



Referral Application

Please note that any referral to the Elder Justice Center at Eliza Bryant Village must be age 62 or older at the time of placement and a victim of abuse, neglect, exploitation or at risk of abuse.

If you suspect that an elderly Cuyahoga County resident is a victim of abuse, neglect or exploitation, please report to the Elder Abuse Hotline at 216.420.6700, calls are accepted 7 days a week, including holidays. In the event of an emergency, please call 911.

Please email the completed form to EJCreferral@elizabryant.org or fax 216.588.1982.

Date: _____

Agency Information

Referring Agency: _____ Contact Name: _____

Contact Title: _____

Contact Phone: _____

Contact Fax: _____

Email: _____

Referral Source:

Adult Protective Services Hospital Ohio Attorney General's Office Law Enforcement

Community Program Program name: _____ Other _____

City: _____ State: _____

Applicant Information

First Name: _____ MI: _____ Last Name: _____

Male Female Other _____

Next of Kin: _____ Next of Kin Phone: _____

Gender Identity: _____ Preferred Pronouns: _____

Race (check all appropriate) African American White (non-Hispanic) Hispanic Asian
Native American Other _____

Language Preference: English Spanish Other

Can you read and understand in English? Yes No

Date of Birth: _____ Social Security number: _____

Most recent address: _____

Permanent address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone number: _____ Email: _____

Diagnosed medical conditions: _____

Does referee have medical conditions that would require 24hr monitoring? If so, please explain _____

Is it safe to contact via phone: Yes No Is it safe to contact via email: Yes No

Type of abuse: Physical Sexual Psychological/Emotional Neglect Financial

Other _____ *Check all that apply*

Covered by Guardianship or Power of Attorney: Yes No

Photograph of abuse taken or provided: Yes No Relationship to alleged abuser: _____

Relationship with alleged abuser's family _____

Were the police involved? : _____ Any protection orders? _____

Police report number: _____

Does alleged abuser *or* referee have access to weapons? Please explain: _____

Specific date of last incident: _____

Does referee have access to the following documents? Check all that apply: Medical Card Social Security Card

Photo ID Birth Certificate Proof of Income Passport

Does referee have access to their prescribed medications? Yes No

Has referee been diagnosed with Alzheimer or Dementia? Yes No Unknown

Is the referee oriented to time, place and person? Yes No Unknown

Identity/ picture of alleged abuser: _____

Describe last incident (specifically identify location of visible marks of abuse): _____

For Elder Justice Center Staff Use Only

Date of intake assessment: _____ EJC Identification #: _____

Accepted: Not Accepted: Refused:

Specify reason for not meeting eligibility requirements: _____
