

**Department for Aging and Rehabilitative Services  
Adult Protective Services Division  
8004 Franklin Farms Drive  
Richmond, VA 23229  
Telephone: 804-726-1904**

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**ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS**

*(This is an optional form for employers of mandated reporters to document that their employees have been notified of their mandated reporter status. An acknowledgement form developed by the employer is also acceptable. If this form is used, page one should be retained by the employer. Page two listing indicators of adult abuse, neglect and exploitation should be retained by the employee.*

I, \_\_\_\_\_, understand that when I am employed as a  
(Employee Name)

\_\_\_\_\_  
(Type of Employment)

I am a mandated reporter pursuant to § 63.2-1606 of the Code of Virginia. This means that I am required to report or cause a report to be made to Virginia Adult Protective Services (APS) either by calling the APS Hotline or the appropriate local department of social services whenever I have reason to suspect that an adult age 60 or over or an incapacitated adult age 18 and over and who is known to me in my professional or official capacity may be abused, neglected, or exploited. I understand that I must follow the reporting protocol, if any, of my employer, but my employer may not prohibit me from reporting directly to APS.

I understand that if I suspect a death of an adult age 60 or over or an incapacitated adult age 18 and over occurred due to abuse or neglect, I must report the death to the medical examiner and the law enforcement agency in the locality in which the death occurred.

I understand that I am immune from civil or criminal liability on account of any reports, information, testimony and records I release if the report is made in good faith and without malicious intent. My identity will be held confidential unless I authorize the disclosure or disclosure is ordered by the court.

I understand that if I fail to make a required report of suspected adult abuse, neglect, or exploitation, immediately upon suspicion, I may be subject to a civil money penalty imposed by the Commissioner of the Department for Aging and Rehabilitative Services. If I am a law-enforcement officer, I understand the money penalty does not apply to me but that I will be referred to the court system for non-reporting of suspected adult abuse, neglect, or exploitation. If I am licensed, certified, or regulated by a health regulatory board, I may also be subject to administrative action or criminal investigation by the appropriate licensing, regulatory, or legal authority.

I understand that there is no charge when calling the Hotline number (1-888-83-ADULT or 1-888-832-3858) and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me pursuant to § 63.2-1606 of the Code of Virginia.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

## Indicators of Adult Abuse, Neglect or Exploitation

### ABUSE

<ul style="list-style-type: none"> <li>• Multiple/severe bruises, welts</li> <li>• Bilateral bruises on upper arms</li> <li>• Clustered bruises on trunk</li> <li>• Bruises which resemble an object</li> <li>• Old and new bruises</li> <li>• Signs of bone fractures</li> <li>• Broken bones, open wounds, skull fracture</li> <li>• Striking, shoving, beating, kicking, scratching</li> </ul>	<ul style="list-style-type: none"> <li>• Internal injuries</li> <li>• Sprains, dislocation, lacerations, cuts, punctures</li> <li>• Black eyes</li> <li>• Bed sores</li> <li>• Untreated injuries</li> <li>• Broken glasses/frames</li> <li>• Untreated medical condition</li> <li>• Burns, scalding</li> <li>• Restrained, tied to bed, tied to chair, locked in, isolated</li> <li>• Overmedicated</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal assaults, threats, intimidation</li> <li>• Prolonged interval between injury and treatment</li> <li>• Fear of caregiver</li> <li>• Individual is prohibited from being alone with visitors</li> <li>• Individual has recent or sudden changes in behavior</li> <li>• Unexplained fear</li> <li>• Unwarranted suspicion</li> </ul>
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### SEXUAL ABUSE

<ul style="list-style-type: none"> <li>• Genital or urinary irritation, injury, infection or scarring</li> <li>• Presence of a sexually transmitted disease</li> <li>• Frequent, unexplained physical illness</li> </ul>	<ul style="list-style-type: none"> <li>• Intense fear reaction to an individual or to people in general</li> <li>• Mistrust of others</li> <li>• Nightmares, night terrors, sleep disturbance</li> <li>• Direct or coded disclosure of sexual abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Disturbed peer interactions</li> <li>• Depression or blunted affect</li> <li>• Poor self-esteem</li> <li>• Self-destructive activity or suicidal ideation</li> </ul>
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### NEGLECT

<ul style="list-style-type: none"> <li>• Untreated medical condition</li> <li>• Untreated mental health problem(s)</li> <li>• Bedsores</li> <li>• Medication not taken as prescribed</li> <li>• Malnourished</li> <li>• Dehydrated</li> <li>• Dirt, fleas, lice on person</li> </ul>	<ul style="list-style-type: none"> <li>• Fecal/urine smell</li> <li>• Animal infested living quarters</li> <li>• Insect infested living quarters</li> <li>• Non-functioning toilet</li> <li>• No heat, running water, electricity</li> <li>• Homelessness</li> <li>• Lacks needed supervision</li> <li>• Lack of food or inadequate food</li> <li>• Uneaten food over period of time</li> </ul>	<ul style="list-style-type: none"> <li>• Accumulated newspaper/debris</li> <li>• Unpaid bills</li> <li>• Inappropriate or inadequate clothing</li> <li>• Needs but does not have glasses, hearing aid, dentures, prosthetic device</li> <li>• Hazardous living conditions</li> <li>• Soiled bedding/furniture</li> <li>• House too hot or cold</li> </ul>
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### FINANCIAL EXPLOITATION

<ul style="list-style-type: none"> <li>• Unexplained disappearance of funds, valuables, or personal belongings</li> <li>• Adult child is financially dependent upon the older person or the older person is dependent on caregiver</li> <li>• Misuse of money or property by another person</li> <li>• Transfer of property or savings</li> </ul>	<ul style="list-style-type: none"> <li>• Excessive payment for care and/or services</li> <li>• Individual unaware of the amount of his or her income</li> <li>• Depleted bank account</li> <li>• Sudden appearance of previously uninvolved relatives/friends</li> <li>• Change in payee, power of attorney or will</li> <li>• Caregiver is overly frugal</li> <li>• Unexplained cash flow</li> </ul>	<ul style="list-style-type: none"> <li>• Unusual household composition</li> <li>• Chronic failure to pay bills</li> <li>• Individual is kept isolated</li> <li>• Signatures on check that do not resemble the individual's signature</li> <li>• Individual doesn't know what happened to money</li> <li>• Checks no longer come to house</li> <li>• Individual reports signing papers and doesn't know what was signed</li> </ul>
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The Indicators of Adult Abuse, Neglect and Exploitation (page 2 of this form) should be retained by the mandated reporter. Suspicions of abuse, neglect or exploitation should be reported to the 24-hour, toll-free APS hotline at 1-888-832-3858 or to the local department of social services.