Department of Human Services

Intro to Adult Protective Services (APS): *Understanding and Partnering with APS Across Tennessee*

United HealthCare Collaboration ~ August 6th, 2026

APS Presenters

- Patti Tosti, Director of Interagency Collaboration and Research
- Rhonda Barnes, Intake and Grants Director
- Joyce Reed, Director of Field Operations

TN Department of Human Services

MISSION

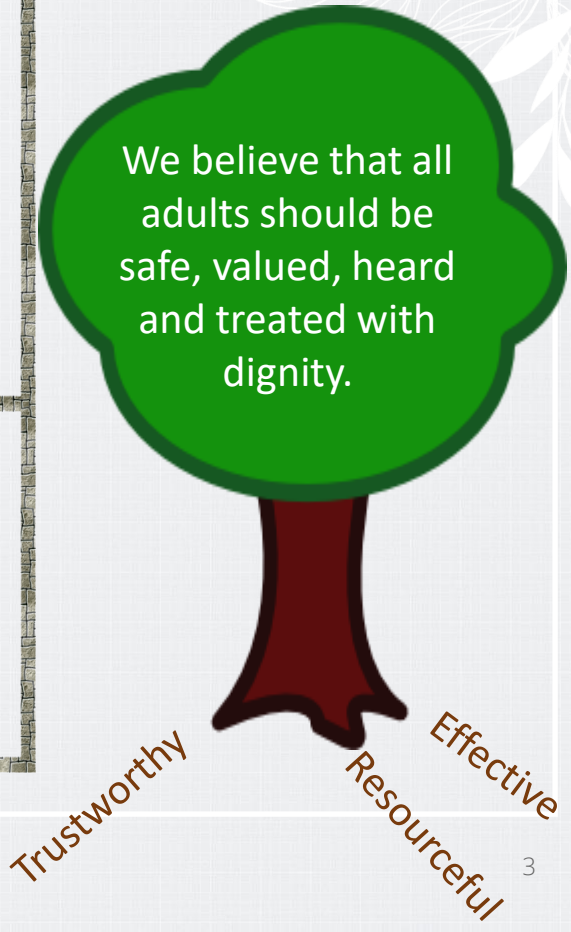
Strengthen Tennessee by Strengthening Tennesseans.

VISION

To revolutionize the customer experience by growing capacity to reduce dependency.

VALUES

- High Performance
- Collaboration
- Continuous Improvement
- A Shared Vision
- Customer-Centered Solutions



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Purpose of this Meeting

- To help agencies, service providers and the community understand what APS does and doesn't do, and how to partner together, as a team, to protect older and vulnerable adults across Tennessee.

- These slides will be made available to you at the end of the session and a survey will be given to receive your feedback.

Objectives

- Define Vulnerability and the APS Role
- Understand the APS Functions
- Emphasize Key Principles
- Promote Public Awareness
- Foster Client-Centered Practice

Ground Rules for Collaboration

One system alone cannot solve all the problems created by abuse, neglect and violence. Together, we bring OUR information, OUR resources, OUR expertise, and OUR power to respond to the neglect and abuse of older and vulnerable adults that provides *safety and compassion for victims and accountability for perpetrators*.

THE GROUNDRULES FOR CROSS-SYSTEMS COLLABORATION

- We are all mutually responsible for this system
- We do not blame, but seek solutions to problematic symptom
- We agree to disagree, but to speak our conflict
- We will identify our biases/assumptions
- We treat one another with unconditional regard
- We share information to create transparency

Coordinated Community Response
CCR
Protecting Vulnerable Adults in Tennessee

TN

*adapted from WCADV CCR Overview Handouts, 2003 and Elder Support and Protection Resources, 2008. Approved by CCR in 2016.

Agenda

- Putting APS into Context
- Centralized Intake
- Investigations
- Ethical Considerations

TN Dept of Human Services, Adult Protective Services

- Part of the Division of Child Care and Community Services (CC&CS)
- APS has 147 Employees Across the State:
  - 13 State Office/Grant Program Employees
  - 17 Intake Counselors/Supervisors
  - Field Positions:
    - 93 Investigators
    - 24 Supervisors, including 4 Regional Supervisors

Comparing APS to Dept of Children Services (DCS)

- Number of Employees
  - DCS has 3800 employees
  - APS has about 160 Full Time Employees (FTEs) or 4% of the employees of DCS
  - 26 to 3 in 6 counties

Number of Reports Statewide Fiscal Year (FY) 2024 to 2025

- APS
  - FY 2024: 23,024 Reports and 8,029 Investigations
  - FY 2025: 28,328 Reports with 10,821 Investigations

- DCS
  - FY 2024: 170,746 Reports with 62,700 Cases Assigned
  - FY 2025: Not Available

APS Intake



APS INTAKE: Hours of Operation*

Call Center is open:

- 7am – 7pm Monday through Friday
- After Hours
  - 7pm – 7am Monday through Friday, Saturday and Sundays and all State holidays.

  There is an APS Intake staff member available 24/7.

* Times are central standard time.

Type of APS Referrals

- APS Hotline 1-888-APS-TENN (888-277-8366)
- Online – https://reportadultabuse.dhs.tn.gov
- In Person*
- Mail: DHS APS, Andrew Johnson Tower, 11th Floor
  710 James Robertson Pkwy
  Nashville, TN 37243



*Local County Offices (have to be set up in advance and does not change the outcome of the report)

Role of Intake

- Receive the report
- Record information in the case management system (TNAPS)
- If report does not meet APS criteria, it is “Screened out”
- If report meets criteria
  - Assigned for investigation
  - Provide Report Source (RS) with the name and contact of the Investigator

APS Criteria

- Age 18 or over

- Impaired functional status that prevents self-protection
- Diminished cognitive function
- Physical health
- Frailty due to advanced age
- No others willing to assist

- Allegation(s) of abuse, neglect, self neglect, and financial exploitation

- Alleged perpetrator is caregiver (except for sex abuse)

What Information is needed:

- Alleged victims name, address, and date of birth
- Alleged victim's medical diagnosis, illness, impairments, level of care and their doctor
- The name of the person who manages their finances
- The name of the person who may be hurting them and how they are doing this
- Any possible witnesses
- What you want to happen

Other information you will be asked

- Social security number
- Source of income
- Insurance
- Covid related questions
  - Is anyone in the alleged victim's household experiencing any COVID-19 related symptoms?
  - Has anyone in the household tested positive for COVID-19 within the last 2 weeks?

Common Screen-Out Reasons

- Financial Exploitation of non-government funds
- Allegations involve patient to patient or resident to resident
- Caller only needs information and/or resources
- Alleged Perpetrator is not a Caregiver (except sexual abuse)
- No identifying information/location
- No physical or mental impairment or frailty
- There are others willing and able to assist
- Allegations do not meet criteria for assignment

Caregiver/Caretaker

- Person or institution that has assumed the duty to provide for care of adult “by contract or agreement, or service exchange.”

- May be paid or unpaid.

- For a family member to be classified as caregiver, they must meet all of the following criteria;
  - Reside in same building with or regularly visits the adult; and
  - Knows, or reasonably should know, of adult’s cognitive or physical dysfunction or advanced age; and
  - Knows, or reasonably should know, that adult is unable to adequately provide for his/her own care.

APS Reporting Process: Intake to Investigations

REPORT MADE ⇒ Obtain Info and Record case into TNAPS

SCREENING DECISION: ACCEPTED

⇒ Assign Priority Status and send to Investigations to review/accept

⇒ 1215 Generated by TNAPS and sent to LE, DA and other appropriate agencies for allegations other than Self-Neglect

SCREENING DECISION: NOT ACCEPTED

⇒ *It is considered a 'Screen Out"*

⇒ Intake Supervisor agrees to the "Screen Out" and it is sent to Team Coordinator

⇒ Team Coordinator reviews the "Screen Out"

- Reporter is notified and case is closed. An information and referral (I & R) can be made by either the field or intake if another agency should address allegations.
- If disagree, returned to intake and case is assigned for investigation.

What happens to Screened out Reports

1215 report is generated for reports with listed alleged perpetrators.

- Sent to local LE and DAs
- Reports will be sent to other agencies that may have jurisdiction that can investigated

Case Examples Attached to Appointment

- An attachment has been made to the appointment which includes the wording on the next few slides
- We chose not to break it into several slides for a full review and to assist participants with understanding what is needed with APS reports/referrals

Case Example 1: Screened Out, Not Enough Info

- *Internet report:*
- The alleged victim, Grace Johnson, age 76, location and living arrangements are unknown. There are no listed limitations or medical conditions. Ms. Johnson lives in a home with 25 cats, trash to the ceiling and a non-working bathroom. The home smell of ammonia.
- The reporting source states Ms. Johnson gets a social security check but has no food in the home.

Case Example 1: Screened In/Assigned

- The alleged victim, Grace Johnson, age 76 lives in her own home. Ms. Johnson has a pacemaker, COPD, dementia and requires a wheelchair for mobility. Ms. Johnson is unable to complete her activities of daily living skills without assistance. Ms. Johnson lives in a home with 25 cats, there is trash to the ceiling and a non-working bathroom. The home smells of ammonia.
- The cats in the home have started to make Ms. Johnson fall and she has several open wounds on her legs from where the cats scratch her and they become infected because she is unable to treat them properly.
- The reporting source states that Ms. Johnson gets a social security check but has no food in the home.
- Ms. Johnson's daughter manages her money, and it is suspected that she is using her funds for her own personal gain. A church member brings food over daily but there is a concern that the electricity will be shut off soon.

APS Intake *KEY* Decisions

- Should APS screen in for an investigation?

  and

- How quickly should APS respond (24 hours, 5 business days or 7 business days)?

Case Example 2, Group Exercise:

- Anne Bauer, 44 lives in a trailer. Ms. Bauer is independent with her activities of daily living (ADLs). She manages her own finances and can make her own decisions. Ms. Bauer has COPD, Heart failure, and Diabetes.
- Ms. Bauer's trailer does not have electricity or water. Ms. Bauer has lived this way for the last 10 years. The reporting source states they are concerned that Ms. Bauer will freeze when the weather drops down to the low teens.

Group Exercise: Part A - Adult Vulnerability Factors

Does the following apply?

- ❑ Person is age 60 or older.

No →

Do BOTH of the following apply?

- ❑ Person is age 18 or older.
- ❑ Person has an impaired mental or physical functional status.

→ No; screen out

Yes ↓

Yes ↓

Does the following apply?

- ❑ Person is unable to manage their own resources; carry out the activities of daily living; or protect themselves from neglect, hazardous, or abusive situations

→ No; screen out

↓ Yes, Continue to Part B

Person has an impaired mental or physical functional status.

Do BOTH of the following apply?

- ❑ Person is age 18 or older.
- ❑ Person has an impaired mental or physical functional status.

- An adult having a mental illness alone does not qualify as meeting the criteria for mental dysfunction. It must be alleged that the mental illness *prevents the adult from protecting themself*.
  - TDMHSAS Website: www.tn.gov/behavioral-health
  - TDMHSAS Crisis Services: www.tn.gov/behavioral-health/crisis/continuum.html
  - TDMHSAS Helpline Contact: 800.560.5767 or OCA.TDMHSAS@tn.gov

Group Exercise: Part A - Adult Vulnerability Factors

Does the following apply?

- ❑ Person is age 60 or older.

No →

Do BOTH of the following apply?

- ❑ Person is age 18 or older.
- ❑ Person has an impaired mental or physical functional status.

→ No; screen out

Yes ↓

Yes ↓

Does the following apply?

- ❑ Person is unable to manage their own resources; carry out the activities of daily living; or protect themselves from neglect, hazardous, or abusive situations

→ No; screen out

↓

Yes, Continue to Part B

Part B: Allegations

- ❑ Physical Abuse (confinement/restraint or injury)
- ❑ Suspicious Death
- ❑ Sexual Abuse
- ❑ Emotional Abuse (includes isolation)
- ❑ Neglect
- ❑ Self-Neglect
- ❑ Financial Exploitation (improper use of government funds)
- ❑ No Allegations Apply – Screen out

Part B: Allegations

- ☐ Physical Abuse (confinement/restraint or injury)
- ☐ Suspicious Death
- ☐ Sexual Abuse
- ☐ Emotional Abuse (includes isolation)
- ☐ Neglect
- ☒ Self-Neglect
- ☐ Financial Exploitation (improper use of government funds)
- ☐ No Allegations Apply – Screen out

Case Example 3, Group Exercise:

- Sam Coffee, alleged victim, is a 92-year-old male who lives alone in a duplex. Mr. Coffee has dementia. Mr. Coffee's need assistance with activities of daily living.
- The Reporting Source (RS) reports Mr. Coffee's cognitive acuity has deteriorated to the point he requires around the clock care and supervision. He has been wandering away from his home. On January 26, 2026, he was found walking down the road and was almost hit by a car. RS reports neighbors had to call 911 and assist him back home.
- The daughter is his Power of Atty and Rep Payee of his Social Security Check and his rent is not being paid.

Group Exercise: Part A - Adult Vulnerability Factors

Does the following apply?

- ❑ Person is age 60 or older.

No →

Do BOTH of the following apply?

- ❑ Person is age 18 or older.
- ❑ Person has an impaired mental or physical functional status.

→ No; screen out

Yes ↓

Yes ↓

Does the following apply?

- ❑ Person is unable to manage their own resources; carry out the activities of daily living; or protect themselves from neglect, hazardous, or abusive situations

→ No; screen out

↓

Yes, Continue to Part B

Group Exercise: Part A - Adult Vulnerability Factors

Does the following apply?

- ☒ Person is age 60 or older.

No →

Do BOTH of the following apply?

- ❑ Person is age 18 or older.
- ❑ Person has an impaired mental or physical functional status.

→ No; screen out

Yes ↓

Yes ↓

Does the following apply?

- ☒ Person is unable to manage their own resources; carry out the activities of daily living; or protect themselves from neglect, hazardous, or abusive situations

→ No; screen out

↓

☒ Yes, Continue to Part B

Part B: Allegations

- ❑ Physical Abuse (confinement/restraint or injury)
- ❑ Suspicious Death
- ❑ Sexual Abuse
- ❑ Emotional Abuse (includes isolation)
- ❑ Neglect
- ❑ Self-Neglect
- ❑ Financial Exploitation (improper use of government funds)
- ❑ No Allegations Apply – Screen out

Part B: Allegations

- ❑ Physical Abuse (confinement/restraint or injury)
- ❑ Suspicious Death
- ❑ Sexual Abuse
- ❑ Emotional Abuse (includes isolation)
- ☒ Neglect
- ❑ Self-Neglect
- ☒ Financial Exploitation (improper use of government funds)
- ❑ No Allegations Apply – Screen out

Part C: Jurisdiction

Is the adult outside of the State of Tennessee?

Yes → Screen out and report to the appropriate out-of-state APS agency or its equivalent

No ↓

Did all the alleged maltreatment occur outside of the state of TN?

Yes → Screen out and report to the appropriate out-of-state APS agency or its equivalent

No ↓

Did the alleged maltreatment occur in a state-owned and –operated TDMHSAS or DDA?

Yes → Screen out and refer directly to the appropriate agency

No ↓

Did the alleged maltreatment occur between patient(s) or resident(s) in a facility?

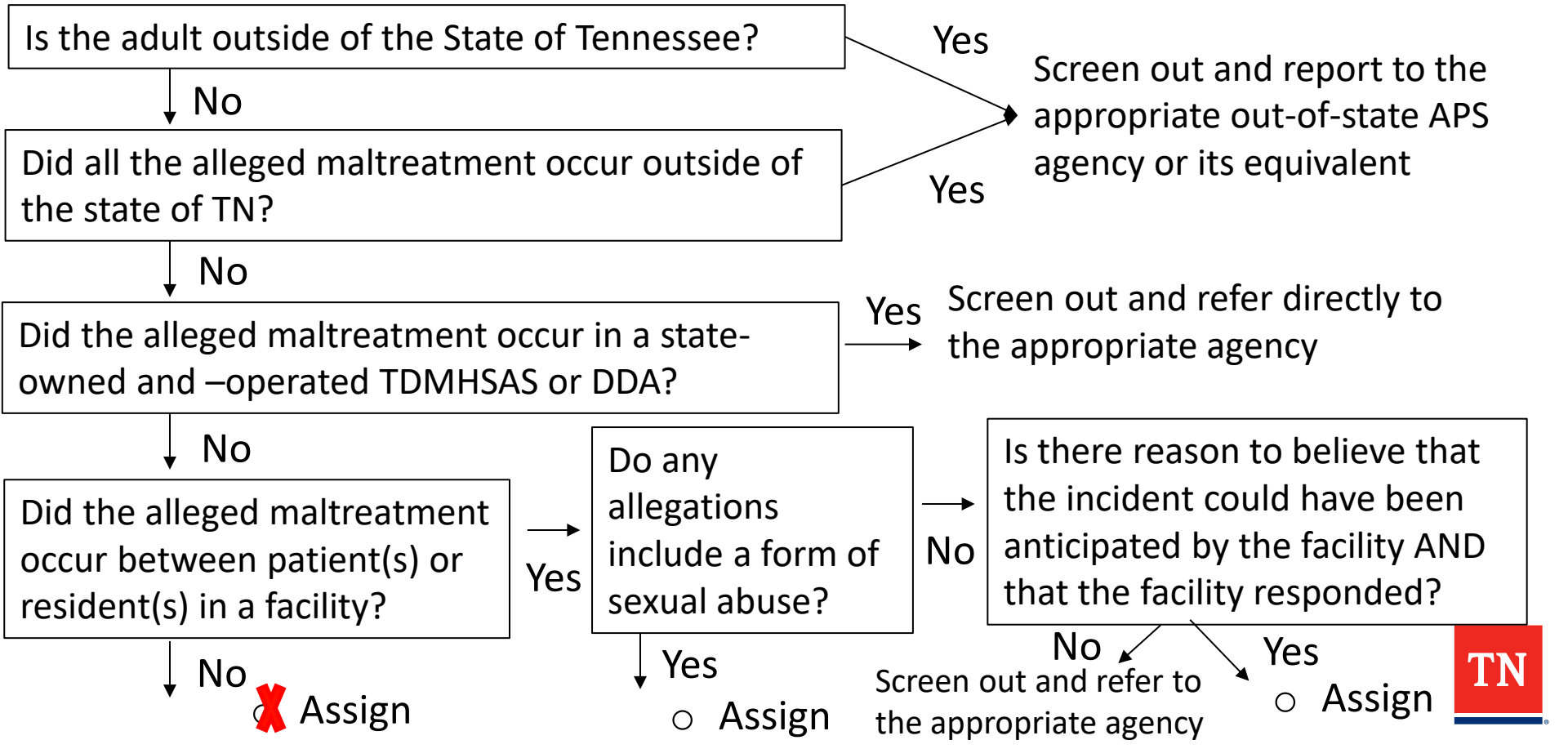
Yes → Do any allegations include a form of sexual abuse?

- Yes → ○ Assign
- No → Is there reason to believe that the incident could have been anticipated by the facility AND that the facility responded?
  - No → Screen out and refer to the appropriate agency
  - Yes → ○ Assign

No ↓

○ Assign

Part C: Jurisdiction



Case Example 4, Group Exercise

- The alleged victim, Ms. Anne Jacobs, age approximately 25, lives in the home with her aunt, caregiver, alleged perpetrator Michelle Lane. Ms. Jacobs is developmentally disabled and requires total care and assistance with all activities of daily living.
- The reporting source (RS) Ms. Lane left Ms. Jacobs in the home while she went on a trip out of state for 10 days. When neighbors did not see Ms. Jacobs for several days a welfare check was called and found in the home with several open wounds and unresponsive.
- Ms. Jacobs is currently at General Hospital and is recovering. Ms. Jacobs will be discharged to a group home where her aunt will not be allowed to access Ms. Jacobs. She has been appointed a conservator.

Who should report?

EVERYBODY!

Any person who has reasonable cause to suspect that an adult has suffered abuse, neglect or exploitation shall report this to authorities.

You can always make another referral if additional information was indicated!



QUESTIONS?



APS Investigations/Ongoing Services



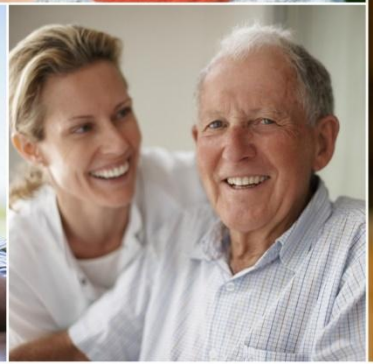
Who We Serve













Is this a Myth or a Fact?

- Since APS is a government agency, case information is public record.

Myth vs. Fact

- *Myth:* Since APS is a government agency, case information is public record.

- *Fact:*
  - All information collected by APS protected by confidentiality statutes and policies.
  - APS staff are prohibited from sharing information about APS cases and clients.
  - The public and anyone who reports to APS not entitled to receive case information.

Confidentiality

The Identity of the reporter is confidential and will not be released except in specific circumstances.



Is this a Myth or a Fact?

- APS is a service provider.

Myth vs. Fact

- *Myth:* APS is a service provider.
- *Fact:*
  - APS is an investigative agency that:
    - conducts investigations,
    - assesses for needed services, and
    - *refers vulnerable adults to services* with other agencies.
  - APS does not provide any direct services to vulnerable adults.

What We Do

- Accept reports of allegations of neglect, abuse and financial exploitation through a central intake unit.
  - Priority A – 24 hours
  - Priority B – 5 business days
  - Priority C – 7 business days
- Investigate and intervene when appropriate and necessary.
- Arrange for provision of services.
- CREVAA, DHS Personal Support Services (Homemaker), CHOICES, Options, Meals, etc.

- Can seek court intervention in certain circumstances.

What We Do

- Engage community partnerships to ensure the safety and well-being of vulnerable adults.
- Partners (examples):
  - Area Agencies on Aging and Disability
  - Law Enforcement
  - Coordinated Community Response (CCR)
  - Department of Mental Health & Substance Abuse Services (DMHSAS)
  - Department of Disability and Aging (DDA)

What We Do

- APS notifies all applicable partners even if the report is not assigned for investigation.

- APS Intake Counselors are trained to provide information about available local resources.

Types of Maltreatment

- **Emotional Abuse:** involves emotional harm, including infliction of mental anguish, unreasonable confinement, or other cruel treatment by caregiver.
- **Neglect:** occurs when basic needs of vulnerable adult are not met by caregiver.

Types of Maltreatment

- **Physical Abuse:** involves more extreme forms of harm, including infliction of pain, injury, unreasonable confinement, or other cruel treatment by caregiver.
- **Sexual Abuse:** occurs when vulnerable adult is forced or tricked into engaging in sexual activity or is exposed to sexual activity by anyone.
  - Does not have to be by a caregiver.

Types of Maltreatment

- **Financial Exploitation:** Occurs when caregiver improperly uses funds intended for care or use of a vulnerable adult. These are funds paid to a vulnerable adult or caregiver by a governmental agency. TCA § 71-6-102(8)

- What are some examples?
  - ✓ Social Security Disability
  - ✓ Supplemental Security Income
  - ✓ Veterans Pension
  - ✓ Public Educator Pension
  - ✓ EBT or SNAP benefits
  - ✓ State/Federal Employee Pension

Types of Maltreatment

- **Financial Abuse:** occurs when a caregiver/caretaker creates a situation in which the adult is unable to provide or obtain the services that are necessary to maintain the adult's personal health or welfare. TCA § 36-3-601

- Defined as behavior that is coercive, deceptive, or that unreasonably controls or restrains a person's ability to acquire, use, or maintain economic resources to which the person is entitled, including using coercion, fraud, or manipulation.

Financial Exploitation vs. Financial Abuse

Criteria	Financial Abuse	Financial Exploitation
Requires the actions be committed by a caregiver	✓	✓
Requires harm/unmet needs.	✓	
Involves the misuse of government funds only.		✓
Involves the misuse of or restricted access to any resource or asset which has a monetary value. This includes cash, investments, property, vehicles, credit cards, etc.	✓	
Requires the act be committed by means of coercion, deception, or unreasonable control/restraint.	✓	

Self-Neglect

- No Alleged Perpetrator
- “An adult's inability, due to physical or cognitive impairment, including diminished capacity, to provide or obtain services, including medical services, necessary to maintain the adult's own health or welfare.”

Is this a Myth or a Fact?

- APS can force any adult to accept services.

Myth vs. Fact

- *Myth:* APS can force any adult to accept services.

- *Fact:*
  - APS cannot force an adult who has capacity to accept services.
  - Poor decisions by an adult does not negate their right to self-determination: they can continue to make decisions if they are able to.
  - Poor decisions do not necessarily indicate a lack of capacity
  - If adult lacks capacity, assessment for potential legal intervention.
  - APS can only provide services if an allegation is substantiated

Right to Self-Determination

Adults, regardless of age or condition, have a right and responsibility to direct their lives to the greatest extent possible.

Every client will:

- Be given every opportunity to make plans for themselves to the degree possible.
- Be given as much information about the alternatives and options that are available to assist in making an informed decision.

Is this a Myth or a Fact?

- APS can quickly and easily remove an adult from their home.

Myth vs. Fact

- *Myth:* APS can quickly and easily remove an adult from their home.

- *Fact:*
  - Tennessee law requires APS meet certain standards before initiating legal action, especially if the intent is to deprive an adult of their freedoms.
  - In some situations, APS is unable to meet the standard preventing APS from being able to legally intervene.

Custody

- In order for APS to take custody, APS needs these 4 things:
  - Person lacks Capacity
  - Person is in Imminent Danger
  - APS needs a Placement for the Person (Typically with MCO's and Hospitals)
  - There Needs to be a Source of Payment (TennCare, Social Security, etc).
- Partnership is necessary!

Legal Definitions

- **Imminent Danger:** Conditions calculated to and capable of producing within a relatively short period of time a reasonably strong probability of irreparable harm or cessation of life, or both, if such conditions are not removed or alleviated.

- **Capacity to Consent:** Cognitive ability to make rational decisions.



Is this a Myth or a Fact?

- *A*PS can determine if an adult has capacity.

Myth vs. Fact

- *Myth:* APS can determine if an adult has capacity.
- *Fact:*
  - APS assesses for capacity during client visit
  - If concern arises, the investigative specialist evaluates with the assistance of APS nurse/local medical
  - APS cannot determine capacity – only an M.D. and/or court can authorize

Legal Involvement

- Person must lack capacity to consent to protective services.
  - Determined by a medical professional or court
- Person must be in imminent danger of harm.
- All other possible alternatives to legal action have been explored and exhausted.



Is this a Myth or a Fact?

- APS can keep cases open for long periods of time to provide case management.

Myth vs. Fact

- *Myth:* APS can keep cases open for long periods of time to provide case management.

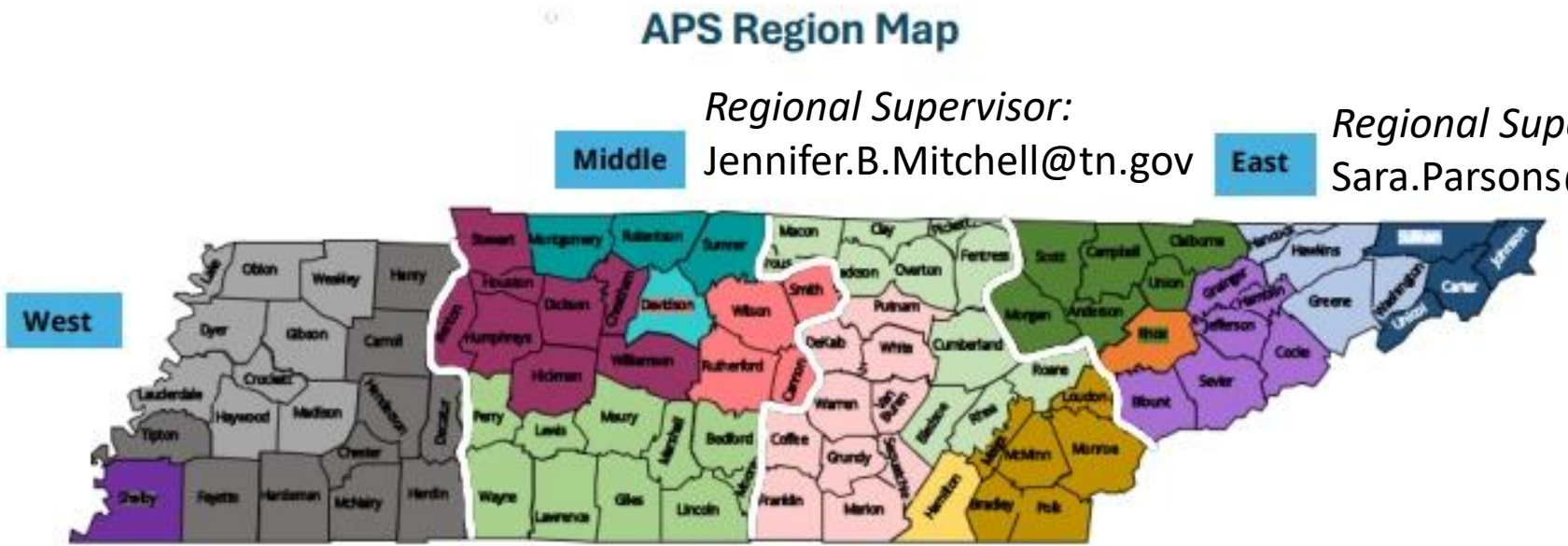
- *Fact:*
  - As an investigative agency, APS does not provide case management.
  - Investigations should be completed within 60 days but can be extended in specific circumstances.
  - While cases can remain open to ensure the services received are appropriate, cases cannot remain open indefinitely.

Process for Addressing Concerns

- Communicate with your local APS staff/supervisor.
- Contact your TN Regional Supervisor:
  - West TN: Tobie Harris
  - Middle TN: Jennifer Mitchell
  - East TN: Sara Parsons
  - Southeast TN: TBD
- If not satisfied, contact the APS Field Director, Joyce Reed (Joyce.Reed@tn.gov), or the APS Director, Renee Bouchillon (Renee.Bouchillon@tn.gov)
- At any time, you can voice your concerns via email to: APS.Secretarial.DHS@tn.gov

Our goal is to make sure you understand
what we are doing and why, even if you don't agree.

APS Regions and Regional Supervisors



QUESTIONS?



National Adult Protective Services Association

- NAPSA has been supporting APS across the country since 1989 and offers a forum for
  - Sharing Information,
  - Solving Problems, and
  - Improving the Quality of Services for victims of elder and vulnerable adult mistreatment

- www.napsa-now.org

NAPSA Code of Ethics

GUIDING VALUES

- *Every action taken by APS must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination*

- *Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.*

For More Information:

https://www.napsa-now.org/about/

NAPSA Code of Ethics, continued

PRINCIPLES

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults have the right to accept or refuse services.

What does this mean for APS in practice?

- Recognize that the ***interests of the adult*** are the first concern of any intervention.
- Avoid imposing ***personal values*** on others.
- Seek ***informed consent*** from the adult before providing services.
- Respect the adult's right to keep personal information ***confidential***.
- To the best of one's ability, ***involve the adult*** as much as possible in developing the service plan.
- Use the ***least restrictive services*** first whenever possible—community-based services rather than institutionally-based services.
- Use ***family and informal support*** systems first as long as this is in the best interest of the adult.
- ***Do no harm***. Inadequate or inappropriate intervention may be worse than no intervention.

The Quagmire: APS Legal-Ethical Framework

Conduct investigations to address social work needs

Investigations vs.	Social Services
Determine Dispositions	Assess Needs Holistically
Partner with Criminal Justice	Partner with Social Service

Provide protections while ensuring client rights

Protection vs.	Independence
Ensure Safety	Respect Rights
Provide Involuntary Interventions	Clients Can Refuse Services

The Why and How of What We Do at APS



Trustworthy

- We always follow through on actions we say we will do.

Resourceful

- We are diligent and persistent with connecting our clients to services that meet their needs when they need it, acknowledging a clients right to self-determination.

Effective

- We create change in the life of a vulnerable adult that frees them from abuse, neglect and exploitation.

We Appreciate our APS Employees

- This work is incredibly hard
- Investigating in a challenging environment with a lot of different, strong opinions
- APS has a global assessment/objective – not just one sided
- Per state law, investigations are confidential
- We cannot share information about the case because of our respect and dignity for the families

Questions?



August Virtual Regional CCR Meetings

WEST Region
Thursday, 8/6/26
9:30-10:30am

MIDDLE Region
Thursday, 8/13/26
9:30-10:30am

EAST Region
Tuesday, 8/11/26
10:30-11:30am EST



SOUTHEAST Region
Wednesday, 8/19/26
2-3pm EST

AUGUST Agenda:

- Meet your regional APS teams
- APS Collaboration Case Example (de-identified)
- Lori Mars, Director of the National Center on Elder Abuse, to speak about the Elder Abuse Guide for Law Enforcement (EAGLE)

Upcoming Training: Intro to APS

- ***Understanding and Partnering with APS Across Tennessee***
  - April 22nd from 1- 2:30pm Central
  - June 24th from 9-10:30am Central
  - October 21st from 1-2:30pm Central
  - January 27th, 2026 from 1-2:30 pm Central (changed to 2/3)
  - April 22nd, 2026 from 9-10:30am Central
  - June 23rd, 2026 from 9-10:30am Central

- **Purpose:** *To help service providers and the community understand what APS does and doesn't do, and how to partner together, as a team, to protect older and vulnerable adults across Tennessee.*
- Need to Register in Advance

For More Information: APS Website and PPT Slides



Please Complete Our Survey!



Thank You for Attending!

- Questions or Additional Suggestions: Contact Patti Tosti at 901.229.0836 or at patti.tosti@tn.gov