Agency Letterhead
Date
Bank Official’s Name and Address
Dear [Bank Officer]:

I would like to introduce myself and my agency, Adult Protective Services (APS) [full name and location – e.g. if regional office indicate that].

APS is a state [county/other] agency which is authorized under [state statute XXX, provide full citation] to carry out investigations of reported elder and vulnerable [dependent/at-risk] abuse, neglect and financial exploitation.

When investigating financial exploitation, it is often necessary for the investigator to review the client’s bank records in a timely manner. Whenever possible, APS obtains the client’s consent.

Even without client consent, however, APS is authorized under the federal Gramm-Leach-Bliley Act to obtain a bank customer’s records, because APS falls under the law’s exceptions in that:

1) the purpose of viewing the records is to prevent actual or potential fraud, and
2) APS is authorized under state law to carry out civil investigations.

Please see the attached standard form created for APS to request a client’s bank records. On the reverse side is the Gramm-Leach-Bliley Act language setting forth the exceptions cited above, and also the [your state] APS statutory language regarding APS’ authority to conduct civil investigations of elder/vulnerable adult financial exploitation.

Upon receipt of this form from an APS investigator, we hope that your staff will promptly provide the requested records so that a full investigation can be conducted within the program’s deadlines. This will help to stop the financial losses to the client and bank and will help APS take other measures to protect the client and their overall well-being.

We look forward to working with you and your staff to protect the assets and well-being of your customers who have been referred to APS for alleged financial abuse. If you have any questions or would like to discuss this further, please contact me at [ ].

Sincerely,

[Signature]
[Your name]
Supervisor [or other title]