State of Kansas
Social and Rehabilitation Services
Economic and Employment Support

ES-1022
10-07

APS Critical Incident Notification

to be submitted within 24 hrs. of incident

1. Region: _____ 2. Date: _____ 3. Social Worker: _____

4. Name of Involved Adult: _____ 5. DOB: _____

6. Allegation(s):

_____ Abuse _____ Neglect _____ Exploitation _____ Self Neglect

7. Critical Incident

_____ Death of adult _____ Death of an APS Worker

_____ Serious injury to adult - requiring hospitalization

_____ Serious injury to an APS Worker - requiring hospitalization

_____ Work related incident jeopardizing the health and/or safety of APS Worker

Was the incident related to the allegation?: ___ _____ Yes _____ No

8. Description of the incident:

_____
_____
_____
_____
_____
_____
_____

9. What, if any, follow up is needed?

_____
_____
_____

Designated Regional staff shall send a follow up report to the Program Manager within three (3) working days.

cc: Regional Director, Regional atty., CFS/APS Program Administrator, APS sup., other Regional staff as appropriate, APS Program Manager, EES Assistant Director of Programs