NEW HAMPSHIRE BUREAU OF ELDERLY AND ADULT SERVICES
ADULT PROTECTIVE SERVICES
SDM® SAFETY ASSESSMENT

Alleged Victim Name: ______________________ Assessment Date: ______/_____/_____

Report ID: __________________________ Report Date: ______/_____/_____

Initial Face-to-face Contact Date: ______/_____/_____
Report Types (circle all that apply): SA N PA EA EX S-N

Factors Influencing Vulnerability (Mark all that apply to the alleged victim):

___ The alleged victim is isolated. ___ Significant untreated suspected or diagnosed medical or mental health disorder, or alcohol or drug dependency.

___ Diminished cognitive functioning (e.g., dementia, developmental disability, delirium). ___ Diminished physical functioning (e.g., non-ambulatory, limited use of limbs, sensory disability).

SECTION 1: IMMINENT DANGER FACTORS
Assess the household/facility for each of the following factors that indicate the presence of imminent danger to the alleged victim. Answer yes or no for each factor based on all information known and available at the time of assessment completion.

Alleged Victim (Individual ID#: ______________________________)
Yes No

☐ ☐ 1. The alleged victim experienced serious bodily injury or a plausible threat of serious bodily injury by a primary support person or some other person in the current investigation, as indicated by the following:
   ___ Injury or abuse to the alleged victim other than accidental
   ___ Threat to cause harm or retaliate against the alleged victim
   ___ Use of physical or chemical restraint
   ___ A primary support person who voices concern that he/she will maltreat the alleged victim

☐ ☐ 2. There is a history of maltreatment or self-neglect that suggests that the alleged victim’s safety is of immediate concern.
   ___ The alleged victim has a history of self-neglect that suggests safety is of immediate concern.
   ___ The alleged victim’s current safety is of immediate concern because the primary support person has a history of maltreatment as a perpetrator.

☐ ☐ 3. Sexual abuse is suspected, and circumstances suggest that the alleged victim’s safety is of immediate concern.

☐ ☐ 4. The alleged victim’s explanation for an observed injury to him/herself is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the alleged victim’s safety is of immediate concern.

☐ ☐ 5. The alleged victim refuses access.

☐ ☐ 6. The alleged victim does not or cannot meet his/her immediate needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care.

☐ ☐ 7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the alleged victim.

☐ ☐ 8. The alleged victim’s current substance use seriously impairs the alleged victim’s ability to care for him/herself.

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9. Violence, including domestic or family violence, exists in the home and poses a threat of physical and/or emotional harm to the alleged victim.

10. The alleged victim demonstrates significant mental/emotional distress or disorientation that suggests he/she is a danger to him/herself or others.

11. Other imminent danger factor related to the alleged victim (describe):

Primary Support Person Name:

Primary Support Person Date of Birth: _____/_____/_____

Not applicable—no primary support person

1. The primary support person fails or is unable to protect the alleged victim from serious harm or threatened serious harm by others.

2. The primary support person’s explanation for an observed injury to the alleged victim is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the alleged victim’s safety is of immediate concern.

3. Access to the alleged victim is being denied by the primary support person or some other person.

4. The primary support person does not or cannot meet the alleged victim’s immediate needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care.

5. The primary support person’s current substance use seriously impairs his/her ability to provide care.

6. Other imminent danger factor related to the primary support person (describe):

If all imminent danger factors are marked “No” for both the alleged victim and the primary support person, go to Section 3.

If any imminent danger factors are marked “Yes” for either the alleged victim or the primary support person, go to Section 2.
SECTION 2: RECOMMENDED IMMEDIATE SAFETY INTERVENTIONS

Note: This section is required if there are any imminent danger factors identified in Section 1.

Safety interventions are actions recommended specifically to mitigate any identified imminent danger factors. They should address immediate considerations for safety rather than long-term changes. Safety interventions should be implemented in accordance with New Hampshire BEAS policies and procedures. Mark all interventions recommended by the APSW to mitigate identified imminent danger factors, then indicate whether the alleged victim (and the primary support person if applicable) accepts the intervention.

<table>
<thead>
<tr>
<th>Interventions Recommended</th>
<th>Acceptance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark all interventions recommended or planned by the APSW or another person.</td>
<td>Indicate if the alleged victim and/or the primary support person (PSP) accepted the intervention.</td>
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<tr>
<td>□ 1. Intervention by the worker (do not include the investigation itself).</td>
<td>Alleged Victim</td>
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<tr>
<td>□ 2. Use of the alleged victim’s family members, neighbors, and/or friends as safety resources.</td>
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<tr>
<td>□ 3. Use of community agencies or services as safety resources.</td>
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<td>□ 4. Agreement by a primary support person(s) to protect the alleged victim from the alleged perpetrator.</td>
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<tr>
<td>□ 5. The alleged perpetrator will leave the home, either voluntarily or in response to legal action.</td>
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<tr>
<td>□ 6. The alleged victim voluntarily leaves the home.</td>
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<td>□ 7. Other safety intervention (describe):</td>
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</tbody>
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*If there is no primary support person, do not complete this column.

SECTION 3: SAFETY DECISION

Are any imminent danger factors marked in Section 1?  
No → □ Safe: Safety plan not required.

Yes

Does the alleged victim (and the primary support person if applicable) agree to participate in a safety plan based on acceptance of one or more recommended interventions?  
No → □ Unsafe: Safety plan required.  
Note: Consider an emergency intervention such as calling law enforcement/911, emergency behavioral health services, etc.

Yes

□ Conditionally Safe: Safety plan required.
Additional information pertinent to the safety assessment:

APSW: __________________________________________ Date: ___/___/____

Supervisor: ______________________________________ Date: ___/___/____
NEW HAMPSHIRE BUREAU OF ELDERLY AND ADULT SERVICES
SAFETY PLAN TO ADDRESS IMMINENT DANGER FACTOR(S)

Alleged Victim Name: ___________________________ Safety Assessment Decision: □ Conditionally Safe  □ Unsafe

For each imminent danger factor identified, describe the specific issues and behaviors observed, what the specific safety action/intervention is, how the plan will be implemented, and how it will be monitored.

<table>
<thead>
<tr>
<th>Specific Imminent Danger Factors</th>
<th>Specific Safety Action Recommended</th>
<th>Service Availability/Acceptance AV=Alleged Victim PSP=Primary Support Person</th>
<th>If services are unavailable/not accepted, what is the alternative intervention?</th>
<th>Person/Agency Responsible for Implementation and Monitoring (Including Timeframes)</th>
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<td>□ Service available</td>
<td>□ Other:</td>
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<td>□ Service not available</td>
<td>□ Other:</td>
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<td>□ Service provider will not accept client</td>
<td>□ Other:</td>
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<td>□ ___ AV and/or ___ PSP unwilling to accept service</td>
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Completed by: ___________________________ (Name/Signature of APSW) on ___/___/____

Alleged victim signature: __________________________________________ Date: ___/___/____ or □ Alleged victim unable to sign

Primary support person or guardian (if applicable) signature: __________________________________________ Date: ___/___/____ or □ Alleged victim unwilling to sign

Other signature (include relationship and role): __________________________________________ Date: ___/___/____

Supervisor review/approval: __________________________________________ Date: ___/___/____