

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



December 19, 2006

ALL-COUNTY LETTER NO.: 06-59

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADULT PROTECTIVE SERVICES (APS)
PROGRAM MANAGERS

SUBJECT: NEW FORM: REPORT OF SUSPECTED DEPENDENT
ADULT/ELDER FINANCIAL ABUSE, FORM SOC 342 AND
REVISED FORM: REPORT OF SUSPECTED DEPENDENT
ADULT/ELDER ABUSE, FORM SOC 341

REFERENCE: SENATE BILL 1018 (CHAPTER 140, STATUTES OF 2005)
WELFARE AND INSTITUTIONS CODE (WIC) SECTION 15630.1

The purpose of this All-County Letter (ACL) is to provide counties with a new form, SOC 342, Report of Suspected Dependent Adult/Elder Financial Abuse. This form will be used only by financial institutions to report suspected incidents of financial abuse of dependent adults or the elderly. This ACL also addresses the revision of an existing form, SOC 341, Report of Suspected Dependent Adult/Elder Abuse. The revised version includes additional fields, which may be completed when incidents of suspected financial abuse are being reported by persons not affiliated with financial institutions.

BACKGROUND

Development of SOC 342 was necessary to implement the requirements of Senate Bill (SB) 1018 (Chapter 140, Statutes of 2005), which established officers and employees of financial institutions as mandated reporters of suspected financial abuse. WIC Section 15630.1 provides the definition of financial institutions. This section also describes the civil penalties assessed for failure to report incident(s) by officers and employees of financial institutions. These requirements become effective January 1, 2007 and shall sunset January 1, 2013.

To satisfy the requirements of SB 1018, officers and employees of financial institutions are required to submit both a telephone report and a written report (form SOC 342) to the local APS agency or the local law enforcement agency.

USE OF FORM SOC 342

Form SOC 342 contains sections specifically addressing issues relevant to financial abuse, such as bank accounts, power of attorney for finances, direct deposit income, and trust accounts. Assistance with the development of this form came from county APS Programs and the California Bankers Association. Similar to form SOC 341, form SOC 342 includes instructions to assist with its completion. A suspected incident of abuse is required to be phoned to the local APS agency or the local law enforcement agency immediately, or as soon as practical and a written report (form SOC 342) shall be sent within two working days. Form SOC 342 directs the use of form SOC 341 to report all other suspected incidents of physical abuse or neglect.

Development of regulations that provide for financial institutions to report financial abuse is underway. These regulations will require the use of form SOC 342 only by financial institutions.

REVISION OF FORM SOC 341

Form SOC 341 was revised for clarity and consistency with form SOC 342. It now includes a section that addresses information pertaining to suspected incidents of financial abuse, such as bank accounts, power of attorney for finances, direct deposit income, and trust accounts. Form SOC 341 is used by persons reporting suspected financial abuse who are not officers or employees of financial institutions. The instructions were amended to include officers and employees of financial institutions in the definition of mandated reporters.

FORMS DISTRIBUTION AND TRANSLATIONS

For all public and private agencies, mandated reporters, and the general public, form SOC 341 is available in English and Spanish. For financial institutions, form SOC 342 will be available in English only. For camera-ready versions of these forms, please contact the Forms Management Unit at (916) 657-1907. If your office has internet access, you may obtain the forms from the CDSS webpage at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm

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For questions regarding the use of these forms, please contact Carey Yamanaka,
Analyst, Policy Development Unit at (916) 229-4000.

Sincerely,

Original Document Signed By:

EVA L. LOPEZ
Deputy Director
Adult Programs Division

Attachments

c: CWDA

Kevin Gould, Vice President
California Bankers Association
State Government Relations

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

DATE COMPLETED:

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

A. VICTIM Check box if victim consents to disclosure of information [Ombudsman use only - WIC 15636(a)]

Form section A containing fields for victim name, age, date of birth, SSN, gender, ethnicity, language, address, city, zip code, and telephone.

B. SUSPECTED ABUSER Check if Self-Neglect

Form section B containing fields for abuser name, address, zip code, telephone, gender, ethnicity, age, D.O.B., height, weight, eyes, and hair.

C. REPORTING PARTY: Check appropriate box if reporting party waives confidentiality to:

Form section C containing fields for reporting party name, signature, occupation, agency name, and contact information.

D. INCIDENT INFORMATION - Address where incident occurred:

Form section D containing fields for incident date/time and place of incident.

E. REPORTED TYPES OF ABUSE (CHECK ALL THAT APPLY).

Form section E containing two columns of checkboxes for types of abuse: 1. PERPETRATED BY OTHERS and 2. SELF-NEGLECT.

F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.).

G. TARGETED ACCOUNT

Form section G containing fields for account number, type of account, trust account, power of attorney, and other accounts.

H. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (family, significant others, neighbors, medical providers and agencies involved, etc.)

Form section H containing fields for name, address, telephone number, and relationship of the other person.

I. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).

Form section I containing fields for name, address, city, zip code, telephone, and relationship of the responsible person.

J. TELEPHONE REPORT MADE TO: Local APS, Local Law Enforcement, Local Ombudsman, Calif. Dept. of Mental Health, Calif. Dept. of Developmental Services

Form section J containing fields for name of official contacted, telephone number, and date/time.

K. WRITTEN REPORT Enter information about the agency receiving this report. Do not submit report to California Department of Social Services Adult Programs Bureau.

Form section K containing fields for agency name, address or fax number, and date mailed/faxed.

L. RECEIVING AGENCY USE ONLY Telephone Report, Written Report

Form section L containing fields for report received by, assigned to, approved by, cross-reported to, and APS/Ombudsman/Law Enforcement Case File Number.

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE GENERAL INSTRUCTIONS

PURPOSE OF FORM

This form, as adopted by the California Department of Social Services (CDSS), is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse of an elder or dependent adult. "**Elder**," means any person residing in this state who is 65 years of age or older (WIC Section 15610.27). "**Dependent Adult**," means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age (WIC Section 15610.23). Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (defined in the Health and Safety Code Sections 1250, 1250.2, and 1250.3).

COMPLETION OF THE FORM

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse. Complete items with an asterisk (*) when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services.
2. If any item of information is unknown, enter "unknown."
3. Item A: Check box to indicate if the victim waives confidentiality.
4. Item C: Check box if the reporting party waives confidentiality. Please note that mandated reporters are required to disclose their names, however, non-mandated reporters may report anonymously.

REPORTING RESPONSIBILITIES

Mandated reporters (see definition below under "Reporting Party Definitions") shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect, (self-neglect), isolation, and abandonment (see definitions in WIC Section 15610) involving an elder or a dependent adult. **The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:**

- The county Adult Protective Services (APS) agency or the local law enforcement agency (if abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter).
- Long-Term Care Ombudsman (LTCO) program or the local law enforcement agency (if abuse occurred in a nursing home, adult residential facility, adult day program, residential care facility for the elderly, or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (if abuse occurred in Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, or Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (if abuse occurred in Sonoma Developmental Center, Lanterman Developmental Center, Porterville Developmental Center, Fairview Developmental Center, or Agnews Developmental Center).

WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect), or is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days to the appropriate agency.

REPORTING PARTY DEFINITIONS

Mandated Reporters (WIC) "15630 (a) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter."

Care Custodian (WIC) "15610.17 'Care custodian' means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff: (a) Twenty-four-hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code. (b) Clinics. (c) Home health agencies. (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services. (e) Adult day health care centers and adult day care. (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders. (g) Independent living centers. (h) Camps. (i) Alzheimer's Disease Day Care Resource Centers. (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code. (k) Respite care facilities. (l) Foster homes. (m) Vocational rehabilitation facilities and work activity centers. (n) Designated area agencies on aging. (o) Regional centers for persons with developmental disabilities. (p) State Department of Social Services and State Department of Health Services licensing divisions. (q) County welfare departments. (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys. (s) The Office of the State Long-Term Care Ombudsman. (t) Offices of public conservators, public guardians, and court investigators. (u) Any protection or advocacy

GENERAL INSTRUCTIONS (Continued)

agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following: (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities. (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness. (v) Humane societies and animal control agencies. (w) Fire departments. (x) Offices of environmental health and building code enforcement. (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults."

Health Practitioner (WIC) "15610.37 'Health practitioner' means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner."

Officers and Employees of Financial Institutions (WIC) "15630.1. (a) As used in this section, "mandated reporter of suspected financial abuse of an elder or dependent adult" means all officers and employees of financial institutions. (b) As used in this section, the term "financial institution" means any of the following: (1) A depository institution, as defined in Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(c)). (2) An institution-affiliated party, as defined in Section 3(u) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(u)). (3) A federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act (12 U.S.C. Sec. 1752), including, but not limited to, an institution-affiliated party of a credit union, as defined in Section 206(r) of the Federal Credit Union Act (12 U.S.C. Sec. 1786 (r)). (c) As used in this section, "financial abuse" has the same meaning as in Section 15610.30. (d)(1) Any mandated reporter of suspected financial abuse of an elder or dependent adult who has direct contact with the elder or dependent adult or who reviews or approves the elder or dependent adult's financial documents, records, or transactions, in connection with providing financial services with respect to an elder or dependent adult, and who, within the scope of his or her employment or professional practice, has observed or has knowledge of an incident that is directly related to the transaction or matter that is within that scope of employment or professional practice, that reasonably appears to be financial abuse, or who reasonably suspects that abuse, based solely on the information before him or her at the time of reviewing or approving the document, records, or transaction in the case of mandated reporters who do not have direct contact with the elder or dependent adult, shall report the known or suspected instance of financial abuse by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the local adult protective services agency or the local law enforcement agency."

MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

IDENTITY OF THE REPORTER

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only among APS agencies, local law enforcement agencies, LTCO coordinators, California State Attorney General Bureau of Medi-Cal Fraud and Elder Abuse, licensing agencies or their counsel, Department of Consumer Affairs Investigators (who investigate elder and dependent adult abuse), the county District Attorney, the Probate Court, and the Public Guardian. Confidentiality may be waived by the reporter or by court order.

FAILURE TO REPORT

Failure to report by mandated reporters (as defined under "Reporting Party Definitions") any suspected incidents of physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than \$1,000, or by both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to \$5,000, or by both imprisonment and fine.

Officers or employees of financial institutions (defined under "Reporting Party Definitions") are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter to the party bringing the action.

GENERAL INSTRUCTIONS (Continued)

EXCEPTIONS TO REPORTING

Per WIC Section 15630(b)(3)(A), a mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

- (1) The mandated reporter has been told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect).
- (2) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- (3) The elder or the dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- (4) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

Per WIC Section 15630(b)(4)(A), in a long-term care facility, a mandated reporter who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the Office of the State Long-Term Care Ombudsman (OSLTCO), has access to plans of care and has the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse:

- (1) The mandated reporter is aware that there is a proper plan of care.
- (2) The mandated reporter is aware that the plan of care was properly provided and executed.
- (3) A physical, mental, or medical injury occurred as a result of care pursuant to clause (1) or (2).
- (4) The mandated reporter reasonably believes that the injury was not the result of abuse.

DISTRIBUTION OF SOC 341 COPIES

Mandated reporter: After making the telephone report to the appropriate agency, the reporter shall send the original and one copy to the agency; keep one copy for the reporter's file.

Receiving agency: Place the original copy in the case file. Send a copy to a cross-reporting agency, if applicable.

DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS BUREAU.

FOR USE BY FINANCIAL INSTITUTIONS REPORT OF SUSPECTED DEPENDENT ADULT/ELDER FINANCIAL ABUSE

[CONFIDENTIAL - Not subject to public disclosure]

DATE COMPLETED: _____

TO BE COMPLETED BY REPORTING PERSON. PLEASE PRINT OR TYPE.

A. VICTIM

NAME (LAST NAME FIRST)	AGE	DATE OF BIRTH	SSN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
ADDRESS (IF FACILITY, INCLUDE NAME)	CITY	ZIP CODE	TELEPHONE ()		
PRESENT LOCATION (IF DIFFERENT FROM ABOVE)	CITY	ZIP CODE	TELEPHONE ()		
<input type="checkbox"/> ELDERLY (65+) <input type="checkbox"/> DEVELOPMENTALLY DISABLED <input type="checkbox"/> MENTALLY ILL/DISABLED <input type="checkbox"/> PHYSICALLY DISABLED <input type="checkbox"/> UNKNOWN/OTHER					

B. INCIDENT INFORMATION - WHERE INCIDENT OCCURRED

PLACE OF INCIDENT (✓ CHECK ONE)

FINANCIAL INSTITUTION
 OWN HOME
 CARE FACILITY
 OTHER (Specify)
 UNKNOWN

ADDRESS WHERE INCIDENT(S) OCCURRED	DATE/TIME OF INCIDENT(S)
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C. REPORTER'S OBSERVATIONS

(ATTACH ADDITIONAL PAGES IF NECESSARY)

D. TARGETED ACCOUNT

ACCOUNT NUMBER: (LAST 4 DIGITS)	TYPE OF ACCOUNT: <input type="checkbox"/> DEPOSIT <input type="checkbox"/> CREDIT <input type="checkbox"/> OTHER	TRUST ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OF ATTORNEY: <input type="checkbox"/> YES <input type="checkbox"/> NO	DIRECT DEPOSIT: <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER ACCOUNTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

E. SUSPECT INFORMATION

NAME OF SUSPECTED ABUSER(S)	ADDRESS	DATE OF BIRTH	AGE (ESTIMATE IF UNKNOWN)
RELATIONSHIP TO VICTIM			
<input type="checkbox"/> CARE CUSTODIAN <input type="checkbox"/> PARENT <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> HEALTH PRACTITIONER <input type="checkbox"/> SPOUSE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			

F. OTHER PERSON(S) BELIEVED TO HAVE KNOWLEDGE OF ABUSE - (family, significant others, neighbors, medical providers and agencies involved, etc.)

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP
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G. TELEPHONE AND WRITTEN REPORTS

TELEPHONE REPORT MADE TO:
 Local APS
 Local Law Enforcement
 Local Ombudsman

NAME OF OFFICIAL CONTACTED BY PHONE	TELEPHONE ()	DATE/TIME
REPORTED BY	TITLE	DATE/TIME
NAME OF FINANCIAL INSTITUTION		ADDRESS

WRITTEN REPORT SENT TO

Enter information about the agency receiving a copy of this report. Do not submit report to California Department of Social Services Adult Programs Bureau.

NAME OF AGENCY	ADDRESS OR FAX #	<input type="checkbox"/> Date Mailed: <input type="checkbox"/> Date Faxed:
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H. RECEIVING AGENCY USE ONLY

Telephone Report Written Report

1. Report Received by: _____ Date/Time: _____

2. Assigned Immediate Response
 Ten-day Response
 No Initial Face-To-Face Required
 Not APS
 Not Ombudsman

Approved by: _____ Assigned to (optional): _____

3. Cross-Reported to: CDHS, Licensing & Cert.; CDSS-CCL; CDA Ombudsman; Bureau of Medi-Cal Fraud & Elder Abuse; Mental Health; Law Enforcement;
 Professional Board; Developmental Services; APS; Other (Specify) _____ Date of Cross-Report: _____

4. APS/Ombudsman/Law Enforcement Case File Number: _____

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER FINANCIAL ABUSE FINANCIAL INSTITUTIONS ONLY GENERAL INSTRUCTIONS

PURPOSE OF THE FORM

This form is to be used by officers and employees of financial institutions ("mandated reporter(s)") to report suspected financial abuse suffered by a dependent adult or elder. Other types of dependent adult or elder abuse may be reported using form SOC 341. This form is available on http://www.dss.cahwnet.gov/cdssweb/On-lineFor_298.htm#SOC.

An "elder" is any person residing in California who is 65 years of age or older. A "dependent adult" is anyone residing in California who is between the ages of 18 and 64 years, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons whose physical or mental disabilities have diminished because of age. It also includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility.

The oral or written report may be made to the adult protective services agency (APS) in the county where the apparent victim resides, or to a law endorsement agency in the county where the incident occurred. If the mandated reporter knows the apparent victim resides in a long-term care facility, the report must be provided to the local ombudsman or local law enforcement agency. The mandated reporter must first report the incident by telephone, followed by a written report within two working days, using the form. See <http://www.dss.cahwnet.gov/pdf/apscolist.pdf> for a list of APS offices by county or http://www.aging.state.ca.us/html/programs/ombudsman_contacts.html for county ombudsman offices.

WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be financial abuse, or is told by an elder or a dependent adult that he or she has experienced behavior constituting financial abuse, shall report the known or suspected instance of abuse by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the appropriate agency.

REPORTING PARTY DEFINITIONS

Officers and employees of financial institutions are mandated reporters of suspected financial abuse of an elder or dependent adult residing in California (WIC 15630.1). Financial abuse of an elder or dependent adult generally means the taking of real or personal property of an elder or dependent adult to a wrongful use, or assisting in doing so (WIC 15610.30). A mandated reporter who has direct contact with the elder or dependent adult, or who does not have direct contact but reviews or approves the elder's or dependent adult's financial documents, records, or transactions, and who reasonably believes that financial abuse has occurred, must report the incident by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the local adult protective services agency or the local law enforcement agency (WIC 15630.1(d)(1)).

IDENTITY OF THE REPORTING PARTY

The identity of all persons reporting suspected financial abuse shall be confidential and only disclosed among APS agencies, local law enforcement agencies, Long-Term Care Ombudsman (LTCO) coordinators, Bureau of Medi-Cal Fraud and Elder Abuse of the Office of the Attorney General, licensing agencies or their counsel, Investigators of the Department of Consumer Affairs who investigate elder and dependent adult abuse, the Office of the District Attorney, the Probate Court, and the Public Guardian, or upon waiver of the confidentiality by the mandated reporter or by court order.

MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

GENERAL INSTRUCTIONS (Continued)

FAILURE TO REPORT

Officers or employees of financial institutions (defined under "Reporting Party Definitions") are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter to the party bringing the action.

WRITTEN REPORT

If any item of information is unknown, write "unknown" beside the item.

1. **Part A: Victim** Provide information as indicated to the extent known to you or available from financial institution records. If the apparent victim is residing at a location other than his or her address of record, indicate in "Present Location."
2. **Part B: Incident Information** Please check the appropriate box to indicate where the incident occurred. If the incident occurred at another location, please enter the address of the incident location.
3. **Part C: Reporter's Observations** Complete this part carefully and completely. Please include any of the following, as applicable:
 - Statements made by the apparent victim or the suspect;
 - Changes to banking patterns or practices; unusual account activity, such as large withdrawals or large wire transfers;
 - Abrupt changes to legal or financial documents, such as a power of attorney or trust instrument;
 - Sudden confusion by the apparent victim regarding his or her personal financial matters;
 - Repeated telephone calls to the financial institution by the apparent victim repeatedly asking the same question(s);
 - Establishment of unnecessary credit for the apparent victim himself or herself or another person;
 - Apparent victim's belief that he or she has won a lottery;
 - Observations regarding changes to the apparent victim's appearance or demeanor, etc.; or
 - Other concerns by the financial institution's officer or employee not listed above.Please attach additional pages, if necessary.
4. **Part D: Targeted Account** Complete information as indicated regarding the targeted account of the apparent victim. To ensure confidentiality, indicate only the last 4 digits of that account number. When making the report by telephone, the mandated reporter will be asked to provide the full account number. A trust account includes not only a Totten or informal trust arrangement through a deposit account, but also formal trust arrangements through a financial institution's trust department. If the apparent victim has other accounts with the financial institution, check "yes." If more than one account is affected, indicate on separate page.
5. **Part E: Suspect Information** This information is of particular importance to an agency's ability to conduct an investigation. Attach additional pages if more than one suspect is involved.
6. **Part F: Other Persons Believed to Have Knowledge of Abuse** This section is intended to identify any other persons who have knowledge of the incident(s).
7. **Part G: Telephone and written reports** This part shall be completed by the mandated reporter for statistical reporting to financial institutions, and county, state, and federal entities.
8. **Distribution of SOC 342 copies** The mandated reporter shall send the original and one copy to the appropriate agency, after the telephone report is made; keep one copy for the reporter's file. The receiving agency shall place the original copy in the case file and send a copy to the cross-reporting agency, if applicable. **DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS OPERATIONS BUREAU.**