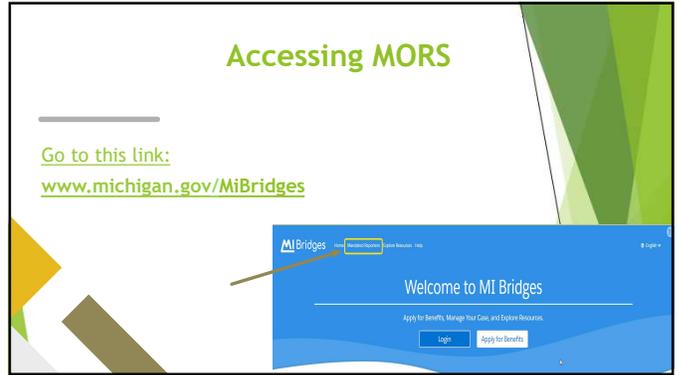
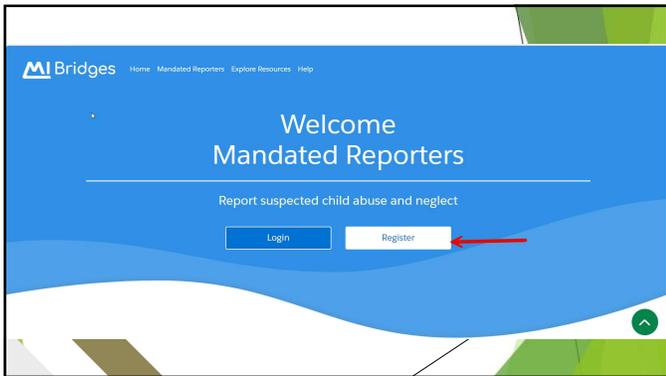


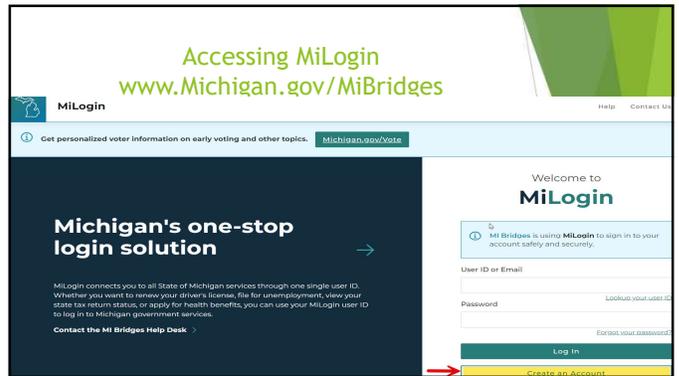
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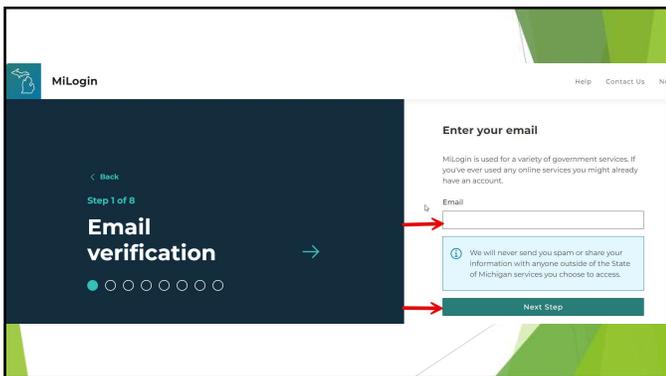
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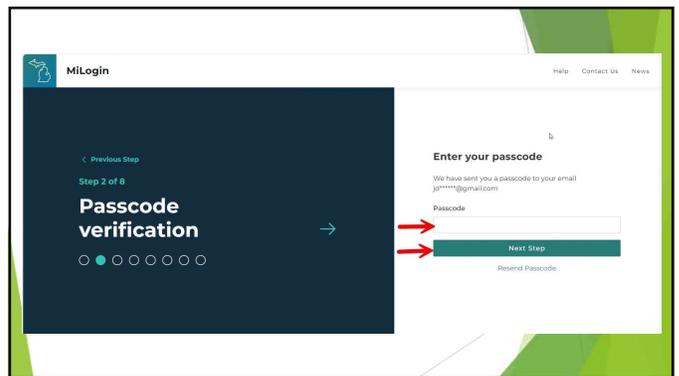
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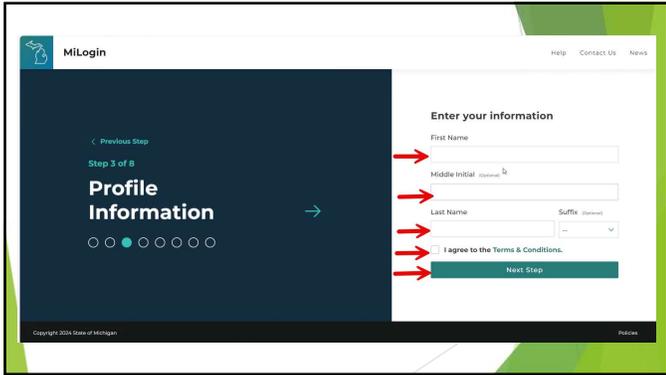
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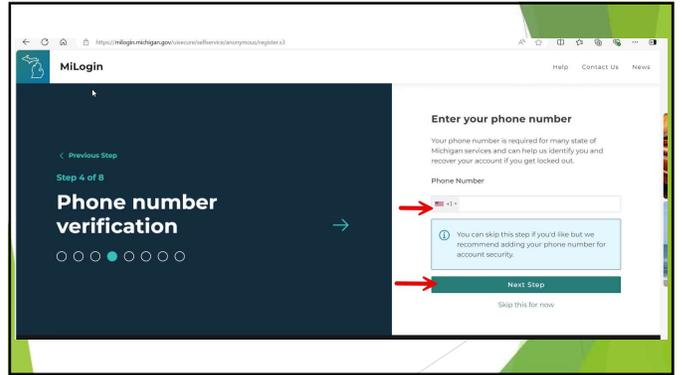
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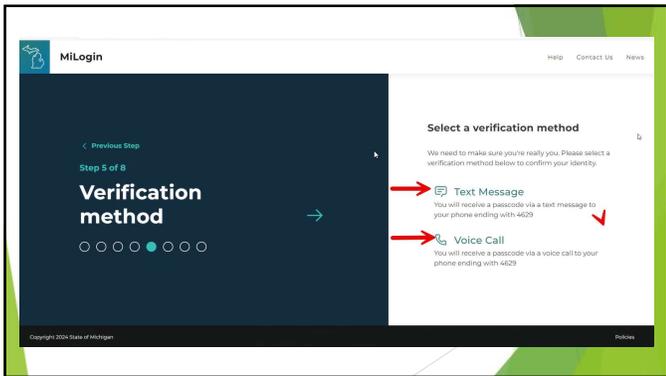
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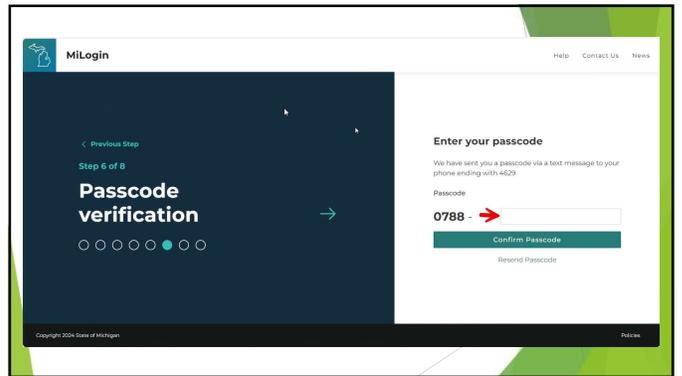
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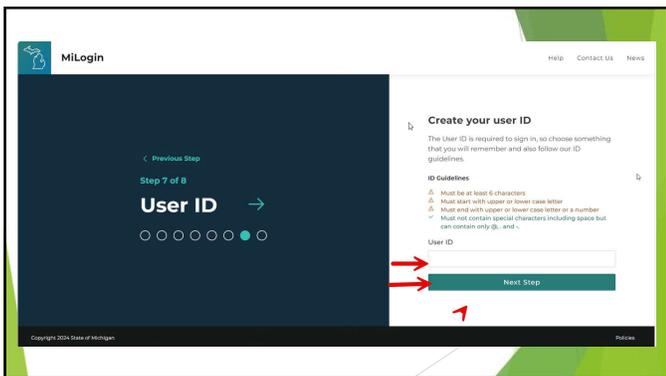
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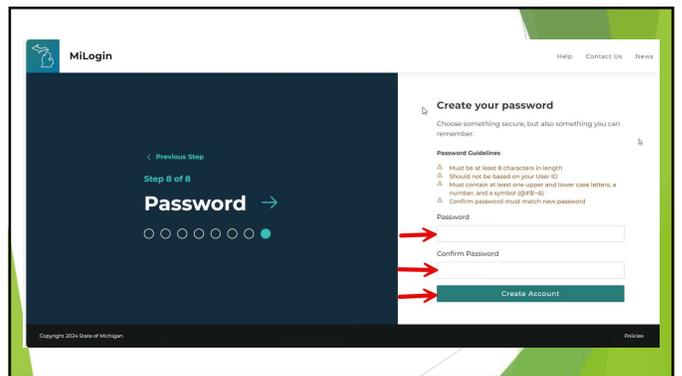
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10



11



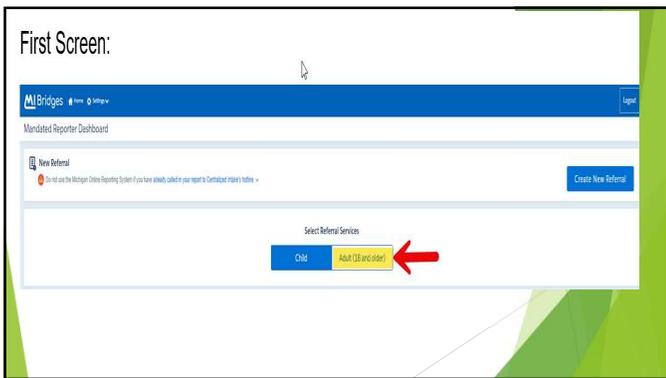
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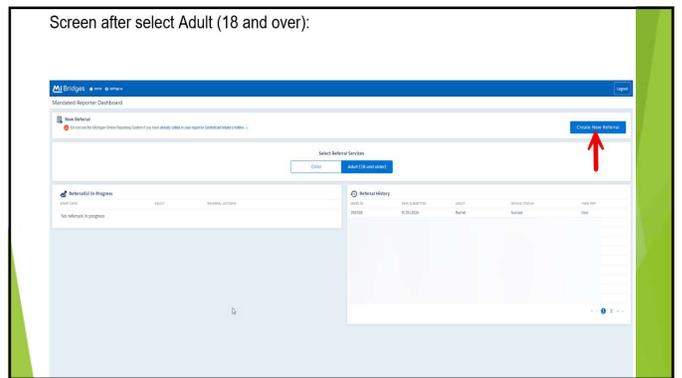
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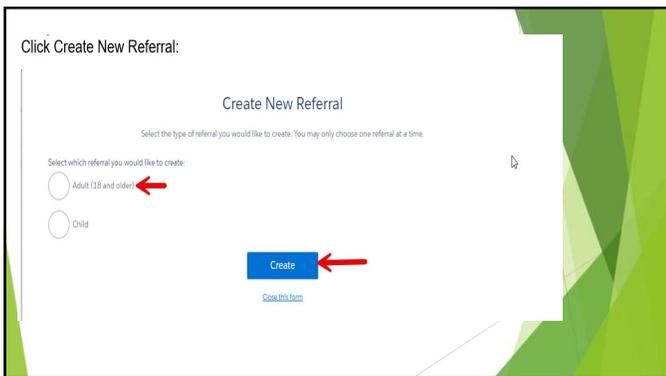
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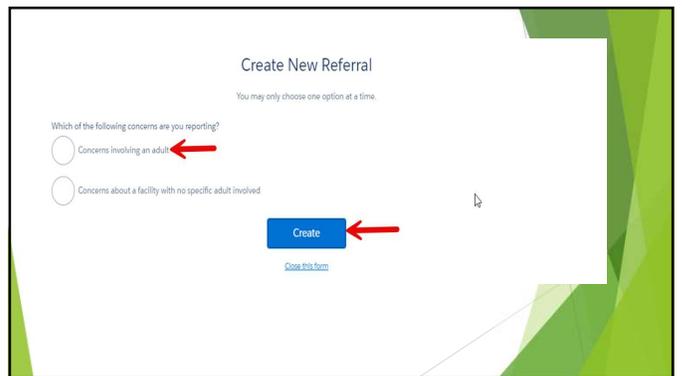
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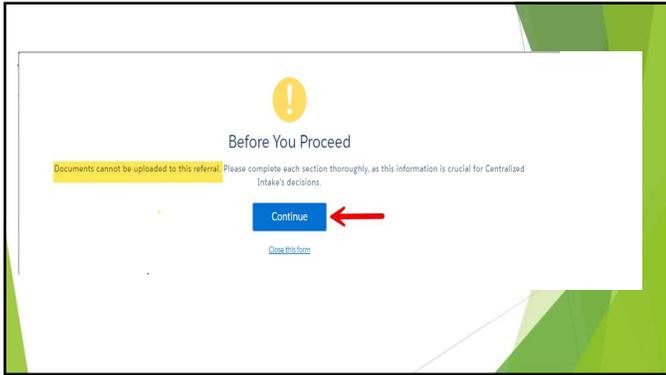
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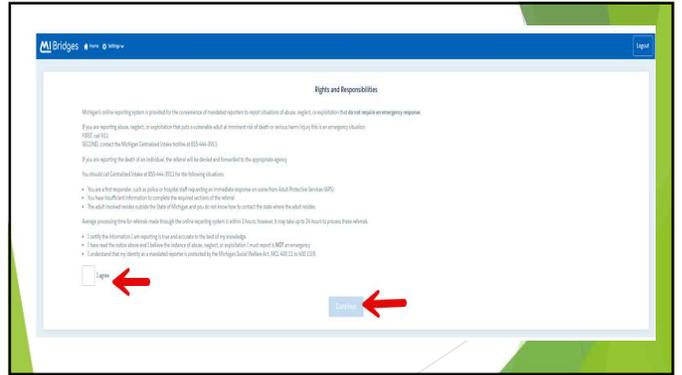
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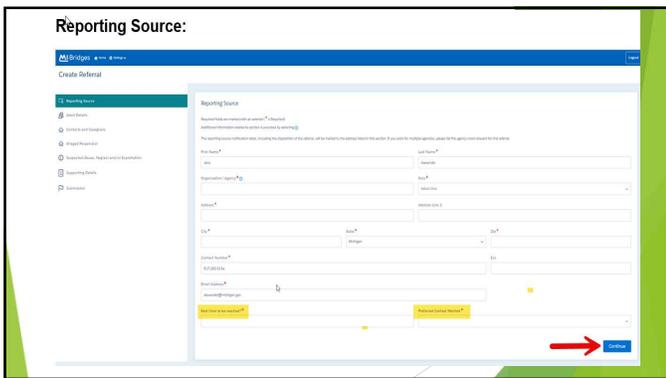
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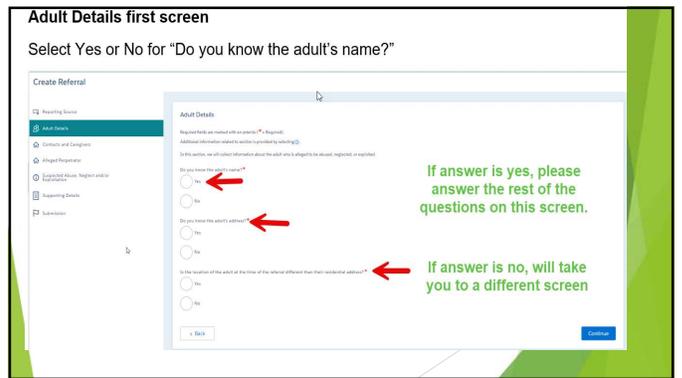
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20



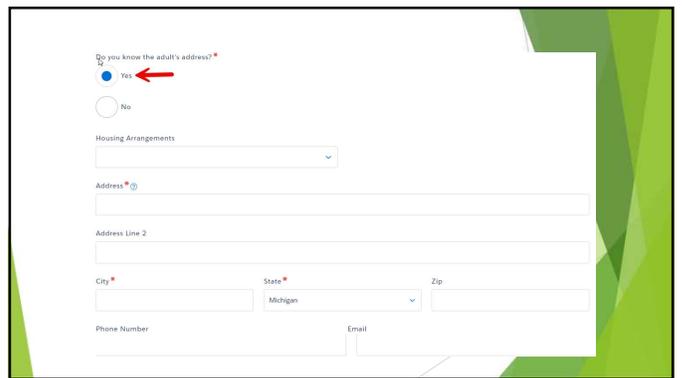
21



22



23



24

To the location of the adult at the time of the referral (different than mail-residential address)\*

Yes  
 No

Where is the adult located at this time?

2000 Main Street

Address

Address Line 2

City State Zip

Phone Number

25

### Adult Detail second screen:

How do you know the adult you are making the referral about?

Does the adult live alone?

Is the adult of Native American Heritage?

Does the adult live on reservation or trust land?

Back Continue

26

If "Does the adult live alone?" is answered with No.  
Enter all Required fields (indicated by a \*)

Does the adult live alone?

Yes  
 No  
 Unknown

Are there any minors in the household?

Yes  
 No  
 Unknown

27

### Contacts and Caregivers

It is not required that a Contact and/or Caregiver is added to the referral.

To add a Contact and/or Caregiver click + Add Individual.

Contacts and Caregivers

Required fields are marked with an asterisk (\*) = Required.

Additional information related to section is provided by selecting:

How is this individual related to the adult in your report? (Select all that apply)

Caregiver: Formal or Informal person providing care to the adult.  
 Additional Person Living in Home: Family or non-family household members.  
 Investigative Contact: Individual with additional information regarding the adult or allegations.  
 Legal Representative: Examples include Guardian, Conservator, Power of Attorney.

Back Continue

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First Name\* Middle Initial Last Name\*

Additional Person Living in Home Relationship\* Investigative Contact Relationship\*

Caregiver Relationship\* Legal Representative Relationship\*

Address

Address 2

City State Zip

Phone Number Email

Emergency Contact

Back Continue

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### Third section

#### Alleged Perpetrator

It is required that an individual is added to this screen.

To add an Alleged Perpetrator, click + Add Individual.

Alleged Perpetrator

Required fields are marked with an asterisk (\*) = Required.

Additional information related to section is provided by selecting:

Do you know the individual's name?

Yes  
 No

Back Continue

30

**Alleged Perpetrator**

Required fields are marked with an asterisk (\*) - Required.  
Additional information related to section is provided by selecting @.

In this section, we will collect information about the alleged perpetrator(s) of abuse, neglect, or exploitation involved in your report.

Describe the perpetrator(s) access to the adult. \*

3,000 characters

Back Continue

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**If No is selected for "Do you know the individual's name?"**

**Enter all Required fields (indicated by a \*)**

Do you know the individual's name? \*

Yes  
 No

Alleged Perpetrator Relationship \*

Does the individual live in the residence? \*

Is the individual a primary caregiver? \*

Provide a physical description of the individual. \*

300 characters

Please describe who is causing the alleged harm. \*

500 characters

Back Continue

32

**Alleged Perpetrator second page**

**Enter all Required fields (indicated by a \*)**

**Alleged Perpetrator**

Required fields are marked with an asterisk (\*) - Required.  
Additional information related to section is provided by selecting @.

In this section, we will collect information about the alleged perpetrator(s) of abuse, neglect, or exploitation involved in your report.

Describe the perpetrator(s) access to the adult. \*

3,000 characters

Back Continue

33

**Suspected Abuse, Neglect and/or Exploitation**

Required fields are marked with an asterisk (\*) - Required.  
Additional information related to section is provided by selecting @.

What suspected harm do you believe is occurring? (check all that apply) \*

- Self-Neglect: Occurs when a vulnerable adult cannot or does not care for themselves. Choice of lifestyle, by itself, is not proof of self-neglect.
- Neglect: Lack of physical care, health care, or necessary medication, food, shelter, or clothing provided to a vulnerable adult by a caregiver.
- Physical Abuse: Includes hitting, slapping, pushing, kicking, burning, confining, or restraining an adult. Indicators where adult's explanation of their presence is inconsistent with explanation is in itself an indicator.
- Financial Exploitation: The misuse of a vulnerable adult's money or property.
- Sexual Abuse: Sexual activity or touching without the adult's consent or understanding.
- Emotional/Psychological Abuse: Any act or behavior by another that diminishes the adult's sense of identity, dignity and/or self-worth.
- Exploitation of Person: Act(s) that involve the misuse of an adult's personal dignity by another person.
- Abandonment: Purposeful action that leaves a vulnerable adult without the ability to obtain food, clothing, or shelter and results in serious harm or risk of harm to that adult.

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**These three questions are extremely important to be filled out as much as possible to assist in deciding on referral decision to assign or deny.**

Describe in detail how the adult is being abused, neglected, or exploited. Please include the who, what, where, when, why and how the abuse, neglect, and/or exploitation occurred. \*

3,000 characters

Describe why you believe this adult is vulnerable and unable to protect themselves from the alleged harm. \*

2,000 characters

Do you have any additional information not captured in other responses? \*

3,000 characters

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**Supporting Details**

**Enter all Required fields (indicated by a \*)**

If Yes is answered for "Have you reported your concerns to any other agencies?" Please select all applicable answers.

Supporting Details

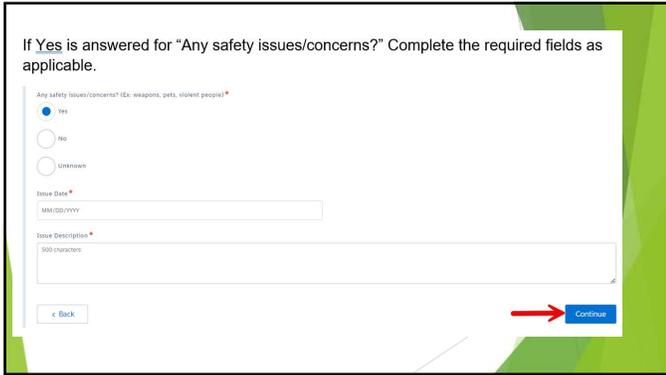
Required fields are marked with an asterisk (\*) - Required.  
Additional information related to section is provided by selecting @.

Have you reported your concerns to any other agencies? \*

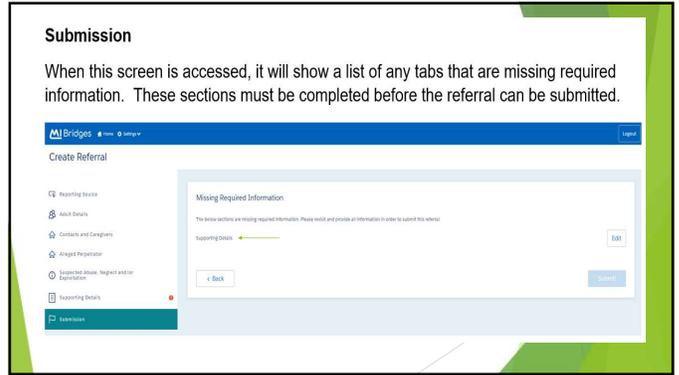
Yes  
 No

<input type="checkbox"/> Attorney General Medicaid Fraud	<input type="checkbox"/> Long Term Care Ombudsman
<input type="checkbox"/> Bureau of Community and Health Systems (BCHS) Licensing Consultant	<input type="checkbox"/> Multidisciplinary Team
<input type="checkbox"/> Community Mental Health (CMH)	<input type="checkbox"/> Native American Tribes
<input type="checkbox"/> Dept. of Veterans Administration	<input type="checkbox"/> Office of Recipients Rights
<input type="checkbox"/> Licensing and Regulatory Affairs (LARA)	<input type="checkbox"/> Social Security Administration
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Substance Abuse Treatment Agency
<input type="checkbox"/> Legal Intervention	<input type="checkbox"/> Other agency

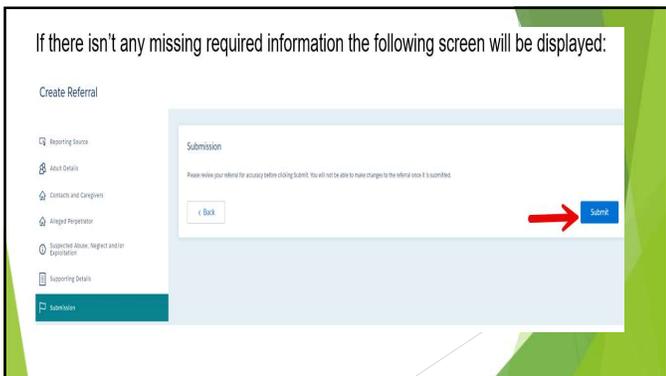
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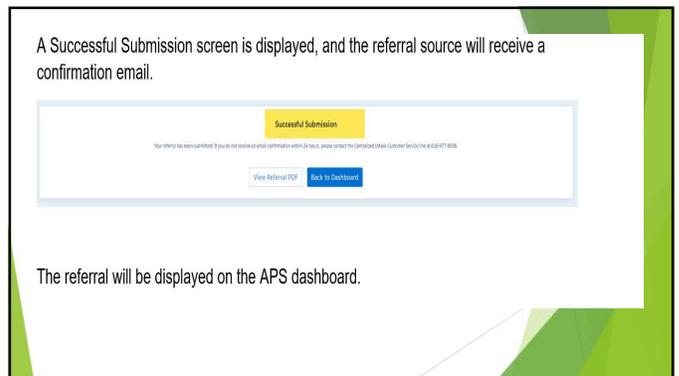
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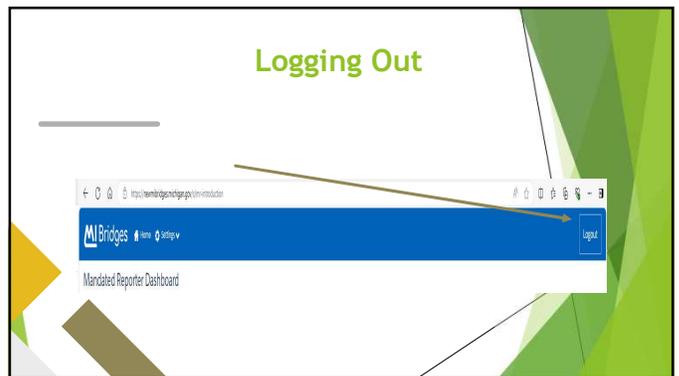
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41



42

# Thank You

Cynthia Farrell, Director  
Adult Services Division  
FarrellC2@michigan.gov

MORS Help Desk  
616-977-8936  
Help registering  
Help with reset  
passwords

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## Update your Profile and/or Password

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### Accessing your Profile and Password

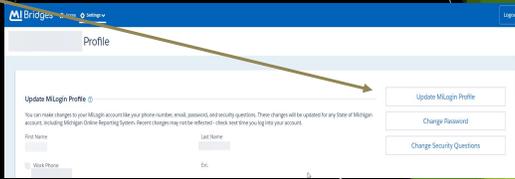
To access your Profile and Password select Settings in the top left corner of the screen. Then select Profile.



45

### Update MiLogin Profile, Changing Password or Change Security Questions

Select one of the choices on the right side of your profile.



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### Update MiLogin Profile, Changing Password or Change Security Questions

You will be directed to MiLogin

**Before You Proceed**

In order to make an update to your MiLogin account information, you will now be directed to the MiLogin portal.

Cancel Continue to MiLogin

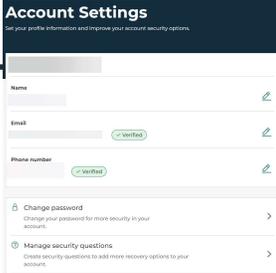
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### Account Settings

Set your profile information and improve your account security options.

**MiLogin Account Settings**

Select the section to edit by clicking the pencil icon or the >. Update the information and then save.



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