

1. REPORTING AGENCY		<b>REPORTING FORM: 14 NYCRR Part 625</b>
2. PROGRAM TYPE	3. PROGRAM ADDRESS	
4. ADDRESS WHEN EVENT/SITUATION OCCURRED		
5. PHONE (    )	6. EVENT/SITUATION REFERENCE NUMBER	7. PERSON COMPLETING REPORT

**TO BE COMPLETED BY STAFF DESIGNATED IN POLICY**

8. NAME OF INVOLVED INDIVIDUAL (Last, First)				9. DATE OF BIRTH		10. GENDER 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE		11. TABS I.D. (if applicable)			
12. DATE & TIME EVENT/SITUATION WAS: 1 <input type="checkbox"/> Observed    2 <input type="checkbox"/> Discovered					13. DATE AND TIME EVENT/SITUATION OCCURRED (IF KNOWN):						
MO.	DAY	YR.	HR.	MIN.		MO.	DAY	YR.	HR.	MIN.	
					1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM						1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM
14. PRELIMINARY CLASSIFICATION (X ONE)				15. REFERRALS (as applicable)				16. ACTION TAKEN			
1 <input type="checkbox"/> Active Neglect 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Emotional Abuse 4 <input type="checkbox"/> Financial Exploitation 5 <input type="checkbox"/> Passive Neglect 6 <input type="checkbox"/> Physical Abuse 7 <input type="checkbox"/> Self Neglect 8 <input type="checkbox"/> Sexual Abuse 9 <input type="checkbox"/> Other				1 <input type="checkbox"/> Adult Protective Services 2 <input type="checkbox"/> Family Members 3 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Law Enforcement 5 <input type="checkbox"/> Office of Professional Discipline 6 <input type="checkbox"/> School 7 <input type="checkbox"/> Statewide Central Register of Child Abuse and Maltreatment				1 <input type="checkbox"/> Assessing and monitoring the individual 2 <input type="checkbox"/> Educating the individual about choices/options 3 <input type="checkbox"/> Interview involved individuals and/or witnesses 4 <input type="checkbox"/> Offering to make referral to appropriate service provider 5 <input type="checkbox"/> Review records and other relevant documentation 6 <input type="checkbox"/> Other			

17. DESCRIPTION OF EVENT/SITUATION (Initial Findings in IRMA):

18. SUMMARY OF RESOLUTION OF EVENT/SITUATION (Conclusions in IRMA):

19. NOTIFICATIONS *Please list notifications made to address the event/situation (e.g. SCR, APS, law enforcement, family member).  
 Note: the notifications are not required by Part 625 except as necessary to address the event/situation.*

CONTACT	DATE	TIME	PERSON CONTACTED	REPORTED BY	METHOD

20. PRINT NAME OF PARTY COMPLETING FORM	TITLE	DATE
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