

**EMERGENCY ADULT PROTECTIVE SERVICES (APS)
ADMISSION TO NURSING FACILITY**

Purpose: This form is to be presented to Kansas Department of Health and Environment surveyors, Kansas Department of Social and Rehabilitation Services (SRS) Medicaid Managers, and Kansas Department on Aging program managers by a Nursing Facility to document the admission of a customer receiving Adult Protective Services at a time when there was no Area Agency on Aging CARE Assessor available and no trained CARE assessor on the Nursing Facility's staff available to perform the required CARE assessment prior to admission.

This is to certify that _____ was admitted to

_____ at _____
Name of Nursing Facility Address & City

on _____ with the assistance of SRS Adult Protective Services and
Date and Time

_____ (if applicable).
Specify Relationship: Neighbor, Relative, Care giver

SIGNATURES:

Date and Time

Signature of SRS/APS Worker

Date and Time

Signature of other person assisting
Customer at time of admission.
(If applicable)

The Nursing Facility must notify the local Area Agency on Aging of the admission and obtain a CARE assessment for the customer on the next working day following admission.

Original: Nursing Facility White Copy
NCR cc: SRS/APS Blue Copy
Local AAA Pink Copy
Client Yellow Copy

This form supersedes Form MS-1018, 6-97.