

**AAA SAMPLE FAX COVER PAGE**

(info required for every Act 13 report faxed to PDA)

*insert fax heading here*

*(please be sure to include AAA Name, address, phone #'s, fax #)*

**TO:** CHBC UNIT (fax: 717-772-2668)

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_/\_\_\_/\_\_\_

**SUBJECT:** Act 13 Report of Need

# of pages (including cover sheet): \_\_\_\_\_

**Protective services contact (for questions or additional info.):** \_\_\_\_\_

**County facility is located in:** \_\_\_\_\_

**TYPE OF ABUSE (Check One)**

*Types of Serious Abuse:*

**Sexual Abuse (ANY age)**

**Suspicious Death (ANY age)**

**Serious Physical Injury (ANY age)**

(injury that causes a person severe pain or significantly impairs a person's physical function, either permanently or temporarily)

**Serious Bodily Injury (ANY age)**

(injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ)

**- OR -**

**Not One of the Four Serious** (listed above) – **Under Age 60**

**IF one of the four serious types, was the facility informed of additional requirements (including calling the Dept. of Aging to give an Act 13 Oral Report)?:**

Yes (date: \_\_\_/\_\_\_/\_\_\_, time: \_\_\_:\_\_\_ am/pm)

**TYPE OF FACILITY (Check One)**

Nursing Home(NH)

Personal Care Home (PCH)

Hospice

Dom. Care Home (DC)

Home Health Care Agency (HH)

Birth Center

Adult Daily Living Center

Comm.Resid.Rehab.Services

State Mental Hospital

Long Term Structured Residence

Nursing Facility (DPW)

\*ICF/MR

\*Family Living Home

\*Community Hms for Individuals

Home Heath Care

w/MR–Group Home/CLA

Home Care Registry

**NOTE:** the three DPW facilities above with an asterisk (\*) are exempt from reporting any under age 60 abuse

*(insert Confidentiality Notice here)*