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| **Area Agency:** Choose an item. | | | | | | | | | | | | |
| **Demographics at time of writing** | | | | | | | | | | | | |
| **Individual Name**: | | | | | | | **DOB**: | | | | | |
| **Service Coordinator**: | | | | | | | **Plan Date**: | | | | | |
| **Risk Assessment Author**: | | | | | | | **Risk Assessment Date**: | | | | | |
| **Documents used to write plan**: | | | | | | | | | | | | |
| **RMP Author Name/Credentials**: | | | | | | | | | | | | |
| **RMP Author Signature**: | | | | | | | | | | | | |
| **Date Signed**: | | | | | | | | | | | | |
| **LRMC Approval Signature:** | | | | | | | | | | | | |
| **LRMC Designee Name/Title**: | | | | | | | | | | | | |
| **Date Signed**: | | | | | | | | | | | | |
| **LRMC Approval Date**: | | | | | | | **SRMC Endorsement Date**: | | | | | |
| ***Guardianship status:***  Public Guardian, agency name/representative:  Private Guardian, name/relationship:  No Guardian | | | | | | | | | | | | |
| **Other guardianship information, if applicable**: | | | | | | | | | | | | |
| **Purpose of plan, if explanation necessary**: | | | | | | | | | | | | |
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| **Services provided at time of writing** | | | | | | | | | | | | |
| **Waiver Services (Residential services, day program, case management, START, behavioral, etc) and vendor name:** | | | | | | | **Non-waiver services (Community Mental Health Center, Med Management, Private Therapy, etc.) and provider name** | | | | | |
| **Service** | | **Vendor** | | | | | **Service** | | | | **Vendor** | |
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| **Diagnostic Information** | | | | | | | | | | | | |
| **Current Medical Diagnoses**: | | | | | | | | | | | | |
| **Current Psychatric Diagnoses**: | | | | | | | | | | | | |
| **Historical Medical Diagnoses (including rule-outs)**: | | | | | | | | | | | | |
| **Historical Psychiatric Diagnoses (including rule-outs)**: | | | | | | | | | | | | |
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| **Legal/Criminal** | | | | | | | | | | | | |
| **Current Legal Status (pending charges,** **current sanctions, incarcerated, etc)**: | | | | | | | | | | | | |
| **Qualifying Offense**: | | | | | | | | | | | | |
| **Risk Level as quoted in Risk Assessment**: | | | | | | | | | | | | |
| **Does the Area Agency agree with this** **assessment of risk**? | | | | | | | | | | | | |
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| **Biopsychosocial** | | | | | | | | | | | | | | |
| **Brief Social History, prior to age 21:** | | | | | | | | | | | | | | |
| **Family Structure and upbringing**: | | | | | | | | | | | | | | |
| **Schooling history/information**: | | | | | | | | | | | | | | |
| **Legal history prior to age 21, if any**: | | | | | | | | | | | | | | |
| **Mental health care needs or other hospitalization history prior to 21**: | | | | | | | | | | | | | | |
| **Brief synopsis of other pertinent information**: | | | | | | | | | | | | | | |
| **Brief Social History, age 21-Current** | | | | | | | | | | | | | | |
| **Family Structure/Dynamics**: | | | | | | | | | | | | | | |
| **Legal Involvement, if any**: | | | | | | | | | | | | | | |
| **Medical/Psychiatric Challenges, if any**: | | | | | | | | | | | | | | |
| **Mental health care needs or other hospitalization history**: | | | | | | | | | | | | | | |
| **Current and historical experiences in the developmental service system:** | | | | | | | | | | | | | | |
| **Current and historical community/day services in the developmental service system:** | | | | | | | | | | | | | | |
| **Other pertinent information**: | | | | | | | | | | | | | | |
| **Person-Centered Goals, Preferences and Aspirations:** | | | | | | | | | | | | | | |
| **Person’s preferred activities**: | | | | | | | | | | | | | | |
| **Person’s treatment goals (what does he/she want to work on in treatment?)**: | | | | | | | | | | | | | | |
| **Person’s employment goals**: | | | | | | | | | | | | | | |
| **Person’s future aspirations**: | | | | | | | | | | | | | | |
| **What supports does this person need to achieve these goals?**: | | | | | | | | | | | | | | |
| **Current treatment/therapy:** | | | | | | | | | | | | | | |
| **What are current treatment/therapy offerings?**: | | | | | | | | | | | | | | |
| **To what extent does this individual** **participate in treatment/therapy?**: | | | | | | | | | | | | | | |
| **Are there any barriers to treatment at this writing?**: | | | | | | | | | | | | | | |
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| **High Risk Behaviors** | | | | | | | | | | | | | | |
| **Current high risk behaviors:** | | | | | | | | **Target population:** | | | | | | |
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| **Description of** **the intensity and duration of high risk behavior (s) listed above**: | | | | | | | | | | | | | | |
| **Historic high risk behaviors:** | | | | | | | | **Target population:** | | | | | | |
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| **Risk Profile** | | | | | | | | | | | | | | |
| **Static Risk Factors (and target population if applicable):** | | | | | | | | **Dynamic Risk Factors (and target population if applicable):** | | | | | | |
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| **Protective factors:** | | | | | | | | **Triggers:** | | | | | | |
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| **Risks/Recommendations/Mitigations** | | | | | | | | | | | | | | |
| **Dynamic Risk being addressed:** | | | **Assessment recommendations:** | | | | | | | **Mitigation approach & service provider responsible for implementation:** | | | | |
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| **Supervision Levels at time of writing** | | | | | | | | | | | | | | |
| **Statement about supervision levels expectation, and the frequency of review of supervision level:** | | | | | | | | | | | | | | |
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| **Community contact with levels of supervision** | | | | | | | | | | | | | | |
| **Community Location** | | | | | | **Supervision Level** | | | | | | | | |
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| **Employment** | | | | | | **Supervision Level** | | | | | | | | |
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| **Routine/Emergency Medical Care** | | | | | | **Supervision Level** | | | | | | | | |
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| **Levels of supervision at home and/or with family** | | | | | | | | | | | | | | |
| **Home: Indoors** | | | | | | **Supervision Level** | | | | | | | | |
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| **Home: Outdoors** | | | | | | **Supervision Level** | | | | | | | | |
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| **With Family, note location** | | | | | | **Supervision Level** | | | | | | | | |
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| **Incident Response Expectations** | | | | | | | | | | | | | | |
| **High-Risk Behavior** | | | | | | **Provider response** | | | | | | | | |
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| **Program oversight expectations** | | | | | | | | | | | | | | |
| **Current vendor agencies expected to follow this plan**: | | | | | | | | | | | | | | |
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| **Plan review frequency**: | | | | | | | | | | | | | | |
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| **Program monitoring expectations**: | | | | | | | | | | | | | | |
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| **Staff training expectations on this plan**: | | | | | | | | | | | | | | |
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| **Individual training expectations on this plan**: | | | | | | | | | | | | | | |
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| **Communication expectations (specify necessary communication and frequency between members regarding this plan**): | | | | | | | | | | | | | | |
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| **Restrictions and environmental modifications:** | | | | | | | | | | | | | | |
| ***Note: all restrictions MUST be approved by the Area Agency’s Human Rights Committee prior to being implemented.*** | | | | | | | | | | | | | | |
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| **Persons trained on this plan by plan author/designee (train-the-trainer):** | | | | | | | | | | | | | | |
| **Trainee represents the following vendor agency:** | | | | | | | | | | | | | | |
| **Trainee Signature:** | | | | | | | | | | | | | | |
| **Trainee name/title/credentials:** | | | | | | | | | | | | **Date:** | | |
| **Trainer Signature:** | | | | | | | | | | | | | | |
| **Trainer name/title/credentials:** | | | | | | | | | | | | **Date:** | | |
| **Retrain dates, Trainer and trainee initials:** | | | | |  | |  | | | |  |  | |  |
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| **Trainee represents the following vendor agency:** | | | | | | | | | | | | | | |
| **Trainee Signature:** | | | | | | | | | | | | | | |
| **Trainee name/title/credentials:** | | | | | | | | | | | | **Date:** | | |
| **Trainer Signature:** | | | | | | | | | | | | | | |
| **Trainer name/title/credentials:** | | | | | | | | | | | | **Date:** | | |
| **Retrain dates, Trainer and trainee initials:** | | | | |  | |  | | | |  |  | |  |
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| **Trainee represents the following vendor agency:** | | | | | | | | | | | | | | |
| **Trainee Signature:** | | | | | | | | | | | | | | |
| **Trainee name/title/credentials:** | | | | | | | | | | | | **Date:** | | |
| **Trainer Signature:** | | | | | | | | | | | | | | |
| **Trainer name/title/credentials:** | | | | | | | | | | | | **Date:** | | |
| **Retrain dates, Trainer and trainee initials:** | | | | |  | |  | | | |  |  | |  |

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| **Please sign and date here if this plan includes a Risk Management Plan Training Addendum:** |
|  |
| **Please sign and date here if an Risk Management Plan Amendment is included with this plan:** |
|  |