

REFERRAL FORM FOR POSSIBLE CASES OF FINANCIAL EXPLOITATION

Purpose: Use this form to refer any possible case of financial exploitation against senior citizens or adults with disabilities to the Office of Compliance.

SECTION A: Victim of financial exploitation

Name: _____

Address: _____

Telephone: Type of disability: _____

Contract/policy number: _____ Age: _____ Sex: _____

SECTION B: Information about the person suspected of committing financial exploitation

Name: _____ Nickname: _____

Address: _____

Telephone: Relationship with the victim: _____

Age: _____ Race: _____ Height: _____ feet _____ inches

Distinctive traits: _____

SECTION C: Situation or activities that constitute possible financial exploitation.

- ☐ Physical aggression against the senior citizen or adult with disability.
- ☐ Use of the senior citizen's insurance benefits for the benefit of the person suspected of committing financial exploitation.
- ☐ Forgery of signature of the adult with disability or senior citizen.
- ☐ Effecting insurance transactions (reimbursements, claims, premium reimbursement or withdrawal of funds) without the authorization of the senior citizen or adult with disability.
- ☐ Other. Specify:

Date of events: _____

If you referred the case to any government agency, indicate its name: _____

Date of referral to the agency: _____

Name of official who received the case: _____

SECTION D: Information about the person that submits the case

Person's name: _____

Position: _____ Date of referral: _____