



# ELDER ABUSE TASK FORCE

## Internal Use Only: Information for Financial Exploitation Prevention Act Referral to Adult Protective Services (APS) or Law Enforcement

**Important:** To make a report of suspected or detected covered financial exploitation to APS or law enforcement under the Financial Exploitation Prevention Act, you must contact APS or law enforcement as provided in rule 14.25 of administrative rule set 2021-34-AG. This form is provided as an optional tool for **internal use only** by financial institutions.

**General Instructions:** Please be prepared to provide the information below, if known. If any of the information requested is not known, leave the question(s) blank and inform adult protective services or law enforcement that the requested information is "unknown." Please be aware that law enforcement may not require all of the information listed on this form.

### Demographic Information of Customer

<b>Name:</b>	<b>Address:</b>		
<b>Gender:</b>	<b>Phone number:</b>		
<b>Race:</b>	<b>Date of Birth:</b>		
<b>Marital Status:</b>	<b>Non-English Speaking:</b>	<b>Yes</b>	<b>No</b>
<b>Language(s) Spoken:</b>			
<b>Native American Heritage:</b>	<b>Yes</b>	<b>No</b>	
<b>Name of Tribe:</b>			
<b>Live on Reservation/Trust Land:</b>	<b>Yes</b>	<b>No</b>	

### Reporting Source Information

<b>Name of Person Making Referral:</b>
<b>Name of Bank/Credit Union:</b>
<b>Email Address to receive assignment or denial email:</b>
<b>Address where to send the formal assignment or denial letter:</b>
<b>Phone number of person to contact about the referral:</b>

## Details of Suspected or Detected Covered Financial Exploitation

### Why are you making the referral?

Please include information on whether the situation is ongoing and how much money is involved.

## Legal Representative Name

Representative Payee Name and Phone Number:

Power of Attorney or Durable Power of Attorney Name and Phone Number:

Conservator Name and Phone Number:

Guardian Name and Phone Number:

## Housing Arrangements

Customer lives alone:

Yes

No

Customer has a caregiver:

Yes

No

Provide name(s) and relationship of those living with the customer and caregiver (if any):

## Health Information

Do you know customer's health information?

Yes

No

If Yes, provide any known diagnoses and primary or treating physician's name:

## Others Aware of Situation

Name:

Address:

Phone Number:

Relationship to Customer:

## Alleged Perpetrator

<b>Name:</b>
<b>Address:</b>
<b>Phone Number:</b>
<b>Relationship to Customer:</b>

## Reported Concerns to Another Agency (include name or jurisdiction of agency)

<b>Law Enforcement:</b>
<b>Adult Protective Services:</b>
<b>Prosecutor:</b>

## Safety Concerns with Customer

<b>Weapons in home:</b>
<b>People living with could be dangerous:</b>
<b>Pets to be aware of:</b>
<b>Other:</b>

## Centralized Intake (APS) Question for Financial Exploitation Referral

### Financial Exploitation

<b>Does a caregiver or someone else control money without legal authority?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Is there any evidence of joint bank account unauthorized use?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Do you have any examples where a guardian or conservator is abusing their authority?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Has there been recent purchase(s) that do not seem to benefit the person like:</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<ul style="list-style-type: none"> <li>• New vehicle but the victim does not drive.</li> <li>• New or missing credit cards.</li> <li>• New mortgage or quitclaim deed.</li> <li>• Large ticket purchases that the victim does not or cannot use (time shares, tractor, recreational vehicles, memberships).</li> </ul>				
<b>Examples of any of the following money transactions:</b>				
<b>Unusual banking activity.</b>	<input type="checkbox"/>	<b>ATM withdrawals by someone other than the victim.</b>	<input type="checkbox"/>	
<b>Pattern of online banking when victim does not access the internet.</b>	<input type="checkbox"/>	<b>Checks written for cash.</b>	<input type="checkbox"/>	
<b>Large/unusual cash withdrawals</b>	<input type="checkbox"/>	<b>Withdrawals at unusual places (restaurants/bars unfamiliar to the victim) or at a casino.</b>	<input type="checkbox"/>	

**Additional Questions** (this information is important to assess vulnerability of the alleged victim)

**How long has the victim been your customer?**

**Have there been changes in the customer's financial habits?**

**Does the customer seem confused and/or not properly cared for (i.e. not properly nourished, unbathed, or otherwise disheveled)?**

**Does the customer come in alone or is someone coming with them?**

**Does the customer seem fearful?**

**Does the person with the customer try to prevent employees from meeting with the customer privately?**

**Why do you think the customer is vulnerable?**

**Additional Comments/Concerns**