

# ARE YOU AN EFFECTIVE MANDATORY REPORTER?

## You Must Report Elder Abuse...It's the law.

### For Those New to Reporting or Wanting A Refresher?

On July 1, 2014 Colorado law mandated elder abuse reporting of those 70 and over. On July 1, 2016 and 17, Colorado expanded the law to include mandatory reporting of any "at-risk" adult 18 and over and expanded the scope of individuals required to report. ARE YOU A REPORTER? Mandatory reporters include medical professionals, counselors, spiritual leaders, financial organizations, social workers, law enforcement agencies and many more. Learn about the law and how it impacts you and your organization. Get your "Roadmap to Reporting" tool kit.



### Roadmap to Reporting

- Types of Elder Abuse
- Responsibility as a Mandatory Reporter
- Who to contact and how to report suspected Elder Abuse
- What to report to Law Enforcement
- When to call Adult Protective Services
- What happens after reporting?
- Receive a tool kit for future use

#### TRAINING DATE

Nov 13, 2017 - 9 am to 11 am  
 Jan 15, 2018 - 9 am to 11 am  
 Mar 12, 2018 - 9 am to 11 am  
 June 11, 2018 - 9 am to 11 am  
 Aug 13, 2018 - 9 am to 11 am  
 Nov 12, 2018 - 9 am to 11 am

#### LOCATION

**1330 Leyden St #109  
 Denver CO 80220**

#### COST

\$25 for the first registration (includes training materials)  
 \$20 for each additional registration from the same agency.

### For More Information

**Call: 303-333-3482  
 Register at  
[www.senioranswers.org](http://www.senioranswers.org)**

### REGISTRATION

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DATE:  Nov 13, 2017  Jan 15, 2018  Mar 12, 2018  June 11, 2018  Aug 13, 2018  Nov 12, 2018

#### Attendee Name(s)

1. \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Date Attending \_\_\_\_\_

2. \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Date Attending \_\_\_\_\_

3. \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Date Attending \_\_\_\_\_

Number Attending \_\_\_\_ X \$25/Person + \_\_\_\_ x \$20/person = Total Cost: \_\_\_\_\_

Check Enclosed Please charge:  VISA  MasterCard  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_



*Building Leadership in Aging*  
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