

REPORT FORM FOR PROTECTIVE SERVICES FOR THE ELDERLY

Call the Protective Services for the Elderly from the Department of Social Services on the toll free line or at the regional numbers listed on back (or Info-line at 211 **after hours**) if you have any reason to believe or suspect that the elderly person cited below is being abused, abandoned, neglected, or exploited. If you choose you may complete this form and forward it to the DSS office covering the elder's town of residence **LISTED ON THE BACK**.

Certain individuals are required by State Statute to report suspected abuse, abandonment, neglect, or exploitation. If you are making the referral, complete this form giving as much information as you have available to you. **RETURN TO APPROPRIATE OFFICE LISTED ON BACK!**

I. INDIVIDUAL BEING REFERRED (Person in need of protection)			
(Last Name)	(First)	(M.I.)	Age: _____
Date of Birth: ____/____/____			
ADDRESS (No. & Street)		(City or Town)	Phone (include area code): _____
SOCIAL SECURITY NUMBER		LANGUAGE SPOKEN:	
OTHER PERSONS/In-Home – Not in Home			
NAME	RELATIONSHIP	CURRENT ADDRESS	
II. REASON FOR REFERRAL (Check all appropriate categories not mutually exclusive) Does Emergency Exist? ___ Yes ___ No			
<input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Abandonment <input type="checkbox"/> Exploitation			
Date of Alleged Incident (If Known): _____			
Give Details: _____			

If Abused, Name of Suspected Perpetrator (If Known)	Relative (Specify)	Other (Specify)	
Are State or local police involved? ___ Yes ___ No	Official's Name, Address, and Phone:		
Individual has Physical Problems? ___ Yes ___ No			
Give details of physical problems/limitation:			
Is individual on any public assistance programs? ___ Yes ___ No If "Yes" Specify			Case Number:
<input type="checkbox"/> OAA <input type="checkbox"/> AD-AB <input type="checkbox"/> Town <input type="checkbox"/> SSI/SSA <input type="checkbox"/> Title XIX			
Other (Specify) _____			
III. REFERRAL SOURCE:			
NAME:		ADDRESS:	
Does complainant wish to be: ___ Anonymous		Relationship to Elderly Person:	Phone (include area code):
<input type="checkbox"/> Identified <input type="checkbox"/> Notified of Action <input type="checkbox"/> Does Not Want to be Identified			
_____ Signature		_____ Printed Name	
		_____ Date	

DEPARTMENT OF SOCIAL SERVICES (As of December 20, 2006)

NORTHERN

HARTFORD

3580 Main Street
Hartford, CT 06120
(860) 723-1003

Avon	Granby	Suffield
Bloomfield	Hartford	West Hartford
Canton	Newington	Wethersfield
East Granby	Rocky Hill	Windsor
Farmington	Simsbury	Windsor Locks

NEW BRITAIN

270 Lafayette Street
New Britain, CT 06053
(860) 612-3565

Berlin	New Britain	Southington
Bristol	Plainville	Terryville
Burlington	Plymouth	

MANCHESTER

699 East Middle Turnpike
Manchester, CT 06040
(860) 647-5914

Andover	Enfield	Somers
Bolton	Glastonbury	South Windsor
East Hartford	Hebron	Stafford
East Windsor	Manchester	Tolland
Ellington	Marlborough	Vernon

WILLIMANTIC

676 Main Street
Willimantic, CT 06226
(860) 465-3550

Ashford	Eastford	Putnam
Brooklyn	Hampton	Scotland
Canterbury	Killingly	Sterling
Chaplin	Mansfield	Thompson
Columbia	Moosup	Union
Coventry	Plainfield	Willington
Danielson	Pomfret	Windham
		Woodstock

SOUTHERN

NEW HAVEN

194 Basset Street
New Haven, CT 06511
(203) 974-8027

Ansonia	Hamden	Orange
Bethany	Milford	Seymour
Branford	New Haven	Shelton
Derby	North Branford	Wallingford
East Haven	North Haven	West Haven
		Woodbridge

MIDDLETOWN

117 Main Street, Ext.
Middletown, CT 06457
(860) 704-3046

Chester	Essex	Middlefield
Clinton	Guilford	Middletown
Cromwell	Haddam	Old Lyme
Deep River	Killingworth	Old Saybrook
Durham	Lyme	Portland
East Haddam	Madison	Westbrook
East Hampton	Meriden	

NORWICH

Uncas on Thames
401 West Thames Street, Suite 102
Norwich, CT 06360
(860) 886-0521

Bozrah	Lebanon	Norwich
Colchester	Ledyard	Preston
East Lyme	Lisbon	Salem
Franklin	Montville	Sprague
Griswold	New London	Stonington
Groton	North Stonington	Voluntown
		Waterford

WESTERN

BRIDGEPORT

925 Housatonic Avenue
Bridgeport, CT 06854
(203) 551-2701

Bridgeport	Monroe	Trumbull
Easton	Norwalk	Weston
Fairfield	Stratford	Westport

DANBURY

342 Main Street
Danbury, CT 06810
(203) 207-8900

Bethel	Danbury	Newtown
Bridgewater	New Fairfield	Redding
Brookfield	New Milford	Ridgefield
		Sherman

STAMFORD

1642 Bedford Street
Stamford, CT 06905
(203) 251-9392

Darien	New Canaan	Wilton
Greenwich	Stamford	

WATERBURY

249 Thomaston Avenue
Waterbury, CT 06702-9951
(203) 597-4141

Beacon Falls	Oxford	Waterbury
Cheshire	Prospect	Watertown
Middlebury	Southbury	Wolcott
Naugatuck		

TORRINGTON

62 Commercial Boulevard
Torrington, CT 06790
(860) 496-6950

Barkhamsted	Kent	Sharon
Bethlehem	Litchfield	Thomaston
Canaan	Morris	Torrington
Colebrook	New Hartford	Warren
Cornwall	Norfolk	Washington
Goshen	North Canaan	Winchester
Hartland	Roxbury	Woodbury
Harwinton	Salisbury	

In-State: Statewide Toll Free Number: 1-888-385-4225
Out of State: InfoLine: 1-800-203-1234

After Hours Emergencies: InfoLine: 211
Out of State: InfoLine: 1-800-203-1234