

## FOR USE BY FINANCIAL INSTITUTIONS REPORT OF SUSPECTED DEPENDENT ADULT/ELDER FINANCIAL ABUSE

**[CONFIDENTIAL - Not subject to public disclosure]**

DATE COMPLETED: \_\_\_\_\_

*TO BE COMPLETED BY REPORTING PERSON. PLEASE PRINT OR TYPE.*

### A. VICTIM

NAME (LAST NAME FIRST)	AGE	DATE OF BIRTH	SSN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
ADDRESS (IF FACILITY, INCLUDE NAME)	CITY	ZIP CODE	TELEPHONE		
PRESENT LOCATION (IF DIFFERENT FROM ABOVE)	CITY	ZIP CODE	TELEPHONE		
<input type="checkbox"/> ELDERLY (65+) <input type="checkbox"/> DEVELOPMENTALLY DISABLED <input type="checkbox"/> MENTALLY ILL/DISABLED <input type="checkbox"/> PHYSICALLY DISABLED <input type="checkbox"/> UNKNOWN/OTHER					

### B. INCIDENT INFORMATION - WHERE INCIDENT OCCURRED

PLACE OF INCIDENT (✓ CHECK ONE)	
<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OWN HOME <input type="checkbox"/> CARE FACILITY <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> UNKNOWN	
ADDRESS WHERE INCIDENT(S) OCCURRED	DATE/TIME OF INCIDENT(S)

### C. REPORTER'S OBSERVATIONS

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(ATTACH ADDITIONAL PAGES IF NECESSARY)

### D. TARGETED ACCOUNT

ACCOUNT NUMBER: (LAST 4 DIGITS)	TYPE OF ACCOUNT: <input type="checkbox"/> DEPOSIT <input type="checkbox"/> CREDIT <input type="checkbox"/> OTHER	TRUST ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OF ATTORNEY: <input type="checkbox"/> YES <input type="checkbox"/> NO	DIRECT DEPOSIT: <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER ACCOUNTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

### E. SUSPECT INFORMATION

NAME OF SUSPECTED ABUSER(S)	ADDRESS	DATE OF BIRTH	AGE (ESTIMATE IF UNKNOWN)
RELATIONSHIP TO VICTIM			
<input type="checkbox"/> CARE CUSTODIAN <input type="checkbox"/> PARENT <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> HEALTH PRACTITIONER <input type="checkbox"/> SPOUSE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			

### F. OTHER PERSON(S) BELIEVED TO HAVE KNOWLEDGE OF ABUSE - (family, significant others, neighbors, medical providers and agencies involved, etc.)

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP
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### G. TELEPHONE AND WRITTEN REPORTS

TELEPHONE REPORT MADE TO: <input type="checkbox"/> Local APS <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Local Ombudsman			
NAME OF OFFICIAL CONTACTED BY PHONE		TELEPHONE	DATE/TIME
REPORTED BY	TITLE	TELEPHONE	DATE/TIME
NAME OF FINANCIAL INSTITUTION		ADDRESS	

### WRITTEN REPORT SENT TO

Enter information about the agency receiving a copy of this report. Do not submit report to California Department of Social Services Adult Programs Bureau.

NAME OF AGENCY	ADDRESS OR FAX #	<input type="checkbox"/> Date Mailed: <input type="checkbox"/> Date Faxed:
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### H. RECEIVING AGENCY USE ONLY

Telephone Report     Written Report

1. Report Received by:	Date/Time:
2. Assigned <input type="checkbox"/> Immediate Response <input type="checkbox"/> Ten-day Response <input type="checkbox"/> No Initial Face-To-Face Required <input type="checkbox"/> Not APS <input type="checkbox"/> Not Ombudsman	
Approved by: _____ Assigned to (optional): _____	
3. Cross-Reported to: <input type="checkbox"/> CDHS, Licensing & Cert.; <input type="checkbox"/> CDSS-CCL; <input type="checkbox"/> CDA Ombudsman; <input type="checkbox"/> Bureau of Medi-Cal Fraud & Elder Abuse; <input type="checkbox"/> Mental Health; <input type="checkbox"/> Law Enforcement; <input type="checkbox"/> Professional Board; <input type="checkbox"/> Developmental Services; <input type="checkbox"/> APS; <input type="checkbox"/> Other (Specify) _____ Date of Cross-Report: _____	
4. APS/Ombudsman/Law Enforcement Case File Number: _____	

# REPORT OF SUSPECTED DEPENDENT ADULT/ELDER FINANCIAL ABUSE FINANCIAL INSTITUTIONS ONLY GENERAL INSTRUCTIONS

## PURPOSE OF THE FORM

This form is to be used by officers and employees of financial institutions (“mandated reporter(s)”) to report suspected financial abuse suffered by a dependent adult or elder. Other types of dependent adult or elder abuse may be reported using form SOC 341. This form is available on [http://www.dss.cahwnet.gov/cdssweb/On-lineFor\\_298.htm#SOC](http://www.dss.cahwnet.gov/cdssweb/On-lineFor_298.htm#SOC).

An “elder is any person residing in California who is 65 years of age or older. A “dependent adult” is anyone residing in California who is between the ages of 18 and 64 years, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons whose physical or mental disabilities have diminished because of age. It also includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility.

The oral or written report may be made to the adult protective services agency (APS) in the county where the apparent victim resides, or to a law endorsement agency in the county where the incident occurred. If the mandated reporter knows the apparent victim resides in a long-term care facility, the report must be provided to the local ombudsman or local law enforcement agency. The mandated reporter must first report the incident by telephone, followed by a written report within two working days, using the form. See <http://www.dss.cahwnet.gov/pdf/apscolist.pdf> for a list of APS offices by county or [http://www.aging.state.ca.us/html/programs/ombudsman\\_contacts.html](http://www.aging.state.ca.us/html/programs/ombudsman_contacts.html) for county ombudsman offices.

## WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be financial abuse, or is told by an elder or a dependent adult that he or she has experienced behavior constituting financial abuse, shall report the known or suspected instance of abuse by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the appropriate agency.

## REPORTING PARTY DEFINITIONS

Officers and employees of financial institutions are mandated reporters of suspected financial abuse of an elder or dependent adult residing in California (WIC 15630.1). Financial abuse of an elder or dependent adult generally means the taking of real or personal property of an elder or dependent adult to a wrongful use, or assisting in doing so (WIC 15610.30). A mandated reporter who has direct contact with the elder or dependent adult, or who does not have direct contact but reviews or approves the elder’s or dependent adult’s financial documents, records, or transactions, and who reasonably believes that financial abuse has occurred, must report the incident by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the local adult protective services agency or the local law enforcement agency (WIC 15630.1(d)(1)).

## IDENTITY OF THE REPORTING PARTY

The identity of all persons reporting suspected financial abuse shall be confidential and only disclosed among APS agencies, local law enforcement agencies, Long-Term Care Ombudsman (LTCO) coordinators, Bureau of Medi-Cal Fraud and Elder Abuse of the Office of the Attorney General, licensing agencies or their counsel, Investigators of the Department of Consumer Affairs who investigate elder and dependent adult abuse, the Office of the District Attorney, the Probate Court, and the Public Guardian, or upon waiver of the confidentiality by the mandated reporter or by court order.

## MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

## GENERAL INSTRUCTIONS (Continued)

### FAILURE TO REPORT

Officers or employees of financial institutions (defined under "Reporting Party Definitions") are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter to the party bringing the action.

### WRITTEN REPORT

If any item of information is unknown, write "unknown" beside the item.

1. **Part A: Victim** Provide information as indicated to the extent known to you or available from financial institution records. If the apparent victim is residing at a location other than his or her address of record, indicate in "Present Location."
2. **Part B: Incident Information** Please check the appropriate box to indicate where the incident occurred. If the incident occurred at another location, please enter the address of the incident location.
3. **Part C: Reporter's Observations** Complete this part carefully and completely. Please include any of the following, as applicable:
  - Statements made by the apparent victim or the suspect;
  - Changes to banking patterns or practices; unusual account activity, such as large withdrawals or large wire transfers;
  - Abrupt changes to legal or financial documents, such as a power of attorney or trust instrument;
  - Sudden confusion by the apparent victim regarding his or her personal financial matters;
  - Repeated telephone calls to the financial institution by the apparent victim repeatedly asking the same question(s);
  - Establishment of unnecessary credit for the apparent victim himself or herself or another person;
  - Apparent victim's belief that he or she has won a lottery;
  - Observations regarding changes to the apparent victim's appearance or demeanor, etc.; or
  - Other concerns by the financial institution's officer or employee not listed above.Please attach additional pages, if necessary.
4. **Part D: Targeted Account** Complete information as indicated regarding the targeted account of the apparent victim. To ensure confidentiality, indicate only the last 4 digits of that account number. When making the report by telephone, the mandated reporter will be asked to provide the full account number. A trust account includes not only a Totten or informal trust arrangement through a deposit account, but also formal trust arrangements through a financial institution's trust department. If the apparent victim has other accounts with the financial institution, check "yes." If more than one account is affected, indicate on separate page.
5. **Part E: Suspect Information** This information is of particular importance to an agency's ability to conduct an investigation. Attach additional pages if more than one suspect is involved.
6. **Part F: Other Persons Believed to Have Knowledge of Abuse** This section is intended to identify any other persons who have knowledge of the incident(s).
7. **Part G: Telephone and written reports** This part shall be completed by the mandated reporter for statistical reporting to financial institutions, and county, state, and federal entities.
8. **Distribution of SOC 342 copies** The mandated reporter shall send the original and one copy to the appropriate agency, after the telephone report is made; keep one copy for the reporter's file. The receiving agency shall place the original copy in the case file and send a copy to the cross-reporting agency, if applicable. **DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS OPERATIONS BUREAU.**