

## FY 2006 ELDER ABUSE ASSESSMENT TOOL

**Assessment Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Program Officer:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

### GENERAL PROGRAM

Question #	Question	P.O. Answer
<b>1</b>	Are program files kept in a secure location where only authorized personnel have access to confidential elder abuse case records? <i>(PHYSICAL ENVIRONMENT)</i>	Yes <input type="radio"/> No <input type="radio"/>
<b>2</b>	Is space available to conduct client interviews in privacy? If NO, please explain. <i>(PHYSICAL ENVIRONMENT)</i>	Yes <input type="radio"/> No <input type="radio"/>
<b>3</b>	Does the program have a written evacuation plan including location of fire extinguishers, primary and alternative exits, identification of individuals responsible for leading staff and clients outside, and individuals responsible for checking premises? If NO, please explain. <b>If YES</b> , obtain copy of plan. <i>(PHYSICAL ENVIRONMENT)</i>	Yes <input type="radio"/> No <input type="radio"/>
<b>4</b>	Does the program have current and comprehensive contact information for community service providers and other resources (e.g. DA's Office, contact information for local precincts, caregiver programs, case management agencies, Mobile Crisis teams, APS, legal service providers, etc.)? If NO, please explain. <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/>
<b>5</b>	Are written procedures in place for responding to complaints regarding service delivery? <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/>

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**ID#:** \_\_\_\_\_

<b>6</b>	Are written procedures and protocols in place for responding to client crisis and emergency situations? <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/>
<b>7</b>	Does the program maintain an up-to-date list of all new clients served (in the current fiscal year) organized by month? <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/>
<b>8</b>	If the person completing the intake is someone other than the primary elder abuse worker, is the person who performed the intake/risk assessment functions trained in areas of elder abuse risk assessment, information and referral, and interviewing skills?  -If YES, confirm with documentation of training. <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
<b>9</b>	<b>Procedure: Pull the files of all elder abuse workers, supervisors, and/or volunteers hired during the past year. Indicate the level of education (both level and type of degree) attained by the new hire as well as number of years of related, paid experience.</b>  Do elder abuse worker(s) and program supervisors meet qualification requirements as outlined in the RFP? If No, please explain. <i>(STAFF APPROPRIATENESS AND CONTINUITY)</i>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>

### SAMPLE CLIENT FILE REVIEW

**PROCEDURE: SELECT AT LEAST TWO CLIENT CASE RECORDS PER ELDER ABUSE WORKER FOR A TOTAL OF FIVE RECORDS. INCLUDE AT LEAST THREE CLIENTS WHO HAVE RECEIVED COUNSELING SERVICES. INDICATE NAMES IN BOXES BELOW.**

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**ID#:** \_\_\_\_\_

Question #	Question	P.O. Answer
<b>CR-1</b>	<p>Randomly select five elder abuse case records. Were all areas of the intake completed and did the intake give the Program Officer a clear picture of the presenting problem(s)/elder abuse situation?</p> <p><b>-If NO</b>, please explain what areas of the intake were not completed and why the Program Officer did not get a clear picture of the client's situation and needs. <i>(PROCEDURES &amp; METHODS)</i></p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>
<b>CR-2</b>	<p>Was eligibility established within the guidelines of age (or secondary victim), geography, and elder abuse intervention needs (client is victim of mistreatment by trusted other and does not appear to meet APS eligibility criteria)? <i>(PROCEDURES &amp; METHODS)</i></p> <p>-If NO, please explain.</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>
<b>CR-3</b>	<p>Were all areas of the risk assessment (or automated risk assessment) conducted during the intake process? If NO, please explain what areas of the risk assessment were not completed. <i>(PROCEDURES &amp; METHODS)</i></p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p> <p>N/A <input type="radio"/></p>
<b>CR-4</b>	<p>Did the elder abuse intervention worker make contact with the client/referral source/collateral other within five working days of completion of the intake? If NO, please explain. <i>(PROCEDURES &amp; METHODS)</i></p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>
<b>CR-5</b>	<p><b>If the client was assessed, during intake, as "high risk"</b>, did the elder abuse intervention worker contact the client/referral source/collateral other within two days of completion of the intake? If NO, please explain. <i>(PROCEDURES &amp; METHODS)</i></p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p> <p>N/A <input type="radio"/></p>

## FY 2006 ELDER ABUSE ASSESSMENT TOOL

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ID#: \_\_\_\_\_

<b>CR-6</b>	<b>If the worker was unable to contact the client/referral source/collateral contact within five business days of receiving the referral</b> , did the worker attempt to telephone/visit/write the client at least three times during the first five business days? And, did the worker make at least five additional efforts to contact the client during the next five business days? <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
<b>CR-7</b>	<b>If the case was referred from DFTA's ECVRC</b> , within five business days of receiving the referral, did the elder abuse worker provide the Elderly Crime Victims Resource Center referral source with the status of referral? <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
<b>CR-8</b>	<b>If the worker was unable to make contact with the client, and believes that a crime may be occurring</b> , was the case referred to the NYPD? If not, was the case referred to APS? If NO, please explain what actions were taken to address the situation. <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
<b>CR-9</b>	<b>If the presenting problem appears to indicate that client may meet Adult Protective Service's (APS) criteria for assistance</b> —the client appears to have a physical or cognitive impairment and has no one willing or able to provide appropriate care—did the worker calls APS Central Intake within two business days (of receiving the intake) to determine if the case is known to APS? <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
<b>CR-10</b>	<b>If the case appears to meet Adult Protective Service's (APS) criteria for assistance</b> —the client appears to have a physical or cognitive impairment and has no one willing or able to provide appropriate care— <b>and the client is not known to APS</b> , was the case is referred to APS within fifteen business days from the date of intake? <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
<b>CR-11</b>	<b>If the elder abuse intervention worker referred a client to APS</b> , did the worker call APS within five business days (from the time of referral) to insure that the client was evaluated by this agency? <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/>

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**Assessment Date:** \_\_\_ / \_\_\_ / \_\_\_

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		N/A <input type="radio"/>
<b>CR-12</b>	<p>Did the worker develop a safety plan that reflects the individual safety needs and perspective of the client (e.g. client will ask neighbor to call 911 if he or she hears a disturbance, client will call domestic violence hotline/911 if he or she is afraid, client will devise a code word to alert elder abuse worker that it is not safe to talk on the phone, etc.)? Was the safety plan developed as soon as contact was established with the client? -And, does the plan include a determination of if and when it is safe to call, visit, and/or send mail to the client's home and if it is safe to use the term "elder abuse/mistreatment" in written/telephone communications? If NO, please explain. (<i>SCOPE OF SERVICE</i>)</p>	Yes <input type="radio"/> No <input type="radio"/>
<b>CR-13</b>	<p>Did the worker begin conducting the comprehensive assessment interview within ten days of completion of the intake? (<i>PROCEDURES &amp; METHODS</i>)</p> <p><b>Exception(s):</b> Crisis intervention/unable to make contact with the client</p>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
<b>CR-14</b>	<p>Was the psychosocial assessment form or computerized assessment form completed within 45 days from the time of referral? If NO, please explain what areas of the assessment were not completed. (<i>PROCEDURES &amp; METHODS</i>)</p> <p><b>Exception(s):</b> Case was closed in &lt;45 days from the time of intake</p>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
<b>CR- 15</b>	<p>Was a written, service plan developed within 15 days from the time of intake? (<i>PROCEDURES &amp; METHODS</i>)</p>	Yes <input type="radio"/> No <input type="radio"/>
<b>CR- 16</b>	<p>Does the service plan include all of the following: 1) the problem/need(s) the client has agreed to address, 2) long- and short-term goal(s) and service objectives for ensuing work, and 3) major action steps to be undertaken by both worker and client? If NO, please explain which of the following areas were not included in the plan. (<i>PROCEDURES &amp; METHODS</i>)</p>	Yes <input type="radio"/> No <input type="radio"/>

## FY 2006 ELDER ABUSE ASSESSMENT TOOL

**Assessment Date:** \_\_\_ / \_\_\_ / \_\_\_

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<b>CR- 17</b>	<p>Does the service plan address all needs identified during intake and assessment?</p> <p><b>-If NO</b>, explain why these needs are not addressed in the plan and how they are being addressed. <i>(PROCEDURES &amp; METHODS)</i></p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>
<b>CR- 18</b>	<p><b>Randomly select five open elder abuse case files.</b> Has the elder abuse intervention worker been actively working (within the last month) on resolution of the client's elder abuse problem/implementation of the service plan? Note: <b>If NO</b>, what—if any—services has the client has received from the worker over the last month. <i>(PROCEDURES &amp; METHODS)</i> <b>(EXCEPTION: SUPPORT GROUP ONLY)</b></p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>
<b>CR- 19</b>	<p>Are case note entries clear, legible, dated, and organized in chronological order? Is follow up noted on each presenting issue? Do the case notes enable the Program Officer to understand exactly what was done for the client? If NO, please explain. <i>(REPORTING &amp; RECORD KEEPING)</i></p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>
<b>CR- 20</b>	<p><b>If the client appears eligible for any benefits or entitlements</b> (e.g. shelter, order of protection, CVB funds, security device installation, Medicaid screening, caregiver services, SCRIE, food stamps, medical care, referrals to DA's/ Attorney General's Office, etc.) was eligibility correctly identified and appropriate and timely assistance provided (including follow-up if needed)? If client refused, was this clearly documented in the record? <i>(SCOPE OF SERVICE)</i></p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p> <p>N/A <input type="radio"/></p>
<b>CR- 21</b>	<p><b>If client was referred for a benefit/entitlement/service</b>, did the referral meet the client's need? Is it clear that the worker performed necessary follow-up and advocacy functions to insure that the client's need was being sufficiently addressed? <i>(SCOPE OF SERVICE)</i></p> <p>-N/A if client is not eligible for entitlements or benefits, or if no follow-up was necessary)</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p> <p>N/A <input type="radio"/></p>
<b>CR- 22</b>	<p>Did the elder abuse worker make every effort to foster and respect maximum client self-determination by providing accurate information, presenting choices, answering questions, offering support, and encouraging clients to define his or her own service objectives? If NO, please explain. <i>(SCOPE OF SERVICE)</i></p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>

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**ID#:** \_\_\_\_\_

<b>CR- 23</b>	Did the elder abuse intervention worker get a signed Release of Information from the client? Or, did the worker document client's refusal to sign Release? If NO, please explain. <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/>
<b>CR- 24</b>	<b>Randomly select five closed elder abuse case files.</b> Upon review of closed, elder abuse client case file, were specific steps listed in the care plan completed prior to termination? <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/>
<b>CR- 25</b>	<b>Randomly select five closed elder abuse case files.</b> Did the supervisor review and sign off on each case before it was closed? If NO, please explain. <i>(PROCEDURES &amp; METHODS)</i>	Yes <input type="radio"/> No <input type="radio"/>
<b>CR- 26</b>	Is documentation available (either in the case record or supervisory log) to verify that the supervisor reviewed each case during weekly or biweekly scheduled, documented supervision? If No, please explain how supervisor is documenting supervisory sessions. <i>(STAFF APPROPRIATENESS AND CONTINUITY)</i>	Yes <input type="radio"/> No <input type="radio"/>

### EDU: ELDER ABUSE EDUCATION

Question #	Question	P.O. Answer
<b>EDU- 1</b>	During the first month of each new fiscal year, did the program develop an annual, written, action plan for conducting outreach and training activities? Does the plan include the following: 1) groups that will be trained or outreached (e.g. seniors, EMT, police, case workers, home attendants, bank personnel, hospital staff, etc.), 2) community districts or special populations to be outreached (LGBT, new immigrants, etc.), 3) methods for outreaching (mailings, phone calls, meetings, trainings, etc.) and 4) timeframes for completing activities? <i>(SCOPE OF SERVICE)</i>	Yes <input type="radio"/> No <input type="radio"/>
<b>EDU- 2</b>	<b>If the number of new clients served fell below the year-to-date contracted target,</b> did the supervisor revise the outreach plan and develop a strategy (e.g. marketing, outreach, elder abuse education, etc.) to increase the number of new clients served? Indicate N/A if program served at least 85% of the YTD number of new clients they proposed to serve during the fiscal year? <i>(SCOPE OF SERVICE)</i>	Yes <input type="radio"/> No <input type="radio"/>

## FY 2006 ELDER ABUSE ASSESSMENT TOOL

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		N/A <input type="radio"/>
<b>EDU-3</b>	<p>Did the program sponsor a yearly event in either October or May to acknowledge either Domestic Violence or Elder Abuse Month (e.g. police breakfast, mini conference, targeted trainings, etc.)? <i>(SCOPE OF SERVICE)</i></p> <p>-Indicate N/A, if assessment was conducted before scheduled October/May event.</p>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
<b>EDU-4</b>	<p>Do the trainings provided by the program address issues related to elder abuse prevention? Does each sign in-sheet specify the focus/topic of training? <i>(SCOPE OF SERVICE)</i></p>	Yes <input type="radio"/> No <input type="radio"/>
<b>EDU-5</b>	<p>Did a minimum of eight attendees' participate in each elder abuse education activity? If NO, please explain. <i>(SCOPE OF SERVICE)</i></p>	Yes <input type="radio"/> No <input type="radio"/>

### WORKER LOGS: CORE SERVICE REVIEW

**Procedure for questions 1-9:**

**Randomly pick five worker log entries from each elder abuse worker's log (include a review of all service categories provided by the program except for education units which may be verified through a review of all related sign-in sheets.) Also, add worker log totals for sample month and insure that numbers for reported units on the worker log match the total units reported to DFTA on the monthly reporting form.**

## FY 2006 ELDER ABUSE ASSESSMENT TOOL

Assessment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Program Name: \_\_\_\_\_

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Question #	Question	P.O. Answer
<b>WL - 1</b>	<p>Do reported <b>case assistance</b> units from the sample month match on-site documentation of <b>case assistance</b> units provided? (<i>REPORTING &amp; RECORD KEEPING</i>)</p> <p>-A unit of elder abuse case assistance is each hour spent on direct client service: <b>(1)</b> communication with clients (in-home, office, or via telephone or mail/email); <b>(2)</b> travel from the office to visit a client or between clients or to perform an activity on behalf of the client (travel time should be associated with a specific client); <b>(3)</b> completion of paperwork related to a client's case; <b>(4)</b> documentation in client's case record, including computer entries; <b>(5)</b> case supervision; <b>(6)</b> making collateral contacts on behalf of the client; or <b>(7)</b> accompanying a client to court, police station, medical appointment, etc. <i>The program may report a total of two hours per month for time spent completing statistical reports required by DFTA's Elderly Crime Victims Resource Center.</i></p>	<p style="text-align: right;">Yes   <input type="radio"/></p> <p style="text-align: right;">No   <input type="radio"/></p>
<b>WL -2</b>	<p>Do reported <b>counseling</b> units from the sample month match on-site documentation of <b>counseling</b> units provided? (<i>REPORTING &amp; RECORD KEEPING</i>)</p> <p>- A unit of elder abuse counseling is each hour spent providing planned and structured, face-to-face (homebound and individuals in need of immediate crisis intervention may need to be assisted via telephone) counseling service to a client or group. This unit may include <b>(1)</b> individual, group, family, or crisis counseling session; <b>(2)</b> travel from the office to visit a client or between clients or to clients or to provide counseling (travel time should be associated with a specific client); <b>(3)</b> updating counseling or support group related case notes, including computer entries; or <b>(4)</b> case supervision on counseling and support group clients.</p>	<p style="text-align: right;">Yes   <input type="radio"/></p> <p style="text-align: right;">No   <input type="radio"/></p> <p style="text-align: right;">N/A   <input type="radio"/></p>
<b>WL -3</b>	<p>Do reported <b>support group</b> units from the sample month match on-site documentation of <b>support group</b> units provided? (<i>REPORTING &amp; RECORD KEEPING</i>)</p> <p>- One hour of support group preparation time may be reported for each elder abuse support group session.</p> <p>- In order to count the support group, three or more clients must participate in the group.</p>	<p style="text-align: right;">Yes   <input type="radio"/></p> <p style="text-align: right;">No   <input type="radio"/></p> <p style="text-align: right;">N/A   <input type="radio"/></p>
<b>WL -4</b>	<p>Do reported <b>education</b> units from the sample month match on-site documentation of <b>education</b> units provided? (<i>REPORTING &amp; RECORD KEEPING</i>)</p>	<p style="text-align: right;">Yes   <input type="radio"/></p>

## FY 2006 ELDER ABUSE ASSESSMENT TOOL

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**Program Name:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

	<p>-A unit of elder abuse education is each planned, organized and scheduled educational activity designed to educate seniors and/or professionals about elder abuse. At least eight participants must be included on education sign-in sheet in order to report the education unit.</p>	<p>No <input type="radio"/></p> <p>N/A <input type="radio"/></p>
<p><b>WL -5</b></p>	<p>Do the reported <b>number of new clients served</b> from the sample month match on-site documentation of <b>number of new clients served</b>? (<i>REPORTING &amp; RECORD KEEPING</i>)</p> <p>- A new client is any new, unduplicated individual receiving elder abuse program services during the course of the fiscal year. This includes any client closed during the <u>previous fiscal year and reopened during the course of the current fiscal year</u>. The “new client” does <b>not</b> include clients carried over from one fiscal year to another or any clients closed and reopened during the current fiscal year. The new client does <b>not</b> include clients who do not meet eligibility criteria nor does it include clients/referral sources who were provided with “information, referral, or consultation only”. Secondary victims (see definition in elder abuse standards addendum) who are provided with services may be counted as new clients.</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>

**SUPS: Supplemental Services**

Question #	Question	P.O. Answer
<p><b>SUPS - 1</b></p>	<p>Does the program use the correct unit definition in reporting Supplemental Services? (<i>REPORTING &amp; RECORD KEEPING</i>)</p> <p>- Each contact with an elder abuse victim to provide services such as transportation, escorted trips, emergency cash, and security device installation.</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p> <p>N/A <input type="radio"/></p>

**Service Levels (For Final Assessment & VENDEX)**

## FY 2006 ELDER ABUSE ASSESSMENT TOOL

Assessment Date: \_\_\_ / \_\_\_ / \_\_\_

Program Officer: \_\_\_\_\_

Program Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Question #	Question	P.O. Answer
<b>SRLV - 1</b>	Did each full and part-time elder abuse worker attend at least two trainings during the year relevant to the provision of elder abuse prevention and/or intervention services (acceptable trainings include those offered by DFTA, Brookdale Center on Aging, universities, clinical institutes, and/or by a guest trainer invited to the agency). <b><i>(STAFF APPROPRIATENESS AND CONTINUITY)</i></b>	Yes <input type="radio"/> No <input type="radio"/>
<b>SRLV - 2</b>	Were training evaluation forms distributed and completed at eight or more trainings (four with seniors and four with professionals) during the year? <b><i>(SCOPE OF SERVICE)</i></b>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
<b>SRLV - 3</b>	Did each elder abuse worker attend and document participation in at least two of the following during the year: DFTA's Bi-Monthly Elder Abuse Discussion Group, DA's Office Task Force or Domestic Violence Task Force? <b><i>(STAFF APPROPRIATENESS &amp; CONTINUITY)</i></b>	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
<b>SRLV - 4</b>	Was the Program Officer able to review annual performance evaluations for each elder abuse program worker? Were updated staff evaluations conducted during the current contract year? <b><i>(STAFF APPROPRIATENESS &amp; CONTINUITY)</i></b>	Yes <input type="radio"/> No <input type="radio"/>
<b>SRLV - 5</b>	Did the program deliver 95% (or more) of its budgeted units for core contracted services including case assistance, counseling, support group delivery, and education? (Level of Service)  <i>NOTE: Answer is <b>NO</b> if the units documented and units reported do not meet DFTA's unit definition for this service.</i>	Yes <input type="radio"/> No <input type="radio"/>
<b>SRLV - 6</b>	Were Supplemental services, including legal assistance, provided at 95% or more of current year projected levels?	Yes <input type="radio"/>

## FY 2006 ELDER ABUSE ASSESSMENT TOOL

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**Program Officer:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

	<p><i>NOTE: Answer is <b>NO</b> if the units documented and units reported do not meet DFTA's unit definition for this service.</i></p>	<p>No <input type="radio"/></p> <p>N/A <input type="radio"/></p>
<p><b>SRLV - 7</b></p>	<p>Did the program serve at least 95% of the number of new clients they proposed to serve during the fiscal year? (<i>LEVEL OF SERVICE</i>)</p> <p><i>NOTE: Answer is <b>NO</b> if the units documented and units reported do not meet DFTA's unit definition for this service.</i></p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p> <p>N/A <input type="radio"/></p>
<p><b>SRLV - 8</b></p>	<p>Has the program provided service to at least two clients in each of the community districts that they are responsible for covering? (<i>Target Population &amp; Area</i>)</p> <p><i>NOTE: Answer is <b>NO</b> if client community districts were reported incorrectly.</i></p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p> <p>N/A <input type="radio"/></p>
<p><b>SRLV - 9</b></p>	<p>Do referral source patterns reflect a pattern of collaboration with a broad range of service providers, seniors, and lay community members? If YES, the program must have received at least one referral from a minimum of five different sources/agencies (i.e. senior centers, self referred, police, DA, social service agencies, etc.)</p> <p>If Yes, the program must have received referrals from at least seven different agencies/referral source types. (<i>SCOPE OF SERVICE</i>)</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>