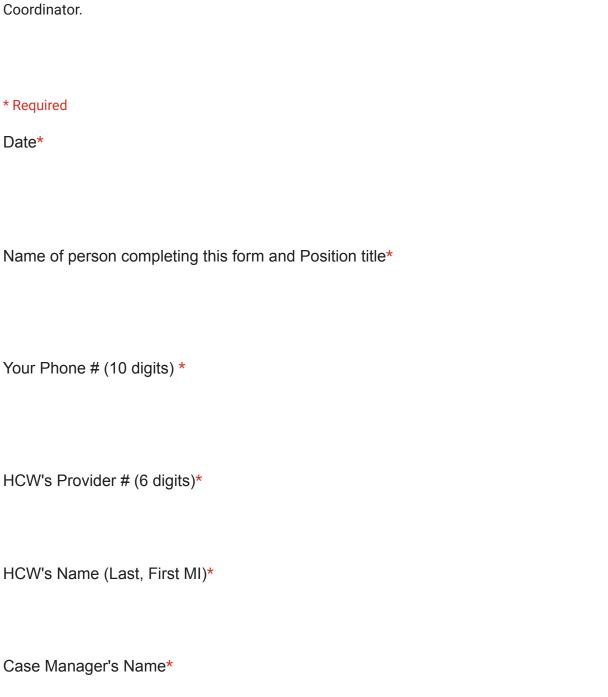
HCW Incident Report

Please be advised that completing this form does not result in immediate termination of HCW's credentials. HCWs may request a hearing, if their provider number is proposed for termination due to a rule violation. CMs may consider removing the HCW from the consumer's care plans. If immediate termination or action is needed, please consult with the HCW Program Coordinator.



Case Manager's Branch #*
Client's Name (Last, First MI)*
Client's Prime #*
Date(s) of Incident*
Location of Incident
Type of Incident*
 □ Fiscal improprieties (includes voucher fraud) □ Violation of APS rules □ Violation of requirement to maintain a drug-free workplace □ Lack of skills, knowledge and ability to adequately or safely perform the required work □ Failure to provide services as required □ Demonstration of a lack of ability or unwillingness to maintain consumer-employer confidentiality □ Introduction of an unwelcome nuisance to the workplace □ Failure to adhere to an established work schedule □ The homecare worker has been sanctioned or convicted of a criminal offense related to that individual's involvement in any public assistance program □ Failure to perform the duties of a mandatory reporter □ Failure to inform the Department or consumer-employer within 14 days of being arrested
cited for, or convicted of a crime Exertion of undue influence over a consumer-employer Other:

Please describe the incident or provide APS CAM case #. (DO NOT include health or domestic violence information, as this document will be uploaded into EDMS.) *
Please describe how the incident was resolved, if applicable.
Was an APS referral made? (If abuse is suspected or has occurred, you must make an
APS referral.) *
☐ Yes ☐ No
Has contact been made with the HCW regarding this incident? *
☐ Yes ☐ No
Outcome, after contact with the HCW:
Has this incident been staffed with a supervisor?*
☐ Yes ☐ No
Does this HCW work for other clients, to your knowledge? *
☐ Yes ☐ No
Your recommendation or supervisor's: *
□ Refer for termination□ For records only