



**Virginia Department of Social Services
Adult Protective Services Program
7 North Eighth Street, 4th floor
Richmond, VA 23219
Telephone: 804-726-7533**

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

(This form is an optional form for employers of mandated reporters to document that their employees have been notified of their mandated reporterstatus; other forms of documents are also acceptable. If used, this form should be retained by the employer.)

I, _____, understand that when I am employed as a
(Employee Name)

_____, I am a mandated reporter pursuant to the
(Type of Employment)

Code of Virginia, §§ 63.2-1603 through 1610. This means that I am required to report or cause a report to be made to Virginia Adult Protective Services (APS) either by calling the APS Hotline (1-888-83-ADULT) or the appropriate local department of social services whenever I have reasonable cause to suspect that an adult aged 60 or over or an incapacitated adult aged 18 and over and who is known to me in my professional or official capacity may be abused, neglected, or exploited. I understand that I must follow the reporting protocol, if any, of my employer, but my employer may not prohibit me from reporting directly to APS.

I understand that if I suspect a death of an adult aged 60 or over or an incapacitated adult aged 18 and over occurred due to abuse or neglect, I must report the death to the medical examiner and the law enforcement agency in the locality in which the death occurred.

I understand that I am immune from civil or criminal liability on account of any reports, information, testimony and records I release if the report is made in good faith and without malicious intent. My identity will be held confidential unless I authorize the disclosure or disclosure is ordered by the court.

I understand that if I willfully fail to report suspected adult abuse, neglect, or exploitation, immediately upon suspicion, I may be subject to a civil money penalty imposed by the Commissioner of the Virginia Department of Social Services. If I am a law-enforcement officer, I understand the money penalty does not apply to me but that I will be referred to the court system for non-reporting of suspected adult abuse, neglect, or exploitation. If I am licensed, certified, or regulated by a health regulatory board, I may also be subject to the appropriate licensing, regulatory, or legal authority for administrative action or criminal investigation.

I understand that there is no charge when calling the Hotline number (1-888-83-ADULT) and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me pursuant to the *Code of Virginia*, §§ 63.2-1603 through 1610.

Signature of Applicant/Employee

Date