**Summary Referral Form**

District & Region:       Referral Date:

APS SME:       SME Email:

|  |  |
| --- | --- |
| **Client Information** | |
| Client Name: | DOB: |
| Address: | City, State, Zip: |
| Phone: | Marital Status: |
| Alleged Perpetrator Name: | AP’s Relationship to the Client: |
| **Case Summary**  *Provide a summary that includes a description of the alleged incident (EXPL), contacts already made and with whom, records collected, and any other relevant information.* | |
|  | |

***Case characteristics prompting the forensic accounting referral (check all that apply):***

Complex account structure: The client has multiple bank and/or investment accounts, multiple institutions, and frequent funds transfers

Duration: The period of financial exploitation is unknown or suspected to have occurred over many years

Comingling of funds: Client and alleged perpetrator share resources

Unknown spending habits: Client spending patterns are unknown or inconsistent and not easily observable based on initial review of records

Multiple perpetrators are suspected: Missing funds must be appropriately attributed to respective perpetrators in order to move forward with the investigation

Guardianship is desired: Petition may be enhanced by forensic accounting report

**Phase I: Initial Inquiry & Observations**

**Step 1: Client Questions/APSS Observations**

District & Region:       APS SME:

Case ID:       SME’s Email:

|  | **Client Questions/APSS Observations** | **Response**  **(Yes, No, Unknown, or N/A)** | **Notes** |
| --- | --- | --- | --- |
| N/A | Have you talked to the CL about the EXPL allegation? |  |  |
| 1. | Is the client concerned he/she is being taken advantage of financially? If yes, please explain in Notes. |  |  |
| 2. | Is the client experiencing problems or concerns related to his/her care or finances? If yes, explain in Notes. |  |  |
| 3. | Does the client’s income cover regular expenses, including monthly bills? |  |  |
| 4. | Is the client able to manage his/her own finances? |  |  |
| 5. | Have any of the client’s utilities been disconnected in the last 3-6 months? |  |  |
| 6. | Is the client’s rent or mortgage up-to-date? If no, state how far behind in Notes. |  |  |
| 7. | Is the client at risk of eviction or foreclosure? If yes, state how soon in Notes. |  |  |
| 8. | Does anyone else live with the client? If yes, answer the questions below. |  |  |
| Does that person or persons contribute to household expenses? |  |  |
| Does that person or persons depend on the client financially? If yes, answer the question below. |  |  |
| Does the client want to support that person or persons financially? |  |  |
| 9. | Has anyone prevented the client from getting necessary food, clothing, medical supplies or care, or receiving outside communications, including mail and phone calls? |  |  |
| 10. | What are the client’s sources of income (retirement, SSI, SSDI, RSDI, VA, pension, investment securities, other)? List the amount from each source in Notes. |  |  |
| 11. | Does the client have a POA, representative payee, guardian of the estate, or other fiduciary? If yes, answer the question below. |  |  |
| Does that person charge a fee for those services? |  |  |
| Has the client recently changed his/her POA, representative payee, or other fiduciary? If yes, answer the question below. |  |  |
| Did anyone ask or pressure the client into making that change? |  |  |
| 12. | Does anyone help the client pay his/her bills? If yes, answer the questions below. |  |  |
| Does that person manage their own money well? |  |  |
| Does that person have problems with debt, gambling, drugs, alcohol, or other costly habits? |  |  |
| 13. | Is the client comfortable with how his/her finances are being handled? |  |  |
| 14. | Does the client have a checking and/or savings account? If yes, answer the questions below. |  |  |
| Which financial institution is the account(s) at? |  |  |
| Is anyone else on the account(s)? |  |  |
| Has the client received notice of insufficient funds in the last 3-6 months? |  |  |
| Does anyone have the client’s debit card, checkbook, or PIN#? |  |  |
| 15. | Does the client have credit cards? If yes, answer the questions below. |  |  |
| How many credit cards does the client have? |  |  |
| Which companies are the credit cards with? |  |  |
| Is there a balance? If yes, list the balance for each card in Notes. |  |  |
| Has the client ever noted any unauthorized charges? |  |  |
| 16. | Has anyone recently asked the client to sign or co-sign papers? If yes, list what kind in Notes. |  |  |
| 17. | Has anyone recently asked the client to give or lend them money? |  |  |
| 18. | Has the client applied for a bank or car loan recently? |  |  |
| 19. | Has the client recently received a call or letter from a debt collection agency? |  |  |
| 20. | Has the client’s identity ever been stolen? |  |  |
| 21. | Has the client ever been the victim of a scam? |  |  |
| 22. | Does the client have any other important assets like jewelry, land, other property? If yes, answer the question below. |  |  |
| Is the client missing any money, valuables, or property? |  |  |
| 23. | **APSS Observation:** Did you **observe** collection invoices; disconnected utilities or disconnection notices; eviction or foreclosure notices; unopened mail; lack of food; lack of meds or compliance issues with meds; missing valuables; missing financial records; missing funds? |  |  |
| 24. | **APSS Observation:** Did you **observe** concern or confusion about finances or housing; no memory of recent financial or legal transactions; concerns about threats related to financial or legal transactions; large monetary gifts; fear of, deference to, or reliance on a caretaker for response; or a new caretaker or trusted relationship? |  |  |
| **If answered ‘no’ to all indicators of financial exploitation (EXPL), STOP. Proceed to questions in Step 2. If answered ‘yes’ to one or more indicators of EXPL, continue with questions 25-44.** | | | |
| 25. | Has the client had to go to the hospital recently? If yes, state why and when/what dates in Notes. |  |  |
| 26. | Does the client have health insurance? If yes, list what kind in Notes. |  |  |
| 27. | What are the client’s regular expenses (rent, electric, gas, phone, etc.)? |  |  |
| 28. | Does the client have any “pay day” loans or other debt not addressed above? |  |  |
| 29. | Has the client made any large, monetary gifts recently? |  |  |
| 30. | Does the client own his/her home? If yes, answer the questions below. |  |  |
| Is anyone else listed on the deed? |  |  |
| Does the client have a reverse mortgage on his/her home? |  |  |
| Has the client ever applied for a reverse mortgage? |  |  |
| 31. | Does the client own, lease, or use a car? If yes, answer the questions below. |  |  |
| Does anyone else use the car? |  |  |
| If yes, does that person pay for gas or repairs with their own money or the client’s money? |  |  |
| 32. | Does the client have any insurance policies? If yes, list the beneficiaries, amounts, and companies (if known) in Notes. |  |  |
| 33. | Does the client have a will? If yes, answer the questions below. |  |  |
| Who are the beneficiaries? |  |  |
| Has the client made changes to his/her will, including beneficiaries, recently? |  |  |
| If changes have been made recently, did anyone ask or pressure the client to do this? |  |  |
| 34. | Does the client have an investment account (stocks, bonds, etc.)? If yes, list where in Notes. |  |  |
| 35. | Does the client have any other accounts at banks or brokerage firms? If yes, list the type of account(s) and which financial institution(s) in Notes. |  |  |
| 36. | Does the client receive dividends or investment income? |  |  |
| 37. | Is the client the beneficiary or principal of a trust? |  |  |
| 38. | Has the client recently sold or inherited property? |  |  |
| 39. | Has anyone sold the client’s property without his/her consent? |  |  |
| 40. | Does the client file a tax return every year? |  |  |
| 41. | Has the client had to file for bankruptcy in the last 5 years? |  |  |
| 42. | **APSS Observation:** Did you **observe** isolation from family/loved ones; poor eye contact; withdrawn nature; malnourishment; hygiene issues; cuts or bruises; or inappropriate clothing? Any legal invoices or recently signed legal documents (POA, Health Care Proxy, Will, etc.)? |  |  |
| 43. | **APSS Observation:** Do/Does the individual(s) identified by the client under Step 1 above have any apparent issues with or known history of domestic violence? |  |  |
| 44. | **APSS Observation:** Do/Does the individual(s) identified by the client as caretaker or other responsible party appear capable of providing the necessary assistance to the client? |  |  |
| **Other Comments/Observations:** | | | |

**Phase I: Initial Inquiry & Observation**

**Step 2: Red Flags Checklist - Observations**

District & Region:       APS SME:

Case ID:       SME’s Email:

|  | **Red Flag** | **Source of Information (client, collateral, previous case ID, etc.)** |
| --- | --- | --- |
|  | Multiple individuals (reporters, collaterals, etc.) allege EXPL |  |
|  | Case history of financial exploitation allegations |  |
|  | Responses suggest lack of capacity, dementia, or severe disorientation |  |
|  | Client relies on others for ADLs/IADLs |  |
|  | Others speak for the client, or client defers to others for response |  |
|  | Client is evasive, hostile, or dismissive about finances |  |
|  | Client is isolated from resources/other individuals |  |
|  | Client reports feeling threatened or ashamed |  |
|  | Client is unable to pay bills |  |
|  | Client is uncomfortable with the way finances are handled |  |
|  | Individual handling finances or care charges excessive fees |  |
|  | Client is uncomfortable with decisions made by POA or Health Care Proxy (HCP) |  |
|  | Others live in the home and do not contribute to the household |  |
|  | Others use client’s car or other assets |  |
|  | Client believes income does not cover regular expenses |  |
|  | Client has unexplained debt |  |
|  | Client has unexplained balances on credit card(s) |  |
|  | Client believes he/she has been financially exploited, scammed, or had identity stolen |  |

After you have completed and reviewed Step 2: Red Flags Checklist, ask yourself the following additional questions based on what you know so far:

* + Is there a reason to believe the client may be a victim of financial exploitation? Is this something you cannot rule out?
  + Is there a reason to believe someone may be taking the client’s funds or property without the client’s consent or knowledge?
  + Is there a reason to believe that someone is using the client’s funds or property in their own interest rather than the interest of the client?
  + Does the client indicate he/she is being exploited, and this cannot be ruled out?

If the answer to any of these questions is yes, **proceed with FEIST Phase II and take other needed action to gather additional information.**

* + This includes making a prompt request for financial records not already gathered from the financial institutions where the client is believed to have accounts.
  + If the client is believed to have given a power of attorney to an agent, contact the agent, and request a copy of the power of attorney document.
  + Consider requesting a credit report for the client (if capable of giving consent).

If, on the other hand, it appears that the client is knowingly giving their funds or property away to another person, with the client’s informed consent AND without coercion or intimidation, then it is unlikely to be financial exploitation. **If you can rule out financial exploitation, stop use of the FEIST.**

**Phase II: Additional Investigation & Documentation**

**Step 3: Client Income & Expenses**

District & Region:       APS SME:

Case ID:       SME’s Email:

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Source** | **Amount** | **Frequency** | **Notes** |
| Social Security Retirement |  |  |  |
| Disability Benefits (SSI, SSDI, VA, etc.) |  |  |  |
| Food stamps, TANF, housing assistance, or other monetary government benefits |  |  |  |
| Pension(s) |  |  |  |
| Investment Income or Distributions |  |  |  |
| Trust Income or Distributions |  |  |  |
| Wages |  |  |  |
| Rental Income |  |  |  |
| Inheritance |  |  |  |
| Insurance Proceeds |  |  |  |
| Other: |  |  |  |

| **Expenses** | **Amount** | **Frequency** | **Notes** |
| --- | --- | --- | --- |
| Mortgage/Rent |  |  |  |
| Facility Rent (skilled nursing, assisted living, etc.) |  |  |  |
| Home Equity Loan or Other Line of Credit |  |  |  |
| Utilities (gas, electric, water, landline) |  |  |  |
| Cell Phone |  |  |  |
| Cable |  |  |  |
| Car Loan |  |  |  |
| Gas (car) |  |  |  |
| Bus, Uber, Taxi, or Other Transportation |  |  |  |
| Food |  |  |  |
| Property Taxes |  |  |  |
| Insurance (auto, health, etc.) |  |  |  |
| Medical |  |  |  |
| Loan Payment(s) |  |  |  |
| Credit Card Payment(s) |  |  |  |
| Magazine(s)/Newspaper(s) |  |  |  |
| Charitable Donations |  |  |  |
| Cash Withdrawals |  |  |  |
| Clothing |  |  |  |
| Pooled Trust/Medicaid Spenddown |  |  |  |
| Other |  |  |  |
| **Does income appear to cover regular expenses? (check one) Yes**  **No** | | | |
| **Other Comments:** | | | |

**Phase II: Additional Investigation & Documentation**

**Step 4: Bank Statement Summary**

District & Region:       APS SME:

Case ID:       SME’s Email:

Financial Institution:       Account Number:

Account Type:       Year:

***This step is optional when making a referral to a forensic accountant.***

Instructions: Based on the information given on the bank statements, complete the chart below to analyze summarized financial activity over time. See FEIST manual for more information.

| **Statement Month** | **Income**  **Deposits** | **Other Deposits** | **Check**  **Withdrawals** | **ATM**  **Withdrawals** | **Transfers to**  **Other Accounts** | **Fees** | **Other**  **Withdrawals** | **Ending Balance** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| January |  |  |  |  |  |  |  | - |
| February |  |  |  |  |  |  |  | - |
| March |  |  |  |  |  |  |  | - |
| April |  |  |  |  |  |  |  | - |
| May |  |  |  |  |  |  |  | - |
| June |  |  |  |  |  |  |  | - |
| July |  |  |  |  |  |  |  | - |
| August |  |  |  |  |  |  |  | - |
| September |  |  |  |  |  |  |  | - |
| October |  |  |  |  |  |  |  | - |
| November |  |  |  |  |  |  |  | - |
| December |  |  |  |  |  |  |  | - |
| Totals | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ -  Net Activity |

**Phase II: Additional Investigation & Documentation**

**Step 5: Red Flags Checklist – Statement Review**

District & Region:       APS SME:

Case ID:       SME’s Email:

|  | **Red Flag** | **Source of Information (client, collateral, previous case ID, etc.)** |
| --- | --- | --- |
|  | Client denies transactions |  |
|  | Negative net activity (cash flow) in one or more accounts |  |
|  | Increasing monthly/annual withdrawals over time |  |
|  | Increasing monthly/annual deposits over time |  |
|  | Decreasing monthly/annual deposits over time |  |
|  | Large, unknown withdrawals |  |
|  | Large, unknown deposits |  |
|  | Accounts being consolidated |  |
|  | Utilities being paid while client resides in facility |  |
|  | Multiple payments to utility company in the same month |  |
|  | Payments for gas/auto when client does not have/use car |  |
|  | Round dollar amounts paid to credit card companies |  |
|  | Transfers to/from other accounts |  |
|  | Frequent account changes (ex: new account numbers or new banks) |  |
|  | Account ownership changes during period (ex: POA added) |  |
|  | Statement mailing address changes during period |  |
|  | AP was receiving/keeping bank statements |  |
|  | Withdrawals from previously unused accounts |  |
|  | Debit card purchases inconsistent with observed lifestyle |  |
|  | Increase in ATM withdrawals |  |
|  | ATM/debit card held by AP |  |
|  | Checks written to cash or to AP(s) |  |
|  | Inconsistent or suspicious handwriting or signatures on checks or withdrawal slips |  |
|  | Insufficient funds fees, returned checks, or rejected transactions |  |
|  | Deposits from real estate transactions, or lack thereof |  |
|  | Growing credit card debt, or new credit accounts opened |  |
|  | Decline or change in credit score |  |
|  | New loans |  |
|  | Recent large purchases (cars, furniture) |  |
|  | Transactions incurred while client was in hospital or other facility |  |
|  | Spending in client’s account consistent with spending in AP’s account |  |
|  | Change in banking activity observed when suspect became involved |  |