Adult Protective Services, or APS, is a division of the Texas Department of Family and Protective Services (DFPS). APS works to protect the most vulnerable adults from abuse, neglect, and financial exploitation. We are here to make their lives better and protect their dignity.

Client Rights

If the adult has the capacity to consent and agrees to protective services, then he or she can:

- Get voluntary protective services.
- Take part in all decisions about his or her welfare.
- Pick the least restrictive option that meets his or her needs.
- Refuse medical treatment.





Reporting a Case to APS

Report abuse, neglect, or financial exploitation by calling the Texas Abuse Hotline at 800-252-5400 or by filling out the online report at **TxAbuseHotline.org**.

In a life-threatening emergency, dial **911**.

For more information visit **ProtectTexasAdults.org**.



This material is funded in part by a grant from the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of nor an endorsement by ACL/HHS or the U.S. Government





Adult Protective Services Protecting the Most Vulnerable



Texas Department of **Family and Protective Services** dult Protective Services

Help Stop Adult Maltreatment

We help the most vulnerable adults-those who are 65 or older and those 18 to 64 with mental, physical, intellectual, or developmental disabilities that substantially impair their ability to live independently or care for or protect themselves.

APS investigates and helps stop abuse, neglect, and financial exploitation as quickly as possible to keep these adults safe. When we receive a report of alleged abuse, neglect, or financial exploitation, we investigate the situation. When necessary, we partner with law enforcement, medical and financial professionals, and other community partners to arrange for shelter, medical care, and more.



Many older people and those with disabilities live alone or depend on others for care, which can put them more at risk of abuse, neglect, or financial exploitation.

More than half of all cases reported to APS involve neglect and the majority of those cases are self-neglect. Aging adults or adults with disabilities may no longer be able to provide for their own health and safety, may live in unsanitary conditions, may be without heat/cooling systems or utilities, or may need help with meals or other daily activities.

APS can provide short-term help with emergency shelter, minor home repairs, emergency food, transportation to doctors' appointments, referrals for money management, assistance making appointments for medical care, referrals for home healthcare services, and referrals for mental health services.

You can be their champion by recognizing and reporting any suspected abuse, neglect, or financial exploitation.

Signs of Abuse, Neglect, and Financial Exploitation

Physical Signs

- Bruises, cuts, or scratches.
- Broken bones.
- Burns.
- Pain when the person is touched.

Behavioral Signs

- Afraid, anxious, agitated, angry, withdrawn, or depressed.
- Unresponsive.
- Reluctant to talk openly.
- Confused or disoriented.

Caregiver Signs

- Prevents the adult in care from speaking to or seeing others.
- Shows anger or indifference toward the adult in care.
- Has a history of substance abuse, criminal behavior, or family violence.
- Gives conflicting accounts of incidents.

- large withdrawals.

- Forged documents.
- Caretakers or family members gaining access to accounts and denying the client his or her own access to them.







Talks like the adult in care is a burden.

Signs of Financial Exploitation

- A caregiver receiving frequent gifts.
- Unpaid bills despite having money.
- Unusual bank account activity, including small or
- Names added to bank account or signature cards.
- Frequent checks made out to cash.
- A victim signing legal documents such as wills or loans but seems incapable of understanding them.
- Caretakers or family members who are more concerned about a client's assets than the client's health or ability to meet his or her financial needs for living.
- Family members who want access or feel entitled to the client's assets prior to the client's death.