

**Community Services Adult Foster Care Program**

**Incident Report Form**

AFC Member Name:
Caregiver Name:
Address:
Date of incident:
Report written by:
Incident reported to:

**Incident (check all that apply):**

- Fire, Flood or other environmental issue in home/ property damage-  relocated;  not relocated
- Evidence of serious communicable disease/ Exposure to hazardous materials
- Accident or injury – general first aid only/ no medical treatment required
- Hospitalization/ institutionalization of member or caregiver due to accident or injury
- Allegation of abuse/ neglect – physical, medical, emotional, financial, sexual
- Medication error
- Death
- Member is missing from care or Member eloped
- Caregiver, member, or household member involved in criminal activity or involved with police
- Other \_\_\_\_\_

**Details ..... Please use the back of the sheet if you need more space.**

1. Who was involved? (Name everyone involved) _____
2. What happened? _____
3. How did it happen? _____
4. When did it happen? _____
5. Why did it happen? _____
6. Where did it happen? _____
7. What did you do about the incident? _____
8. What is the status of the incident now? _____
9. Is there follow up needed? By whom? _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax or mail written report within 3 days of the incident:**

**978-313-6664, Attn: Adult Foster Care Program Director**

Community Services follow up within 30 days \_\_\_\_\_