<u>Introduction</u>: The Executive Office of Elder Affairs (EOEA) provides this website for reporting suspected Elder Abuse which includes physical abuse, emotional abuse, sexual abuse, caretaker neglect, financial exploitation, and self-neglect. <u>Elder Protective Services only has jurisdiction to investigate cases of abuse where the individual is</u> <u>over the age of 60 and resides in the community.</u>

-Call 911 or your local law enforcement agency if you have an emergency or life-threatening situation that must be dealt with immediately

-To report abuse of an adult **Under the Age of 60**, contact the Disabled Persons Protection Commission at 1-800-426-9009.

-To report **abuse of a patient by Nursing Home or Hospital staff**, contact the Massachusetts Department of Public Health at 1-800-462-5540.

The online reporting webpage can be found at: <u>https://www.mass.gov/report-elder-abuse</u>

Stop! Do not file an Online Elder Abuse Report in the following situations:

- 1. Emergency or urgent situations that require immediate attention from Protective Services as it may take more than 24 hours to process online reports; and/or
- 2. You want to report anonymously, as filing online requires you submit your name; and/or
- 3. You do not have the name and address of the victim. The online reporting system will not allow you to file such reports.

If any of these situations apply you must make a verbal report to the Massachusetts Elder Abuse Hotline at 1-800-922-2275.

Massachusetts Elder Abuse Online Reporting User Guide

<u>Using the Web Intake</u>: The web intake system consists of the following sections in the order listed below.

- 1. Reporter Information (Required)
- 2. Incident Information (Required)
- 3. Alleged Victim Information (Required)
- 4. Alleged Perpetrator Information (Required if not a Self-Neglect Report)
- 5. Other Participant Information
- 6. Attachments

Each section has fields that are essential to the intake process and are marked required. The web intake system also provides a help feature. When selected a web dialog box will appear.

| Reporter Information | | |
|---|--|--|
| Reporter Information If this report is an emergency or requires immediate attention, DO NOT file an online report. Additionally, if you do not have the full address where the elder resides you will not be able to file an online report. In such instances please make a verbal report to the Massachusetts Elder Abuse Hotline at 1-800-922-2275. When filing an online report it is important to provide as much detail as possible and complete all required fields. If you include your email address you will receive an email confirmation for your records after the report is submitted. | | |
| Mandated Report required | | |
| Reporter Employer | | |
| First Name required | Last Name required Middle Initial | |
| Street required | | |
| Street 2 | | |
| City required | Clear State required Clear Zip Code required Clear | |
| Phone required | Extension Phone Type required Work | |
| Email Address | | |
| Relationship to Alleged Victim | | |
| Best time to contact | | |
| | 1000 characters remaining | |
| | ed here if you are required to report suspicion of Abuse or Neglect. ess ALT+F4. | |

The city/state and zip code fields appear in multiple section throughout the web intake. These fields have built in functionality to help users choose the correct information. All city/towns and zip codes are linked so that only the appropirate information will appear based on selected city or town. **Enter data into these fields slowly and allow the drop downs menus to populate beforemkaing your selection.** If incorrect information is used you must use the "clear" buttons.

| City required | North Reading Clear State required MA Clear Zip Code required | ▼ Clear |
|----------------|---|--------------------|
| Phone required | Extension Phone Type required Work | |
| Email Address | • | \$ |
| | 1 | Items 1-2 out of 2 |

<u>Reporter Information Section:</u> This section contains all of the data fields relative to the Reporter. This information is used by Protective Services Agencies to be able to follow up with Reproters. To receive email verification of your web intake you must enter you email address into the Reporter information section.

| Reporter Information > If this report is an emergency or requires immediate attention, DO NOT file an online report. Additionally, if you do not have the full address where the elder resides you will not be able to file an online report. In such instances please make a verbal report to the Massachusetts Elder Abuse Hotline at 1-800-922-2275. When filing an online report it is important to provide as much detail as possible and complete all required fields. If you include your email address you will receive an email confirmation for your records after the report is submitted. | | |
|---|--|--|
| Mandated Reporter required | | |
| Reporter Employer | | |
| First Name required | Last Name required Middle Initial | |
| Street required | | |
| Street 2 | | |
| City required | Clear State required Clear Zip Code required Clear | |
| Phone required | 😯 Extension Phone Type required Work 🔽 | |
| Email Address | 0 | |
| Relationship to Alleged Victim | | |
| Best time to contact | 1000 characters remaining | |

<u>Incident Information Section</u>: This section contains all of the information pertaining to the incident that caused you to report. It is necessary to fill out the city/town, state and zip of the alleged victim's residence as this will assign it to the correct Protective Service Agency. To complete the assignment you must manually select the Protective Service agency and who will screen the report. Once you enter the Alleged Victims residency information the correct PS Agency and Screener will be the only option availabe in the drop down menu.

| City Where Alleged Victim Resides | Florence Clear | State Where Alleged Victim Resides MA • Clear | Zip Code Where Alleged Victim Resides required 01062 Clear |
|---|---------------------------|---|--|
| | Protective Service Agency | required Clear | |
| APS Report to be Screened By required (| ▼ Clear | Scre Highland | |
| Has law enforcement been involved? | | Valley Elder | |
| Is this a Self-Neglect report? required | No 🔽 😧 | Service/ new ⊗ Items 1-1 out of 1 | |

The answer to the self neglect question determines whether or not the system will require you to enter an Alleged Perpetrator before submitting. Elders who are self-neglecing should not be labled as an Alleged Perpetrator.

<u>Participant Information Sections</u>: To add information into the remaining sections you must first "add" the section. Select the "add" button located to the right of the section description. When selected a new screen will appear which consists of all of the demographic information needed. You can edit the information or delete the participant by using the "edit" and "delete" button. These buttons will appear once a participant is added.



| Alleged Victim Information | Copy Address From Spell Check Save Add Another Gancel |
|---|---|
| • In this section, please provide the nam | ne of all persons that you believe are involved in this event. |
| | |
| First Name required | Last Name required Middle Initial |
| Gender required | |
| Date of Birth | Age Estimated required 🕜 |
| SSN | |
| | |
| Street required | |
| Street 2 | |
| City required | Clear Q State required MA Clear Zip Code required Clear |
| Contact Phone Number | Ext. Phone Type |
| Secondary Phone Number | Ext. 🕜 Phone Type 🔽 |
| Email Address | |
| | |
| Primary Race required | |
| Ethnicity required | |
| | |
| Marital Status required | |
| Living Arrangements required | |
| At Risk from Perpetrator required | |
| Primary language spoken required | Interpreter/Translator Needed? |

<u>Attachments</u>: This section is similar to how you add a partipant. Prior to saving please add a brief description of the attached file.

| Attachments | Add elete | |
|--------------------------------|-------------------------|--|
| Attachments | | |
| Attachments | Save Add another Cancel | |
| File Description | Browse | |
| Note: Maximum size for attachm | ent is 4.00MBytes | |

<u>Submission</u>: When you have completed your web intake you will submit it using the "submit" button located on the top right of the form. A pop up box will appear notifying you that your web intake has been submitted. Select "OK"

| | reintake/ D = 🗟 Č 🧭 MA Adult Protective Servic X |
|---|--|
| File Edit View Favorites Tools Help | Services Report Copy Address From Spell Check Submit Cancel |
| | |
| Reporter Information | |
| where the elder resides Abuse Hotline at 1-800-9 | gency or requires immediate attention, DO NOT file an online report. Additionally, if you do not have the full address rou will not be able to file an online report. In such instances please make a verbal report to the Massachusetts Elder 22-2275. When filing an online report it is important to provide as much detail as possible and complete all required r email address you will receive an email confirmation for your records after the report is submitted. |
| Mandated Reporter required | |
| Reporter Employer | |
| First Name required | Last Name required Middle Initial |
| Street required | |
| Street 2 | |
| City required | Clear State required Clear Zip Code required Clear |
| Phone required | Extension Phone Type required Work |
| Email Address | ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ |
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Frequently Asked Questions:

- 1. Should I put my personal address information.
 - a. We recommend you put your work address information into the system if you are filing in your professional capacity.
- 2. Can Web Intakes be used for emergency situations.
 - a. No. Web Intake should only be used for situations that do not need immediate attention. If you have an emergency situation we require you to file a verbal report with the Elder Abuse Hotline
- 3. If I do not know where the elder resides can I use the web intake
 - a. No. Where the elder resides determines which Protective Service Agency will review the web intake. If you do not know where the elder resides you must make a verbal report with the Wlder Abuse Hotline.
- 4. How long will it take for my web intake to be reviewed.
 - a. In most cases intakes are reviewed the same day, but regulations does allow up to 48 hours.
- 5. Can I do one web intake for multiple Elder's
 - a. No: You must file a web intake for each individual Elder.