

**REPORT of HARM for the
PROTECTION of VULNERABLE ADULTS**
In Compliance with Alaska Statute 47.24.010

Central Intake – Reporting

Toll Free: 1-800-478-9996 • Anchorage: (907) 269-3666 • Fax: (907) 269-3648 • hss.aps@alaska.gov

Complete as Much Information as Possible

Date of Report: _____

Vulnerable Adult Information

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Gender: _____ Sex: _____ Race: _____ Ethnicity: _____

Street Address: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ Race: _____ Phone Numbers: _____

Assisted Living Home Name (if applicable): _____

Vulnerable Adult Resides with: _____

Describe Location of Vulnerable Adult (Use attached additional sheet if necessary)

Reporter Information

Last Name: _____ First Name: _____ Middle Initial: _____

Agency Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____

Has a report been filed with the police: Yes No If so, what agency? _____

Your relationship to the Vulnerable Adult: _____

Others with Information

Name: _____ Relationship: _____ Phone: _____
Last, First

Name: _____ Relationship: _____ Phone: _____
Last, First

Name: _____ Relationship: _____ Phone: _____
Last, First

Describe Vulnerable Adult's Physical and Mental Condition or Impairments (Use attached additional sheet if necessary)

Describe Problem or Situation (Use attached additional sheet if necessary)

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ADDITIONAL INFORMATION ON

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Please add any additional information that would not fit on the first page or you believe is important to relay on the situation: