

Older Adult/Disabled at Risk Checklist

Chicago Police Department

NAME		AGE	DISTRICT	ADDRESS
TELEPHONE NO.	NAME OF EMERGENCY CONTACT PERSON			CONTACT PERSON'S TELEPHONE NO.
DATE & TIME OF CONTACT		LOCATION OF CONTACT		

Please check all boxes that apply.

OLDER ADULT'S CONDITION

- Unexplained bruises or welts
- Open sores
- Soiled bandages
- Malnutrition
- Dehydration
- Foul smelling
- Improper clothing worn
- Soiled clothing
- Confused
- Depressed

CONDITION OF RESIDENCE

- No gas
- No heat
- No electricity
- No water
- No food
- Hoarding
- Excessive household pets
- Animal or insect infestations
- Residence in a state of disrepair
- Needs Chicago Department on Aging programs

SPECIALIZED NEEDS

- Wheelchair bound
- Deaf
- Hard of hearing
- Blind
- Vision Impaired
- Other Disabilities (Specify)

COMMENTS

REPORTING OFFICER	UNIT NO.	BEAT NO.	BEAT OF OCCURRENCE
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