Print Form

COUNTY OF SAN BERNARDINO
HEALTH & HUMAN SERVICES
VOLUNTEER INVOLVEMENT PROGRAM

ADULT ABUSE COMPLIANCE

All volunteers/unpaid student interns of Health & Human Services are required to sign a statement indicating they will comply with the provisions of W&I Code, Section 15630. The statement shall be in the following form:

California State Law REQUIRES care custodians, health practitioners, and employees of adult protective services agencies and local law enforcement agencies to report physical abuse of elders and dependent adults.

Those professionals must report any of the following circumstances:

1)Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.

2) The deprivation by a caregiver of goods or services that are necessary to avoid physical harm or mental suffering.

The report must be made immediately, or as soon as possible, by telephone to either the long-term care ombudsman coordinator or to a local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility; to the designated investigators of the State Department of Mental Health or the State Department of Development Services, or the local law enforcement agency when the abuse is alleged to have occurred in a state mental hospital or a state developmental center; or to either the county adult protective services agency or to a local law enforcement agency when the abuse is alleged to have occurred anywhere else, and must be followed by a written report within two (2) working days. The report must include:

1) The name of the person making the report.
2) The name, age, and present location of the elder or dependent adult.
3) The names and addresses of family members or other persons responsible for the elder or dependent adult's care, if known.
4) The nature and extent of the person's condition.
5) Any information that led the reporter to suspect that abuse has occurred.
6) The date of the incident.

I have read the above and will report any suspected violations of W&I Code, Section 15630 to my supervisor.

_____ _____
Volunteer/Unpaid Student Intern Signature **Date**