



**Department of Human Services
Online Directives Information System**

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SUBJECT: Division of Aging Services Adult Protective Services

APPENDIX G: Forms and Templates

Table of Contents

User	Form Owner	Form Number	Form Name	Instructions	Revision Date
APS/Invest	DAS		<u>Authorization for the Release of Information – Form 5459 (English)</u>		
APS/Invest	DAS		<u>Authorization for the Release of Information – Form 5459 (Spanish)</u>		
APS/Invest	DAS		<u>DHS Notice of Privacy Practices (HIPAA) – Form 5460 (English)</u>		
APS/Invest	DAS		<u>DHS Notice of Privacy Practices (HIPAA) – Form 5460 (Spanish)</u>		
APS/Invest	DAS		<u>Determination of Need - Revised (DON-R)</u>	<u>DON-Ri</u>	
APS/Invest	DAS		<u>Saint Louis University Mental Status (SLUMS) Examination</u>	<u>SLUMS1i</u>	
APS/invest	DAS		<u>Patient Health Questionnaire – 9 (PHQ-9)</u>	<u>PHQ-9i</u>	
APS/Invest	DAS/APS		<u>APS income Worksheet</u>		
APS/Invest	DAS/Access to Services		<u>ADRC Risk Assessment for Institutional Placement</u>		
APS/Invest	DAS/CCSP		<u>Falls Risk Assessment</u>		
APS/Invest	DAS/HCBS		<u>Food Security Survey Form</u>		
APS/Invest	DAS/APS		<u>Guardianship or Conservatorship Referral Form</u>		
APS/Invest	DAS/APS		<u>Guardianship Filing Checklist</u>	<u>GFCi</u>	
			INVESTIGATION FORMS		
APS/Invest	DAS/APS		<u>Diligent Effort to Locate</u>		
APS/Invest	DAS/APS		<u>Assessment Matrix</u>		

APS/Invest	DAS/APS		<u>Investigation Matrix</u>		
APS/Invest	DAS/APS		<u>Disabled Adult Abuse Report</u>		
APS/invest	DAS/APS		<u>Medical Records Request</u>		
APS/Invest	DAS/APS		<u>Out-of-State Request Reporting Form</u>		