



NC-F-16C

Abuse / Neglect Report Form

Form Number:	NC-F-16C	Effective Date:	March 1, 2026
Version:	1.0	Related Policy:	NC-16 Patient Safety & Fall Prevention

Abuse / Neglect Report Form

NobleCare Home Health LLC

Form NC-F-16C | Per Policy NC-16 -- Patient Safety & Fall Prevention

This form documents suspected or confirmed abuse, neglect, or exploitation of a patient. Ohio law (ORC 5101.61) requires mandatory reporting of suspected abuse or neglect of vulnerable adults. Complete this form immediately upon suspicion or discovery and report to county DJFS and NobleCare Administration without delay.

THIS IS A MANDATORY REPORT -- DO NOT DELAY FILING

Reporter Information

Reporter Name

Title / Position

Date of Report

Time of Report

Patient Information

Patient Name

Date of Birth / Age

Address

Phone

Medical Record #

Type of Suspected Abuse / Neglect

Check all that apply:

- Physical abuse
 - Verbal / emotional abuse
 - Sexual abuse
 - Financial exploitation
 - Neglect (by caregiver / family)
 - Self-neglect
-

Alleged Perpetrator

Name (if known)

Relationship to Patient

Address (if known)

Does the alleged perpetrator live with the patient?

Does the alleged perpetrator have access to the patient?

Description of Incident / Observations

Describe in detail what was observed, reported, or suspected. Include dates, times, locations, and any pattern of behavior.

Evidence Observed

Describe any physical evidence (bruises, injuries, malnutrition, unsanitary conditions, missing funds, etc.). Note location, size, color, and stage of any injuries.

Patient Statements

Record the patient's statements verbatim. Use quotation marks for direct quotes. Note the patient's demeanor and emotional state.

Immediate Actions Taken

Notifications

Ohio Adult Protective Services Hotline: 1-855-644-6277

Notification	Contact	Date	Time	Reference #	Person Spoken To
County DJFS / APS					
NobleCare Supervisor					
NobleCare Administrator					
Law Enforcement (if applicable)					
Other: _____					

County DJFS Contact Numbers -- NobleCare Service Area

County	Phone	After Hours
Franklin County DJFS	614-229-7000	
Delaware County DJFS	740-833-2340	
Licking County DJFS	740-670-8888	
Fairfield County DJFS	740-652-7889	
Pickaway County DJFS	740-474-7588	
Union County DJFS	937-644-1010	
Madison County DJFS	740-852-4770	

Reporter Signature

I attest that the information provided in this report is true and accurate to the best of my knowledge and was reported in good faith per Ohio mandatory reporting requirements.

Reporter Signature
Printed Name / Title
Date

Office Use Only -- Administrator Review

Date Received

Investigation Initiated

Patient Safety Plan Implemented

Staff Member Removed from Assignment (if applicable)

QAPI Committee Notified

Outcome / Findings

Administrator
SignaturePrinted
NameDate