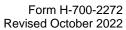


NOTIFICATION OF HIGH PROFILE APS CASE

Purpose: Use this form to notify state office when an Adult Protective Services case has or is likely to have a higher profile.

Directions: The APS Specialist completes this form and emails it to his or her supervisor. The supervisor then reviews the form and emails it to the district director. The district director completes a final review of the form and emails it to the Director of Performance and Policy Development and the Director of Field Operations. Use a second page to provide additional comments, if needed.

		APS UNIT INFORMAT	ION		
Caseworker's Name:			Caseworker's Work Phone Number:		
Supervisor's Name:			Supervisor's Work Phone Number:		
Person or Entity Inquiring A	About the Ca	ase:			
		REASON FOR NOTIFICA	ATION		
Check all that apply as to the	he reasonin	g which has or could lead to a	a high _l	orofile case:	
 ☐ Case has gained media attention. ☐ Case expected to gain media attention. ☐ Case has gained attention of legislator or other official. ☐ Case expected to gain attention of legislator or other official. 			 Client has died under circumstances suspected to be related to abuse or neglect. Alleged perpetrator employed as an HHSC guardianship worker. 		
		CASE INFORMATIO	N		
Case Number: Case Name:			Intake Date:		
Victim's City of Residence:			District:		
Victim's Date of Birth:		Victim's Date of Death (or N/A if not applicable):		Date of Last FTF Contact with Victim:	
Name of Last Person Conta	cted, if othe	er than victim, and Method of	Contac	ct:	
Relevant Medical Information	on or Diagn	osis:			
Allegation(s) and findings:					
Is the victim safe? Why or	why not?				
What is the victim's current	situation?				



Last action taken by APS:	11011000 0010001 2022
Last dotton taken by his or	
Other Comments	
Other Comments:	