



NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION

ADULT PROTECTIVE SERVICES BEST PRACTICE SUBMISSION

Name of contact person:

Agency:

Address:

Phone:

Fax:

TYPE OF BEST PRACTICE:

- CASEWORK INTERVENTION
- COMMUNITY COLLABORATION
- DEVELOPING FUNDING RESOURCES
- FINANCIAL EXPLOITATION
- INVESTIGATION
- PUBLIC AWARENESS
- RESEARCH
- SELF-NEGLECT
- STATUTES/POLICIES/REGULATIONS
- OTHER (describe)

Please provide the following information about your best practice activity:

Problem statement:

Target population:

Goals and objectives of the project:

Lead person/agency:

Qualifications and expertise of lead agency/person

When was this project initiated?

How long is it expected to continue?

Funding sources used to develop this project:

Expected/completed projected outcomes:

Project evaluation:

Lessons learned:

Project replication potential:

THANK YOU FOR SUBMITTING THIS BEST PRACTICE INITIATIVE TO NAPSA. PLEASE EMAIL THE COMPLETED FORM TO: <http://www.apsnetwork.org>