON FOR REFERRAL (Check all appropriate categories, not mutually exclusive)					
☐ Abuse ☐ Neglect	☐ Exploitation ☐ Abandonment				
Date of Alleged Incident (If Known)					
Give Details (attach additional sheets, if needed ):					
Civo Botane (attaon additional choose, il moodod )					
Name of Suspected Perpetrator (If Known)		Relative (Specify)		Other (Specify)	
Is State or local police involved?					
Individual has Physical Problems?					
Give details of physical problems/limitation:					
Is individual on any public assistance programs? ☐ Yes ☐ No If "Yes" (Specify): ☐ Title XIX (Medicaid) ☐ SNAP ☐ Town ☐ SSI / SSA ☐ Medicare  Other (Specify)					
III. REFERRAL SOURCE:					
NAME:	ADDR	ADDRESS:			
Does referral source wish to be: ☐ Anonymous☐ Identified ☐ Does Not Want to be Identified		Relationship to Elderly Person: Phone (include area code):			
Signature		Printed Na	me	 Date	
Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at 1-800-842-4524. Persons, who are blind or visually impaired, can contact DSS at 1-860-424-5040.					