

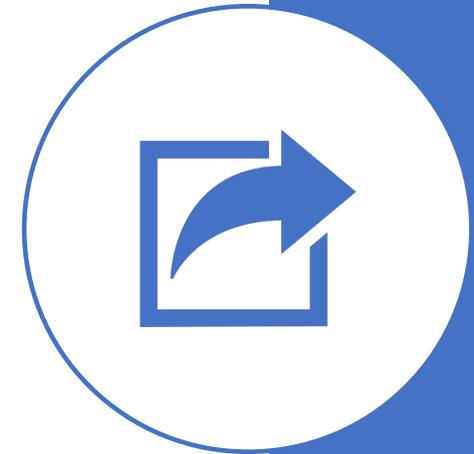
How To Enter Your Report



revised 5/12/2020

Before you get started....

- The online Web referral form must be completed in its entirety
- The form does not allow the user to save it and return to it later
- The form will time out after sitting idly or if not completed in a timely manner
- Please ensure that all necessary information is available to you, as the reporter, before beginning the form
- Once complete and submitted, you will receive a computer generated notice that you have successfully completed your referral



Reporter Information

In this section, you will fill out your contact information so that we can contact you if we need additional information. We must have at least your name and a phone number to ensure that we can properly address your concern in case additional information is needed. Per RI General Law 42-66-10, protective service records of OHA are deemed confidential. Therefore, OHA is unable to provide information back to reporters or other callers on the status and/or outcome of any cases reported to ERS.

Report Source [dropdown]

Agency/Facility Name [text] Your Title [text]

Your First Name *required* [text] Last Name *required* [text]

Street Address of your Agency/Facility [text]

Apartment/PO Box Number [text]

City [text] [Clear] State RI [dropdown] [Clear] Zip Code [text] [Clear]

County [text] [Clear]

Contact Phone Number *required* [text] [?] Ext. [text] Phone Type [dropdown]

Secondary Phone Number [text] Ext. [text] Phone Type [dropdown]

Email Address [text]

Primary Race [dropdown]

Ethnicity [dropdown] [?]

Gender [dropdown]

Date of Birth [calendar] [?] Age [text]

Relationship to Client [dropdown] [?]

Best time to contact you or an alternative contact name and phone number should further information be needed

[Large text area with question mark icon]

1000 characters remaining

REPORTER SECTION

Step #1

- This will be the first section you will see when you access the Web Intake Form.
- This information pertains to you, as the reporter.
- Complete all required fields and include as much additional information as possible (in non-required fields).
- Once REPORTER SECTION is completed, scroll down to the INCIDENT SECTION

COVID-19 Screening

1. Is the allegation or report related to COVID-19?

2. Please describe why the allegation or report is related to COVID-19.

10. If known, what is the COVID-19 test result or confirmed disease status?

11. If tested for COVID-19, what date were the test results provided to you?

12. What is your current symptomatic disposition?

13. Current symptomatic disposition date:

has had the flu, pneumonia, or confirmed COVID-19 in the last 14 days?

6. Has the alleged victim, or anyone in the home been asked to self quarantine or isolate? If yes, Date? If No, end.

7. Date asked to self quarantine or isolate.

8. Please describe why alleged victim (or anyone in the home) was asked to self quarantine or isolate.

4000 characters remaining

9. Has alleged victim been tested for COVID-19? If yes, then following Questions, if no, end.

10. If known, what is the COVID-19 test result or confirmed disease status?

11. If tested for COVID-19, what date were the test results provided to you?

12. What is your current symptomatic disposition?

13. Current symptomatic disposition date:

New

The COVID-19 Screening section has been added to address the health and safety of alleged victims, families, caregivers and staff. Please complete this section if COVID-19 is a known issue in the case. Please answer all questions to the best of your knowledge before moving on to the INCIDENT section.

Incident Information

In this section, you will describe what caused you to fill out a report on the client. If anyone saw the incident happen, you will need to add their contact information to the Other Participant Section. Please answer as many of the following questions as you can.

What date did the incident occur?

What Time?

Where did the incident occur? **required**

Did the incident occur at an Agency or Facility?

Agency/Facility Name

Agency/Facility Phone Number

Incident Street

Incident Apartment Number

City State Zip Code

Incident County

Has law enforcement been involved?

Protective Services Report

Copy Address From

Spell Check

Submit

Cancel

Please describe the incident in details and include the following information.

Do you suspect abuse, neglect and/or financial exploitation of client? If Yes, please explain.

Abuse Allegations Here

Do you suspect self-neglect of client? If Yes, please explain.

Self-Neglect Allegations Here

1000 characters remaining

Please provide information and specific details of the suspected abuse, neglect, exploitation or self-neglect.

Any additional pertinent information here

1000 characters remaining

INCIDENT SECTION

Step #2

- In this section, you will complete information regarding the incident (OR your reason for concern which may not be related to a specific incident).
- Again, complete all required fields and include as much additional information as possible (in non-required fields).
- Be sure to include a narrative description of the incident in the boxes to the left.

IMPORTANT!

- After completing REPORTER SECTION and INCIDENT SECTION, scroll to the bottom of the page and you will see below
- *Client* section **MUST** be completed in order for your referral to be processed
- *Alleged Perpetrator* section **MUST** be completed if someone is reportedly causing harm to the client
- *Other Possible Participant Information* section can be completed if there are others who are involved in the case
- *Attachments* section can be completed if you wish to upload pertinent documents to the case



The screenshot shows a list of four sections, each with a minus sign icon on the left and a set of action buttons on the right. The sections are: Client/Involved Person Information, Alleged Perpetrator Information, Other Possible Participant Information, and Attachments. The 'Add' button for each section is highlighted with a red box, and a red hand icon is pointing to the 'Add' button of the first section. The text 'WebIntake Version: v8.3.1.0.40285' is visible at the bottom of the screenshot.

- Client/Involved Person Information	Add Edit Delete
- Alleged Perpetrator Information	Add Edit Delete
- Other Possible Participant Information	Add Edit Delete
- Attachments	Add Delete

WebIntake Version: v8.3.1.0.40285

To complete each of these sections, click on “Add”

Client/Involved Person Information

Copy Address From

Spell Check

Save

Add Another

Cancel

In this section, please provide information on the alleged victim. When section is complete, click Save button to continue completing the form. Please note that the alleged victim must be age 60 or older and must be residing in RI. Allegations of abuse, neglect, financial exploitation and/or self-neglect that occur in an institutional, licensed, or long-term care setting are not within the jurisdiction of ERS.

First Name **required** ? Last Name **required** ? Middle Initial
Gender ?
Date of Birth **required** ? Age ?
Social Security Number

If this person is homeless, please provide the closest address in the fields below.

Address Type ?
Street Address **required** ?
Apartment/PO Box Number
City **required** Clear ? State **required** RI Clear Zip Code Clear
Residency County Clear
Contact Phone Number Ext. Phone Type
Secondary Phone Number Ext. ? Phone Type
Email Address

Primary Race
Ethnicity ?

Where is the Client located at this time? ?
100 characters remaining

Living Arrangements ?

Vulnerable Condition
 Elderly/Frail
 Mentally Disabled
 Physically Disabled
 Unknown

Where is the Client located at this time? ?
100 characters remaining

Living Arrangements ?

Vulnerable Condition
 Elderly/Frail
 Mentally Disabled
 Physically Disabled
 Unknown

Does the Alleged Perpetrator have access to the Involved Person?

If yes, please describe. ?
300 characters remaining

What is the primary language spoken by the Involved Person? Interpreter/Translator Needed? Non Verbal

What school do they attend? School District Number

Are there weapons or dangers present in the home where the client resides? If yes, please describe. ?
1000 characters remaining

CLIENT SECTION

Step #3

- This section pertains to the alleged victim (client/involved person)
- Complete all required fields and include as much additional information as possible (in non-required fields).
- Once CLIENT SECTION is completed, **YOU MUST CLICK ON 'SAVE' BEFORE MOVING ON TO THE NEXT SECTION**

- Client/Involved Person Information	Add Edit
- Alleged Perpetrator Information	Add Edit
- Other Possible Participant Information	Add Edit
- Attachments	Add De

In this section, you will fill out all known information on the people that you think may be responsible for harming the Client/Involved Person in some way. If there are more than one, please click on the Add Another button once you have fully completed the information on the each person. If you are reporting an incident where you believe there is no Alleged Perpetrator, you can skip this section. If you do not have any information about the Alleged Perpetrator, please answer the first question in this section and then you can move on to complete this report.

Is the Alleged Perpetrator Unknown?

 First Name required Last Name required Middle Initial

 Gender

 Date of Birth Approximate Age

 Social Security Number

If this person is homeless, please provide the closest address in the fields below.

Address Type

 Street Address

 Apartment/PO Box Number

 City State Zip Code

 Residency County

 Contact Phone Number Ext. Phone Type

 Secondary Phone Number Ext. Phone Type

 Email Address

 Primary Race

 Ethnicity

Does the Alleged Perpetrator have access to the Client/Involved Person?

 What is the relationship of this person to the Client/Involved Person?

 What is the primary language spoken by the Alleged Perpetrator?

 Non Verbal

Are there weapons or dangers present in the Alleged Perpetrator's home (Guns,drugs,dogs)? If yes, please describe.

1000 characters remaining

ALLEGED PERPETRATOR SECTION

Step #4

- After completion and saving of Client / Involved Person section, next open Alleged Perpetrator section by clicking on 'Add'
- This section must be completed if there is a caregiver who is mistreating / harming the client
- Complete all required fields and include as much additional information as possible (in non-required fields).
- Once ALLEGED PERPETRATOR SECTION is completed, **YOU MUST CLICK ON 'SAVE' BEFORE MOVING ON TO THE NEXT SECTION**

- Client/Involved Person Information	Add Edit
- Alleged Perpetrator Information	Add Edit
- Other Possible Participant Information	Add Edit
- Attachments	Add Delete

Other Possible Participant Information

Other Possible Participant Information [Copy Address From](#) [Spell Check](#) [Save](#) [Add Another](#) [Cancel](#)

› In this section, you will provide information on any other possible people that you believe might have additional information on the situation. These people could be witnesses, day care providers, other family members, other persons living in the household, anyone mentioned in the incidents section, or anyone that you might think we should contact to gather additional information about the report.

What agency do they work for? What is their Title?

First Name required Last Name required Middle Initial

Gender

Date of Birth Approximate Age

Social Security Number

If this person is homeless, please provide the closest address in the fields below.

Address Type

Street Address required

Apartment/PO Box Number

City State Zip Code

Residency County

Contact Phone Number Ext. Phone Type

Secondary Phone Number Ext. Phone Type

Email Address

Primary Race

Ethnicity

What is the relationship of this person to the Client/Involved Person? Relationship to Incident

What school do they attend? What is the School District?

OTHER POSSIBLE PARTICIPANT SECTION

Step #5

- After completion and saving of Alleged Perpetrator section, next open Other Possible Participant Information section by clicking on 'Add'
- This section should be completed if there are additional persons who are involved in the case
- Complete all required fields and include as much additional information as possible (in non-required fields)
- Once this section is completed, **YOU MUST CLICK ON 'SAVE' BEFORE MOVING ON TO THE NEXT SECTION**

- Client/Involved Person Information	Add	Edi
- Alleged Perpetrator Information	Add	Ed
- Other Possible Participant Information	Add	Ed
- Attachments	Add	De

Attachments

Attachments Save Add another Cancel

File Browse...

Description

Note: Maximum size for attachment is 4.00MBytes

ATTACHMENTS SECTION

Step #6

- After completion and saving of *Other Possible Participant Information* section, next open *Attachments* section by clicking on 'Add'
- This section can be completed if you would like pertinent documents uploaded to the case.
- Locate the document(s) on your computer and upload here.
- Once this section is completed, **YOU MUST CLICK ON 'SAVE'**

- Client/Involved Person Information	✓ Add Edit	Required
- Alleged Perpetrator Information	✓ Add Edit	Required, if Abuse
- Other Possible Participant Information	✓ Add Edit	If Applicable
- Attachments	✓ Add De	If Applicable

After completion of client (required), alleged perpetrator (required, if abuse), other participant (if applicable), and attachments (if applicable) AND saving each completed window, you will be brought back to the main screen. In order for your referral to be successfully submitted, you must then click on 'SUBMIT'.

Protective Services Report

Copy Address From Spell Check **Submit** Cancel

Reporter Information

In this section, you will fill out your contact information so that we can contact you if we need additional information. We must have at least your name and a phone number to ensure that we can properly address your concern in case additional information is needed. Per RI General Law 42-66-10, protective service records of OHA are deemed confidential. Therefore, OHA is unable to provide information back to reporters or other callers on the status and/or outcome of any cases reported to ERS.

Report Source

Agency/Facility Name Your Title

Your First Name **required** Last Name **required**

Street Address of your Agency/Facility

Apartment/PO Box Number

City State RI Zip Code

County

Contact Phone Number **required** Ext. Phone Type

Secondary Phone Number Ext. Phone Type

Email Address

Primary Race

Ethnicity

Gender

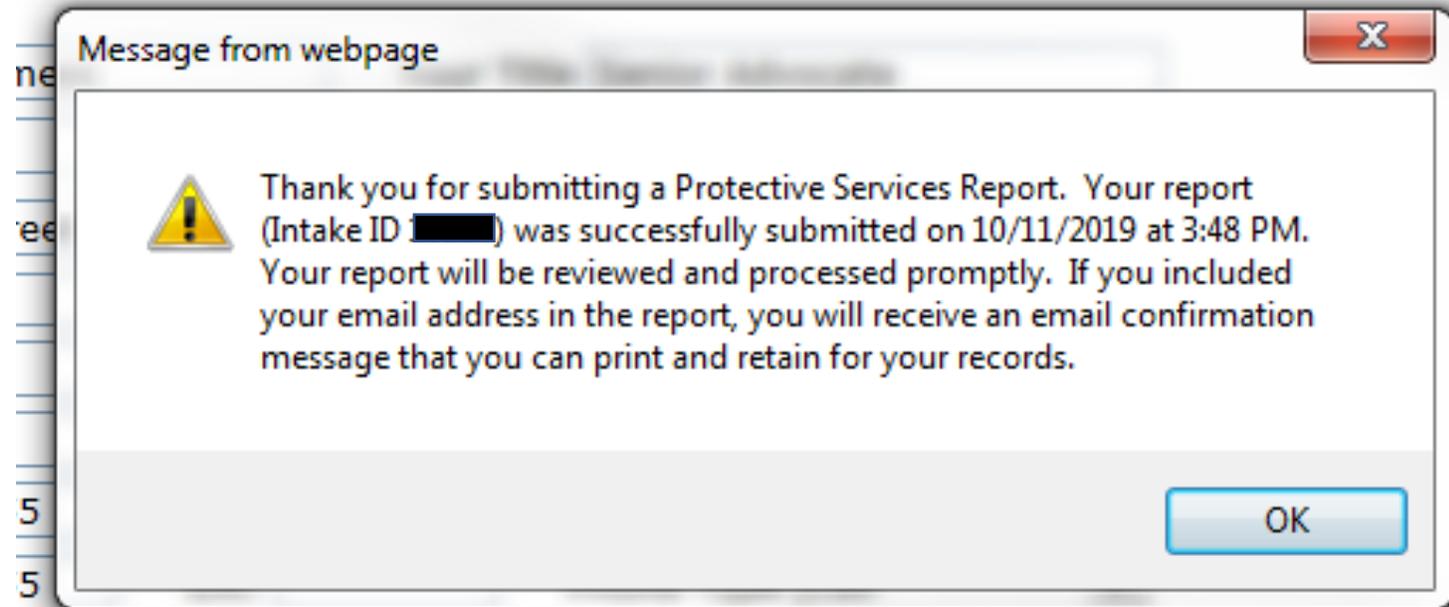
Date of Birth Age

Relationship to Client

Best time to contact you or an alternative contact name and phone number should further information be needed

1000 characters remaining

Success
!



- After clicking on 'Submit', you will receive the above message.
- This message will also include a unique Intake ID number that you may write down for your records.