



## Screening Tool Protocol

Mandated isolation due to the COVID-19 pandemic has forced older adults to stay in their homes, some of which may be unhealthy or unsafe. This screening tool is to be asked by volunteers, senior center directors, staff and others as they check in with home-bound older adults on their homes and coping mechanisms.

To mention prior to questions:

*Not meant to make you uncomfortable*

*These questions are asked of everyone*

Adapted Elder Abuse Suspicion Index Tool			
1. Do you live alone or are there others living in your home? Do they rely on you financially or otherwise?	Yes	No	Declined to Answer
2. Can you take care of your own daily needs? Does someone else do your cooking, cleaning, help out with bathing?	Yes	No	Declined to Answer
3. Are you getting enough help getting the things you need, such as food, medications, medical care?	Yes	No	Declined to Answer
4. Has anyone made you feel afraid, uncomfortable, unsafe, or caused you pain or injury?	Yes	No	Declined to Answer
5. Is anyone making you feel as though you can't speak to your friends or family when you want to?	Yes	No	Declined to Answer
6. Has anyone tried to get you to sign something that you didn't understand or weren't given the chance to read through? Has someone tried to get you to spend your money in a way that made you uncomfortable? Are you able to pay your bills?	Yes	No	Declined to Answer
7. Over the last couple of weeks, have you felt more down or sad than usual, felt like giving up, or felt like hurting yourself?	Yes	No	Declined to Answer

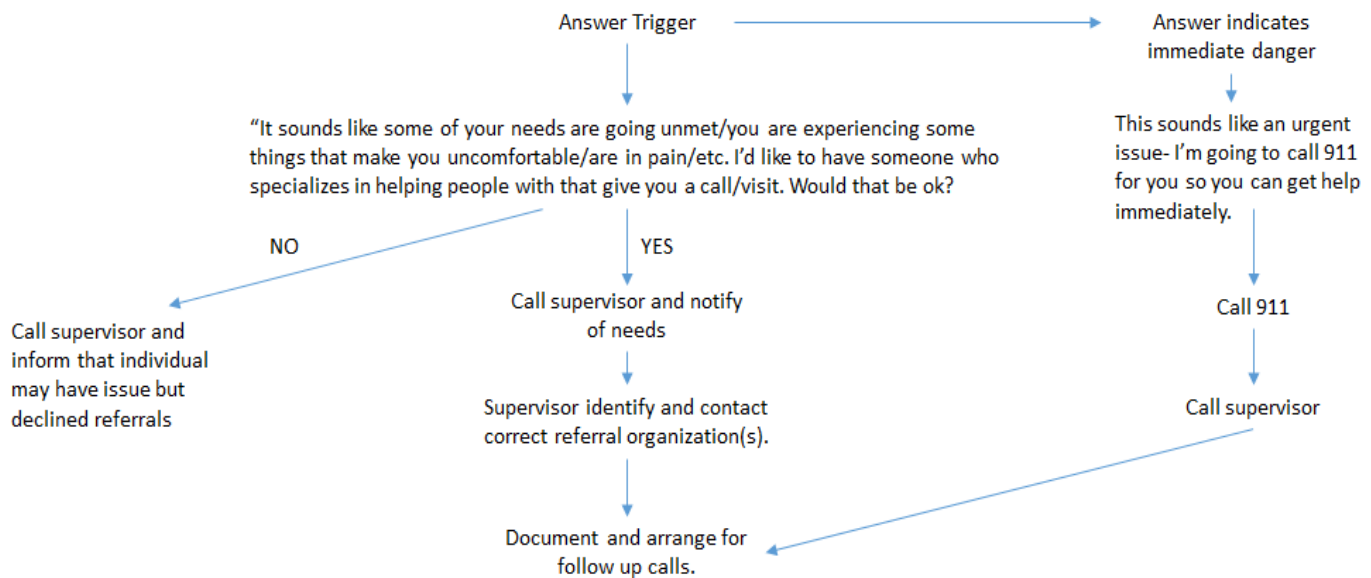
\* Adapted from the Elder Abuse Suspicion Index (EASI)



### Referral Pathway for Positive A-EASI Answers

*“I’d like to have one of our staff give you a call to check up on you a little more, especially since you are feeling sad/uncomfortable/having trouble getting needs met. Would that be ok with you?”*

If a client declines assistance, refer them to 211 for further assistance if they change their mind.





### Next Steps for Supervisors

<b>Question 1- YES OR NO</b>	<p>A “yes” on this answer alone does not warrant action. Combined with a “yes” on other questions, should warrant DFS referral.</p> <p>A “no” combined with answers indicating problems in other fields can indicate neglect or lack of ability to fulfill needs- refer to DFS</p>
<b>Question 2- NO</b>	<p>A “yes” answer indicates the older adult is able to take care of self.</p> <p>A “no” answer indicates that the older adult requires assistance and may not be receiving adequate help. Consider asking about available services or referral to DFS.</p>
<b>Question 3. NO</b>	<p>A “no” answer indicates the older adult requires assistance getting necessary daily living and/or medical items. Consider referral to available community resources or DFS.</p>
<b>Question 4- YES</b>	<p>A yes answer requires a referral to DFS for a wellness visit. If the older adult indicates that he or she is currently in danger, call 911.</p>
<b>Question 5- YES</b>	<p>A yes answer requires a referral to DFS.</p>
<b>Question 6- YES</b>	<p>A yes answer requires a referral to DFS.</p>
<b>Question 7-YES</b>	<p>A yes Answer requires a referral to Behavioral Health.</p>