

Referral Form for Potential Protective Services for Adults

Referral from: _____ Penn Yan Ambulance Corp.
 _____ Yates County Sheriff's Department
 _____ Yates Office for the Aging
 _____ Penn Yan Police Department

Name: _____ Birthdate: _____

Address: _____ Social Security # _____

Telephone: _____ Physician's Name: _____

Contact Person(s): _____

Reason for Referral: _____

Services Needed: _____

Does a life-threatening situation exist? yes____ no _____

Signature: _____ Title: _____ Date: _____

RESPONSE FROM YATES COUNTY ADULT PROTECTIVE SERVICES;

Action to be taken:

Other Agencies involved: _____

Contact Person(s) _____

Signature: _____ Title: _____ Date: _____