

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

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# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## Overview

The *Minnesota Adult Abuse Reporting Center (MAARC) Mandated Reporter Form* is a web-based reporting system available 24/7 for [mandated reporters](#) to meet requirements for civil [reporting of suspected maltreatment of vulnerable adults](#). The web address is [mn.gov/dhs/reportadultabuse/](http://mn.gov/dhs/reportadultabuse/) and can also be accessed from the [DHS Adult Protective Services](#) page.

**The MAARC Mandated Reporter Form is only for use by mandated reporters.** Mandated reporters are professionals identified by law (MS626.5572 Subd. 16) who are required to make a report if they have reason to believe that abuse, neglect, or financial exploitation of a vulnerable adult has occurred. Mandated reporters have not met their duty to report until the report has been submitted and web report number is provided. Reports made by the general public are reported over the phone 24/7 by calling MAARC at **(844) 880-1574**.

## System Maintenance

The form may be unavailable occasionally for system maintenance. If the form is unavailable, mandated reporters may make an oral report 24/7 by calling MAARC, **(844) 880-1574**.

## Compatible Browsers

Before making a report, mandated reporters should verify their browser is compatible and is updated to the latest version. Compatible browsers include:

- Microsoft Internet Explorer
- Google Chrome
- Safari (iPad and Mac)
- Mozilla Firefox

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## MAARC Reporting Guidelines

### *Emergency*

MAARC is a civil, not an emergency or criminal, reporting system. To report an emergency that requires immediate assistance from law enforcement, the fire department or an ambulance, first call 911.

### *Crime*

Reporting suspected civil maltreatment of a vulnerable adult, to MAARC for response by state agency regulators and adult protective services, is not a substitute for reporting a crime to law enforcement. 911 should be called before making a MAARC report when reporting abuse, which is also a suspected crime, such as physical or sexual assault, or caregiver neglect that results in injury or death, so police can protect the victim, gather evidence and talk to those involved in a timely manner.

### *Child Maltreatment*

Mandated reporters do not meet their duty to report child maltreatment by using MAARC. Suspected child maltreatment associated with the adult maltreatment incident or suspected maltreatment that occurred when the victim was under 18 years old, must be reported with the county or reservation where the child resides. To report concerns about child abuse, neglect or sexual abuse, contact the county or reservation where the child lives during business hours. [County and Tribal Child Protection Agencies](#). If the child is in immediate risk of harm, please contact your local law enforcement agency or dial 911.

### *Multiple Alleged Perpetrators*

Each report can accommodate reports of up to ten (10) alleged perpetrators. If the allegation involves more than ten (10) alleged perpetrators, document in the **Description of Incident** field, on the “Maltreatment Allegation Detail” page, that multiple alleged perpetrators may be involved.

### *Multiple Vulnerable Adults (victims)*

A separate report must be completed for each vulnerable adult victim. If the allegation involves more than five (5) vulnerable adult victims:

1. Enter information for only one vulnerable adult AND
2. Document in the **Description of Incident** field, on the “Maltreatment Allegation Detail” page, that multiple vulnerable adult victims may be impacted.

### *Out of State Maltreatment*

The MAARC reporting form is to report suspected maltreatment of vulnerable adults that occurred in the state of Minnesota. Allegations of suspected maltreatment of a vulnerable adult that did not occur in Minnesota must be reported to the state in which the allegation occurred.

MAARC only accepts reports of suspected maltreatment of a vulnerable adult that occurred in:

1. Minnesota
2. Another state, but the vulnerable adult is currently located in Minnesota and the reporter suspects the maltreatment is continuing.

Refer to the National Adult Protective Services Association (NAPSA) website [napsa-now.org/get-help/help-in-your-area](https://napsa-now.org/get-help/help-in-your-area) for information on reporting suspected maltreatment of a vulnerable adult to other states.

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## INSTRUCTIONS

Continue >> Instructions

**m** DEPARTMENT OF HUMAN SERVICES

**Minnesota Adult Abuse Reporting Center (MAARC) Mandated Reporter Form**  
 DISCLOSURE: Prior to any disclosure refer to MN Stat. sec. 13.02 and MN Stat. sec. 626.557, Subd. 12b  
 Refer to the [MAARC Mandated Reporter Guide](#) for information on using the web-based reporting system.

**Instructions** - Do not save a copy of this form for future use. Successful submissions must be created directly from this site.  
 Last updated: 10/31/2018

This reporting form may be unavailable occasionally for system maintenance. To meet mandated reporter duties, an oral report may be made 24 hours a day, seven days a week, by calling the Minnesota Adult Abuse Reporting Center at 1-844-880-1574.

**If you are reporting an emergency that requires immediate assistance from law enforcement, the fire department, or an ambulance, call 911 before making a mandated report on a vulnerable adult.**

**This form is only for use by mandated reporters.** Mandated reporters, designated facility reporters, law enforcement, counties, and lead investigative agencies must complete all required fields and successfully submit the report to meet a duty as a mandated reporter.

**Helpful Hints**

- **Do not** use the browser buttons. If you use the browser button, you could lose all of the information that has been entered.
- Partially completed reports cannot be submitted or saved for later completion.
- Data entered on each page is saved as you navigate between pages. Navigating to pages in the report can be completed by selecting the page from the dropdown menu or by clicking << Go Back Button or Continue Button >>.
- The Web Report number is the confirmation number that will appear after successful submission of the report.
- A copy of the completed report may be printed or saved after successful submission of the report.

Continue >> Instructions

- Instructions
- Reporter-Information Source
- Vulnerable Adult (VA)
- Alleged Perpetrator (AP)
- Maltreatment Allegation Detail
- Impact/Effects on VA
- Additional Sources of Information and VA Support Persons
- Safety
- Submit

### Using the Form

1. **Do not** use your browser arrow buttons to navigate between pages as you could lose all of the information entered.
2. Data entered in the report is saved when navigating between pages. To navigate to a specific page in the report select the page from the dropdown menu or by clicking << **Go Back** or **Continue** >> button located at the top and bottom of each screen.
3. Partially completed reports cannot be submitted or saved for later completion.
4. The Web Report number is the confirmation number that will appear after successful submission of the report.
5. A copy of the completed report may be printed or saved for your records after successful completion of the report.

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## REPORTER/INFORMATION SOURCE

The **Reporter/Information Source** screen captures information regarding the mandated reporter making the report.

Fields with an \* are required and must be completed in order to submit the report.

Refer to the [MAARC Mandated Reporter Guide](#) for information on using the web-based reporting system.

<< Go Back Reporter-Information Source Continue >>

### Reporter/Information Source

First Name \* Middle Name Last Name \*

Address Type \* Street Address \* Apt/Unit# City \* State \* Zip Code \* +4 County

Phone Type \* Phone Number \* Extension

Email Type Email Address

Yes  No Does the Reporter/Information Source wish to receive notification of the status of the report? \*

Yes  No Is this information being entered by a member of Law Enforcement, MDH, DHS or County on behalf of a reporter as required by MN Stat. 626.557, Subd. 9(e)? \*

First Name Last Name

Phone Type Phone Number Extension

Email Type Email Address

Are you the Designated Facility Reporter for a DHS licensed provider or a MDH licensed provider? \*

Yes, MDH licensed provider  Yes, DHS licensed provider  No  Don't know

<< Go Back Reporter-Information Source Continue >>

**First/Last Name:** Mandated reporter’s first and last name

**Address Type:** Select from dropdown menu

**Street Address/City/State/Zip Code:** Mandated reporter’s mailing address

**Phone Type:** Select from dropdown menu

**Phone Number:** Number where mandated reporter may be contacted, if needed, regarding the report

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

Yes  No Does the Reporter/Information Source wish to receive notification of the status of the report? \*

Yes  No Is this information being entered by a member of Law Enforcement, MDH, DHS or County on behalf of a reporter as required by MN Stat. 626.557, Subd. 9(e)? \*

First Name  Last Name

Phone Type  Phone Number  Extension  +

Email Type  Email Address  +

Are you the Designated Facility Reporter for a DHS licensed provider or a MDH licensed provider? \*

Yes, MDH licensed provider  Yes, DHS licensed provider  No  Don't know

1. **Does the Reporter/Information Source wish to receive notification of the status of the report?:** Select **Yes** or **No**
  - a. If “Yes”, the lead investigative agency responsible for the report will notify the individual listed as the Reporter/Information Source if the report was opened for investigation.
  - b. The agency responsible has up to seven (7) working days to make this determination and notify the Reporter/Information Source.
2. **Is this information being entered by a member of Law Enforcement, MDH, DHS or County on behalf of a reporter as required by MN Stat. 626.557, Subd. 9(e)?:** Select **Yes** or **No**
  - a. If “Yes”, you are entering the report as a worker from law enforcement, MN Department of Health, Department of Human Services or County agency as a result of a complainant contacting your agency to report suspected maltreatment of a vulnerable adult.
    - i. Enter your information in the resulting name fields and the complainant’s name should be entered as the Reporter/Information Source.
  - b. If “No”, the agency discovered the suspected maltreatment during their course of work and are entering the report to meet a duty as a mandated reporter.
3. **Are you the Designated Facility Reporter for a DHS licensed provider or a MDH licensed provider?:**
  - a. “Yes, MDH Licensed Provider”, enter the **Health Facility ID Number** and select the checkbox affirming the report is also being filed to comply with federal regulations.
  - b. “Yes, DHS Licensed Provider”, enter the primary provider’s license number in the **Primary License Number** field

**Note:** This question only applies to DHS or MDH licensed providers. A Designated Facility Reporter is staff at a licensed facility designated to initiate all alleged maltreatment reports that have occurred to a VA within their facility.

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## VULNERABLE ADULT (VA)

The **Vulnerable Adult (VA)** page captures information about the vulnerable adult victim. *Fields with an \* must be completed in order to submit the report.*

Refer to the [MAARC Mandated Reporter Guide](#) for information on using the web-based reporting system.

<< Go Back | Vulnerable Adult (VA) | Continue >>

### Vulnerable Adult (VA)

First Name \*      Middle Name      Last Name \*  
                  Note: If name is not known, enter "unknown" in the first and last name fields.

Date of birth or estimated age is required. Note: Age must be 18 or older

Date of Birth \*      Age      OR      Estimated Age \*      Estimated Date of Birth      Gender \*      Social Security Number  
            OR                             

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Physical location \*      Street Address \*      Apt/Unit#      City \*      State \*      Zip Code \* +4      County  
                                   

Is the VA currently located at a hospital or other temporary location? \*  
 Yes     No

Address Type      Street Address      Apt/Unit#      City      State      Zip Code      +4      County  
                                         

Phone Type      Phone Number      Extension  
           

Email Type      Email Address  
     

Location Description

Facility/Provider      Facility/Provider Name  
     

**First/Last Name:** VA’s full name (enter “Unknown” in the first and/or last name field(s) if VA name isn’t known)

**Date of Birth:** VA’s date of birth

**Estimated Age:** Enter VA’s estimated age if VA’s date of birth is not known

**Gender:** Select from dropdown menu

**Physical Location:** Physical Location address for the VA is required. Enter correct address, including city and county as this information is critical for agencies responsible to locate the vulnerable adult for protection.

- Physical Location address is where the VA is living temporarily or permanently.
- The physical location is not a clinic or work site address where the vulnerable adult is located at the time the report is taken.

1. **Is the VA currently located at a hospital of other temporary location?:** Select **Yes** or **No**
  - a. If **“Yes”**, a secondary address is required to assist with locating the VA upon discharge.

**Facility/Provider:** Select **Resident of Facility** or **Non-residential licensed services** if the VA resides in a licensed facility or receives licensed services.

**Facility/Provider Name:** Enter the name of the facility where the VA resides or the name of the licensed provider.

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## DISABILITIES, NEEDS ASSISTANCE, RECEIVES SERVICES

This section of the *Vulnerable Adult (VA)* page is used to identify if the victim is a vulnerable adult.

*\*At least one option under the Disabilities of Needs Assistance must be selected.*

(At least one option under 'Disabilities' OR 'Needs Assistance' must be checked.\* Check all that apply.)

**Disabilities**

This person may be a VA based on the following condition or need:

<input type="checkbox"/> Chemical abuse	<input type="checkbox"/> Frailty of aging	<input type="checkbox"/> Impaired reasoning or judgment	<input type="checkbox"/> Physical impairment
<input type="checkbox"/> Developmental disability	<input type="checkbox"/> Impaired memory	<input type="checkbox"/> Mental/emotional impairment	<input type="checkbox"/> Traumatic brain injury

Diagnosis, if known

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**Needs Assistance**

This person is unable to meet their own needs or requires assistance for:

<input type="checkbox"/> Clothing	<input type="checkbox"/> Hygiene	<input type="checkbox"/> Toileting	<input type="checkbox"/> Other
<input type="checkbox"/> Financial management	<input type="checkbox"/> Safety	<input type="checkbox"/> Unable to protect self from abuse/neglect/financial exploitation	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Food	<input type="checkbox"/> Shelter	<input type="checkbox"/> None	
<input type="checkbox"/> Health care	<input type="checkbox"/> Supervision		

**Receives Services**

This person receives services from: (At least one option must be checked. Check all that apply.)

<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Inpatient or Residential Chemical Dependency Treatment
<input type="checkbox"/> Adult Rehabilitative Mental Health Services (ARMHS)	<input type="checkbox"/> Intensive Residential Treatment Service (IRTS)
<input type="checkbox"/> Ambulatory Surgical Center	<input type="checkbox"/> Intermediate Care Facility for Person w/ DevelDisability (ICF/DD)
<input type="checkbox"/> Assertive Community Treatment (ACT)	<input type="checkbox"/> Meals on Wheels
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Mental Health Clinic/Center
<input type="checkbox"/> Behavioral Support Services	<input type="checkbox"/> Night Supervision
<input type="checkbox"/> Board and Care	<input type="checkbox"/> Nursing Home/Long Term Care Facility
<input type="checkbox"/> Lodging	<input type="checkbox"/> Outpatient Chemical Dependency Treatment

### Disabilities and Needs Assistance

Select the VA's condition/disability or assistance needed. At least one selection under **Disabilities** or **Needs Assistance** is required.

### Receives Services

Select all services the VA receives. At least one selection is required. If it's unknown if the VA receives services, select **Unknown**.

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## ALLEGED PERPETRATOR (AP)

The **Alleged Perpetrator (AP)** page captures information regarding the alleged perpetrator (AP) and the allegation(s) that are alleged. Fields with an \* are required and must be completed in order to submit the report.

Refer to the [MAARC Mandated Reporter Guide](#) for information on using the web-based reporting system.

<< Go Back | Alleged Perpetrator (AP) | Continue >>

Number of Total Perpetrators \*  
1

Next AP >>

### Alleged Perpetrator (AP)

Yes  No Is the report for self-neglect because the vulnerable adult is neglecting his/her own needs? \*

Note: If the VA is the alleged perpetrator, select Yes. Doing so will autofill the VA's information and allow only self-neglect allegations to be available.

First Name \* Middle Name Last Name \*

Note: If the AP's first and/or last name is not known, enter "Unknown" in the respective name field(s). If the alleged perpetrator's name, DOB and gender is not known, proceed to the Perpetrator Description field.

Date of birth or estimated age is required.

Date of Birth \* Age Estimated Age \* Estimated Date of Birth Gender \* Social Security Number

Race

OR

Perpetrator Description \*

Address Type Street Address Apt/Unit# City State Zip Code +4 County

Phone Type Phone Number Extension

Email Type Email Address

Was the alleged perpetrator providing/receiving services licensed by the Minnesota Department of Human Services or Department of Health to the vulnerable adult?

**1. Number of Total Perpetrators:**

- a. Select the number of perpetrators from the dropdown menu.
- b. If more than 1 (one) alleged perpetrator is selected, the **Next AP >>** icon is enabled.

**2. Is the report for self-neglect because the vulnerable adult is neglecting his/her needs?:** Select **Yes** or **No**

- a. If **“Yes”**, the VA is the alleged perpetrator. Selecting Yes will autofill the VA’s information and allow only self-neglect allegations to be available.
- b. If **“No”**, the suspected maltreatment is believed to have occurred by another known or unknown person, service provider or licensed facility.

## Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

- i. The following alert will display, “Enter the Person or licensed provider believed to be responsible for the alleged maltreatment”, select **OK** to continue to the demographic information fields.

**First/Last Name:** If report is not for self-neglect, enter AP’s first and last name. If the AP’s name is not known, proceed to the alleged **Perpetrator Description** field.

**Date of Birth:** Enter AP’s date of birth

**Estimated Age:** Enter AP’s estimated age if AP’s date of birth is not known

**Gender:** Select from dropdown menu

**Perpetrator Description:** Only required if the AP’s name, age and gender is not known **Example:** “Approx. 45 yrs. old, Caucasian female, nickname is Bunny”

3. **Was the alleged perpetrator providing services licensed by the Minnesota Department of Human Services or Department of Health at the time of the alleged maltreatment?:** Select **Yes, Department of Human Services, Yes, Minnesota Department of Health, No, Other** or **Don’t know**
  - a. If “**Yes, Minnesota Department of Human Services**” or “**Yes, Minnesota Department of Health**” is selected, response to the following question is required
    - i. **Is neglect of supervision suspected due to the vulnerable adult being maltreated by another vulnerable adult in the same licensed facility or service?:** Select **Yes** or **No**
      1. If “**Yes**” is selected, the incident of suspected maltreatment is alleged to have occurred between two (2) vulnerable adults residing in the same licensed facility or attending the same licensed service.
  - b. If “**No**”, “**Other**”, or “**Don’t know**” is selected, response to the following question is required
    - i. **Is the alleged perpetrator also a vulnerable adult in the same facility or attending the same service as the vulnerable adult at the time of the alleged maltreatment?:** Select **Yes, Department of Human Services, Yes, Minnesota Department of Health, No, Other** or **Don’t know**
      1. If “**Yes, Minnesota Department of Human Services**” or “**Yes, Minnesota Department of Health**” is selected, the incident of suspected maltreatment is alleged to have occurred between two (2) vulnerable adults residing in the same licensed facility or attending the same licensed service.

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## ALLEGATIONS

Select the alleged maltreatment that is suspected by the AP towards the VA. At least one allegation must be selected. (Check all that apply)

**Financial Exploitation (fiduciary)**

Acquired possession/ownership/control of VA's money/possessions using undue influence/harrassment/duress/fraud

Forcing, compelling, enticing VA to perform services for another

Funds failed to be used for the benefit of the VA

Spends or uses the money or possessions of the VA without authority

Theft of medication

Theft of money or possessions

Theft of property

Withholds the VA's money or possessions from the VA

AP'S FINANCIAL RELATIONSHIP TO THE VA

Select one

- Authorized Representative
- Conservator
- Guardian
- Power of Attorney
- Representative Payee
- Trustee
- Other
- Unknown

Spends or uses the money or possessions of the VA without authority

Theft of medication

Theft of money or possessions

Theft of property

Withholds the VA's money or possessions from the VA

- If maltreatment is **Financial Exploitation (fiduciary)**, indicate from the dropdown menu the AP's financial relationship to the VA.
  - **Fiduciary** is a guardian, conservator, power of attorney, trustee, representative payee, executor, etc.

## MALTREATMENT ALLEGATION DETAIL

The **Maltreatment Allegation Detail** page is used to capture details regarding the incident of alleged maltreatment towards the VA.

*Fields with an \* are required and must be completed in order to submit the report.*

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

Refer to the [MAARC Mandated Reporter Guide](#) for information on using the web-based reporting system.

Maltreatment Allegation Detail

Yes  No VA is deceased? \*

Yes  No VA is deceased as a result of suspected maltreatment? \*

Yes  No VA has experienced serious injury as a result of maltreatment? \*

If the date of incident is not known or able to be estimated, select the Unknown check box.

Estimated Date \* 
 Time \* 
 Unknown \*

Is the maltreatment continuing? \*
   
 Yes  No

Location of Incident \* 
 County \*

Facility Provider

Description of Incident \* *Note:* Enter information regarding the incident of alleged maltreatment and any supplemental information regarding the VA and AP.

1. **VA is deceased?** Select **Yes** or **No**
2. **VA is deceased as a result of suspected maltreatment?:** Select **Yes** or **No**
3. **VA has experienced serious injury as a result of maltreatment?:** Select **Yes** or **No**

**Estimated Date/Time:** Enter the estimated date/time the maltreatment occurred. If the incident date is unknown, or can't be estimated, select the **Unknown**.

4. **Is the maltreatment continuing:** Select **Yes** or **No**

**Location of Incident:** Enter the address where the alleged maltreatment occurred

**County or Incident:** Select the county where the alleged maltreatment occurred

**Facility/Provider:** Enter the facility or provider name if the alleged maltreatment occurred at a licensed facility or by a licensed provider.

**Description of Incident** (30,000 character limit): Enter information regarding the alleged maltreatment. Information should be limited to details regarding the alleged maltreatment that will be helpful to the agency responsible for the report and the protection of the vulnerable. Suspected child maltreatment associated with the adult maltreatment incident must be reported with the county or reservation where the child resides.

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## IMPACT/EFFECTS ON VA

This page is used to identify impacts the maltreatment has had or is suspected to have had on the VA. Impacts are reviewed for prioritization decisions by the agency responsible to respond. Details regarding the safety impact to the vulnerable adult must be addressed on the “Impacts/Effects on VA” page for each positive selection to the **Assessment for Emergency Protection** section of the *Safety* page.

At least one (1) selection is required. Select all that apply and provide applicable information within that field.

Refer to the [MAARC Mandated Reporter Guide](#) for information on using the web-based reporting system.

<< Go Back | Impact/Effects on VA | Continue >>

### Impact/Effects on VA

The vulnerable adult experienced or is suspected to have the following effects from the alleged maltreatment.  
(At least one item from the following needs to be selected, select all that apply and provide the applicable information within that field.)\*

**Hospitalization or medical treatment required**

Diagnosis or Symptoms	Admission or Treatment Date
<input type="text"/>	<input type="text"/>
Name of Hospital or Provider	Effect on VA
<input type="text"/>	<input type="text"/>

**Worsening physical or mental health**

Describe the effect to physical or mental health

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## ADDITIONAL SOURCES OF INFORMATION AND VA SUPPORT PERSONS

This page is used to capture information regarding other individual(s) mentioned in the report, support persons that may protect the VA or provide information about the incident of alleged maltreatment.

Select **Add Support Person** to enter more than one (1) support person.

Refer to the [MAARC Mandated Reporter Guide](#) for information on using the web-based reporting system.

<< Go Back | Additional Sources of Information and VA Support Persons | Continue >>

### Additional Sources of Information and VA Support Persons

First Name	Middle Name	Last Name					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Role In Report	Relationship To Alleged Victim/Alleged Perpetrator						
<input type="text" value="Select one"/>	<input type="text" value="Select one"/>						
Address Type	Street Address	Apt/Unit#	City	State	Zip Code	+4	County
<input type="text" value="Select one"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select one"/>
Phone Type	Phone Number	Extension					
<input type="text" value="Select one"/>	<input type="text"/>	<input type="text"/>					
Email Type	Email Address						
<input type="text" value="Select one"/>	<input type="text"/>						

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## SAFETY

The **Safety** page is used to capture action(s) already taken to protect the VA from further harm and to assess whether Emergency Protective Services are needed. **Who is responsible** is completed when an individual or licensed provider accepts responsibility for the protective action. *Fields with an \* are required and must be completed in order to submit the report*

Refer to the [MAARC Mandated Reporter Guide](#) for information on using the web-based reporting system.

<< Go Back Safety Continue >>

### Safety

**Protection**

Has action been taken to protect the vulnerable adult from future harm? \*  Yes  No  Unknown

What was the action taken?

Who is responsible?

**Environmental Safety**

Please indicate any safety concerns regarding the current location of the vulnerable adult.

Criminal Activity  Environmental Hazards  Other  
 Dangerous animals  Weapons

**Notification Made by Reporter**

911  Ombudsman for Mental Health and Developmental Disabilities  
 Law Enforcement because crime was alleged  Medical Examiner

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## Assessment for Emergency Protection

The **Assessment for Emergency Protection** section is used for the mandated reporter to provide information about conditions which may occur within 72 hours of the report submission. Any positive selection under this section will result in notification to a county agency to assess, within 24 hours, if emergency adult protective services are needed. **Call 911 if emergency response is needed by police, medical or fire personnel.**

**Assessment for Emergency Protection \***

Vulnerable Adult is/has: *(At least one of the four options must be checked. Check all that apply.)*

- An incident of sexual assault is alleged within the past three weeks and VA has not received a sexual assault examination
- Likely to be physically abused or sexually assaulted within the next 72 hours
- Likely to be a victim of abuse, neglect or exploitation which will likely result in serious injury, harm or loss of health requiring medical care by a physician within the next 72 hours:
  - Illness or condition with no way to obtain necessary medical care
  - Physical or sexual assault
  - No food or water and no way to obtain food or water
  - Does not meet own needs for necessary care or supervision and there is no way to obtain necessary care
  - Dependent on a caregiver who does not meet the vulnerable adult's need for necessary care or supervision
  - Exposure to extreme heat, cold, or other environmental hazard
  - Other
- Not aware of abuse, neglect or exploitation that is likely to result in assault, serious injury, harm or loss of health to the VA within the next 72 hours

Details regarding the safety impact to the vulnerable adult should be referenced on the **Impacts/Effects on VA** page for each positive selection. Provide details in the appropriate *Impact/Effect* text box explaining why this safety risk requires immediate protection of the vulnerable adult by the county agency.

### EPS Definitions:

**Loss of Health:** May be any of the following when the VA's current health status will be unable to be maintained and the VA will more likely than not suffer from decreased function, organ damage or a health condition that will require medical care by a physician within 72 hours. Examples: untreated medical condition, hypothermia, hyperthermia, malnutrition, dehydration, toxic substance or gas, environmental hazard.

**Recent Sexual Assault:** "Recent" can describe a time period of up to several weeks after the vulnerable adult is alleged to have experienced a sexual assault with penetration, or with a potential injury, for which the VA has not received medical attention.

**Serious Injury:** May be any of the following: bone fracture or dislocation, internal injury, head injury, loss of consciousness, lacerations to tendons or organs, 2nd or 3rd degree burns, complications from burns, 2nd or 3rd degree frostbite, complications from frostbite, loss of teeth, injury to the eye, ingestion of harmful objects or substances, near drowning, heat exhaustion or sunstroke, irreversible immobility, poisoning, suicide, death or injury requiring medical attention, injury considered serious by a physician.

**Note:** Selections under the Assessment for Emergency Protection are not necessary when action has been taken to protect the vulnerable adult from further harm. i.e. VA is now hospitalized, actions are taken by law enforcement or by a county, care provider, reporter or an informal support person to address the immediate risk or provide necessary protection, care, or services. Capture these details in the Protection section under "What was the action taken?"

# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

## SUBMIT

Data entered in the report is saved when navigating between pages. In order to move to the next screen, all required fields must be completed.

1. Read the final instructions
2. Select the checkbox to affirm information in the report.
3. Click Submit.

Once all errors have been resolved, a confirmation number will display and the option to print or save PDF copy of the report will be available.

### *Errors*

If there are any data entry errors, a pop up window will appear. A single pop up window will appear for each error.

