

## REPORT of HARM for the PROTECTION of VULNERABLE ADULTS

In Compliance with Alaska Statute 47.24.010

<b>Central Intake – Reporting</b> Toll Free: 1-800-478-9996 • Anchorage: (907) 269-3666 • Fax: (907) 269-3648	
<b>Complete as Much Information as Possible</b>	Date of Report:
<b>Vulnerable Adult Information</b> Last Name:              First Name:              Middle Initial: Date of Birth:              Age:              Gender (check one):    Male: <input type="checkbox"/> Female: <input type="checkbox"/> Street Address:              Apartment: City:              Zip Code: Phone Number: Vulnerable Adult Resides with:	
DESCRIBE LOCATION, IF NECESSARY, OF VULNERABLE ADULT:	
<b>Reporter Information</b> Your Name:              Your Phone Number: Your Agency Name:              Your Occupation: Your Address: Has a Report Been Made to the Police? YES: <input type="checkbox"/> NO: <input type="checkbox"/> If yes, to what Agency? Your Relationship to the Vulnerable Adult:	
<u>OTHER PERSONS HAVING INFORMATION:</u>  Name and Phone Number of Person: Name and Phone Number of Person:	Name and Phone Number of Person: Name and Phone Number of Person:
<u>DESCRIBE VULNERABLE ADULT'S PHYSICAL AND MENTAL CONDITION / IMPAIRMENTS, IF ANY:</u>	
<u>DESCRIBE PROBLEM SITUATION (USE ADDITIONAL PAPER IF NECESSARY):</u>	
Adult Protective Services is authorized by law to designate other agencies and providers to deliver supportive and protective services to vulnerable adults. A.S. 47/24.011	