



KALISPEL TRIBE OF INDIANS
SOCIAL SERVICES – ADULT PROTECTIVE SERVICES
 934 S. Garfield Road
 Airway Heights, WA. 99001
 509-789-7630 Office
 509-789-7675 Fax



ADULT PROTECTIVE SERVICES REFERRAL FORM		
SUPPORT SERVICES (Others in home, friends, relatives, other services)		
Name:	Relationship to victim:	
Address:	City:	Zip Code:
Phone:	Email:	
<p align="center"> Is there anything else that the Social Services Program should know about regarding the alleged victim(s), home or alleged perpetrator? For example, weapons in the home or gun owner? Violent or aggressive behavior? Drug home? Any additional information would be helpful. Thank you. </p>		
SIGNATURE OF REFERENT:		DATE:
OFFICE USE ONLY		
TYPE OF CA/N:	<input type="checkbox"/> ABUSE <input type="checkbox"/> NEGLECT <input type="checkbox"/> EXPLOITATION <input type="checkbox"/> SELF NEGLECT <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> DENIAL OF ESSENTIAL SERVICES	
REFERENT SOURCE OF INFORMATION	<input type="checkbox"/> DISCLOSURE <input type="checkbox"/> JUDGEMENT BASED UPON CIRCUIMSTANTIAL EVIDENCE <input type="checkbox"/> SECOND HAND INFORMATION	
INTAKE DECISION	<input type="checkbox"/> INFORMATION ONLY <input type="checkbox"/> REFERRED TO LAW ENFORCEMENT FOR HEALTH & SAFETY CHECK ON _____ <input type="checkbox"/> ACCEPTED FOR FOLLOW UP. REFERRED TO _____	
RECEIVED BY:		DATE:

NOTE: Per KLOC, 27-9.01, Any person under the jurisdiction of the Kalispel Tribal Court including the tribal employees and officials upon reasonable cause that a violation of this Code has occurred shall report or cause a report to be made to the Kalispel Tribe Social Services Director.

Send completed form to the Social Services Program.
 Attention: Social Services-APS
 934 S. Garfield Road
 Airway Heights, WA. 99001
 509-789-7630 office or 509-789-7675 fax
wthomas@camashealth.com