



Adult Protection Services Referral form

416 South East Street
Lebanon, Ohio 45036

Date: _____

Reporter information

Name (Anonymous): _____

Agency or Relationship: _____ Telephone number: _____

Victim information

Full Name: _____

Street address: _____

City, State, and Zip code: _____

Telephone number: _____ DOB or age _____

Alleged Perpetrator Information

Name: _____ Telephone Number: _____

Street Address: _____ City, State, Zip Code: _____

Type of Allegation and Maltreatment and/ or interest in community services for client:

Abuse: ___ Physical ___ Sexual ___ Emotional **Community Based Service:** ___ Interested

Exploitation: ___ Financial ___ Personal Assets **Neglect:** ___ Self Neglect ___ Neglect by other(s)

Reason for Concern (Include why you or others are concerned and what has happened, including details about their situation)

Please Fax or email completed referral to:

Attn: APS Unit
Fax: 513-695-2701
Email: Warren-APS@jfs.ohio.gov
Phone: 513-695-1423