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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-66

Date: May 10, 1990

Division: Adult Services

TO: Local District Commissioners

SUBJECT: Adult Abuse Survey

ATTACHMENTS: Adult Abuse Survey Form

The American Public Welfare Association (APWA) and the National Aging Resource Center on Elder Abuse (NARCEA) are currently engaged in an effort to develop a nationwide data base for Protective Services for Adults (PSA) and Adult Abuse, which includes abuse of the elderly. As part of this effort, APWA and NARCEA are asking the states to submit standardized information regarding their PSA caseloads with specific emphasis on abuse cases. This initiative is part of APWA's and NARCEA's strategy to raise the consciousness of the Federal Government about PSA for the purpose of securing additional resources for the States and local governments. While much of the information being requested by APWA and NARCEA is available from SSRR/WMS, some of the information pertaining to PSA abuse cases must be collected from the case records maintained by the districts.

In order to collect the necessary information, we are requesting your staff to complete a one page survey form for each PSA abuse case your district served during the 1988-89 program year. A copy of this form is attached to this memorandum. Within the next few weeks you will be sent survey forms for each PSA case which was opened due to the abuse, exploitation or neglect of the client by another individual. These forms will contain the name of the district, the appropriate case number and CIN, the client's age and the applicable office, unit and caseworker numbers. It will be necessary for district staff to complete each of these forms by indicating the relationship of the abuser(s) to the client, the sex of the abuser and the categories of abused involved in each case.

I recognize that the collection of this information from case records will be a time consuming process. However, the information regarding New York State's PSA caseload will be vital to efforts to secure additional federal resources. In order to meet APWA & NARCEA timeframes for this project, it will be necessary that we receive your completed forms by September 15, 1990.

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If you or your staff have any questions about the survey, please contact your district's adult services representative at 1-800-342-3715 as follows:

Irv Abelman, ext. 432-2980 or (212) 804-1247

Kathleen Crowe, ext.432-2996

Cheryl Flanigan, ext. 432-2997

Sharon Lane, ext. 432-2985

Marsha Meyers, ext. 432-2864

Your cooperation in completing this survey will be greatly appreciated.

Judith Berek
Deputy Commissioner
Division of Adult Services

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES ADULT ABUSE SURVEY

_____ COUNTY
 OFFICE _____ UNIT _____ WORKER _____
 Case # _____ CIN _____ Client Age _____

INFORMATION TO BE ENTERED BY DISTRICT
 Identify all known abusers by relationship to the client. Indicate sex of each abuser and identify all substantiated categories of abuse for each identified abuser. Use separate column for each abuser. Place an "X" in each appropriate box.

		ABUSER 1	ABUSER 2	ABUSER 3	ABUSER 4
R E L A T I O N S H I P	Adult child				
	Grandchild				
	Spouse				
	Sibling				
	Other relative				
	Service provider				
	Friend/Neighbor				
	Other				
	Female				
	Male				
C A T E G O R Y	Physical Abuse				
	Sexual Abuse				
	Emotional Abuse				
	Neglect				
	Financial Exploitation				
	Other				
	Unknown				