



Puyallup Tribe of Indians

PUYALLUP TRIBE'S ADULT PROTECTION SERVICES REPORT



The Puyallup Tribe's Adult Protective Services Program provides services to its adult members in vulnerable situations with the purpose of promoting the health, safety, and welfare of the Puyallup Tribal Community by identifying and protecting our elders and other vulnerable tribal adults within the jurisdiction of the Puyallup Tribe who are subject to abuse, neglect, and exploitation.

Any person may report suspected abuse or neglect of any vulnerable tribal adult who resides on the Puyallup Indian reservation or is a Puyallup Indian Community Member, to the Puyallup Tribe's Elder's Services Designate, the Director of the Puyallup Adult Protective Services or the Puyallup Tribe's Chief of Police.

NAME OF VULNERABLE TRIBAL ADULT: _____

AGE _____ and D.O.B.: ____ / ____ / ____ OF VULNERABLE TRIBAL ADULT

IS THE VULNERABLE TRIBAL ADULT AN ENROLLED MEMBER OR ELIGIBLE TO BE AN ENROLLED MEMBER OF A RECOGNIZED INDIAN TRIBE? YES NO

IF YES, NAME OF TRIBE: _____ ENROLLMENT NUMBER: _____

ADDRESS OR LAST KNOWN LOCATION & PHONE OF VULNERABLE TRIBAL ADULT:

STREET: _____

CITY: _____

STATE: _____

PHONE: _____

CELL PHONE: _____

DESCRIPTION OF THE SUSPECTED ABUSE, NEGLECT OR EXPLOITATION: _____

(PLEASE BE AS SPECIFIC AS POSSIBLE. YOU MAY WRITE ON THE BACK OF THIS DOCUMENT IF MORE SPACE IS NEEDED.)

DATE OF THE ABUSE, NEGLECT OR EXPLOITATION: _____

LOCATION OF THE ABUSE OR NEGLECT OR EXPLOITATION: _____

NAMES, IF AVAILABLE, OF THOSE SUSPECTED OF ABUSE, NEGLECT, OR EXPLOITATION: _____

RELATIONSHIP TO THE VULNERABLE ADULT (relative, friend, visitor, guest, guardian, etc.): _____

PERSON REPORTING: _____

DATE: ____ / ____ / ____ PHONE: ____ / ____ - ____

(After filling out this form, please return to office of the appropriate director or designate.)

Elders Department Designate Director of Adult Protective Services Puyallup Tribe's Chief of Police