Division of Developmental Services

**Annual Risk Assessment**

**Individual’s Name:** Click here to enter text. **ISP Date**: Click here to enter a date. To Click here to enter a date.

**Last SIS Completed:** Click here to enter a date. **Last Annual Risk Assessment Completed**: Click here to enter a date.

*To complete this form as intended, read and follow the accompanying instructions.*

**Section 3A**: Describe any changes in scoring of Section 3A since the last SIS or last Annual Risk Assessment, (whichever was completed most recently).If no changes occurred, write “no changes”: Click here to enter text.

**Would the individual currently score a 2 on any Exceptional MEDICAL Needs items? YES ☐ NO☐**

If yes, list **all items** with a score of 2 in section 3A: Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Health Risks:** | **YES** | **NO** |
| 1.***Required*** | *The Individual requires exceptionally high levels of staff support to address severe medical risks related to: inhalation or oxygen therapy; postural drainage; chest PT, suctioning; oral stimulation and/or jaw positioning; tube feeding; parenteral feeding; skin care turning or positioning; skin care dressing of open wounds; protection from infectious diseases due to immune system impairment; seizure management; dialysis; ostomy care; medically-related lifting and/or transferring; therapy services, and/or other critical medical supports?* |  ☐ | ☐ |
| **If YES to #1, answer questions a-e. If No to #1, do not answer questions a-e.** |
| a. | In Section 3A, Medical Supports Needed, it is determined that extensive support is needed to manage the Individual’s medical risk. How many days per week and approximately how many hours per day is the extensive support required? **# of days per week = \_\_\_ # hours per day = \_\_\_** | ☐ | ☐ |
| b. | The Individual requires frequent hands-on staff involvement to address critical health and medical needs? | ☐ | ☐ |
| c. | The Individual’s severe medical risk currently requires direct 24-hour professional (licensed nurse) supervision? Nurse may supervise trained staff. | ☐ | ☐ |
| d. | Individual’s ISP has medical care plans, in place, that are documented within the ISP process? | ☐ | ☐ |
| e. | Description of the imminent **(i.e. within the next 30 to 60 days**) consequences if no support is provided to address the Individual’s severe medical risk provided: Click here to enter text. |

**Section 3B**: Describe any changes in scoring of Section 3B since the last SIS or Annual Risk Assessment, (whichever was completed most recently).If no changes occurred, write “no changes”: Click here to enter text.

**Would the individual currently score a 2 on any Exceptional BEHAVIORAL Needs items? YES ☐ NO☐**

If yes, list **all items** with a score of 2 in section 3B: Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Severe Community Safety Risks- Convicted:** | **YES** | **NO** |
| **2*****Required*** | *The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has been* ***CONVICTED,*** *through the criminal justice system,**of a crime related to these risks?* | ☐ | ☐ |
| **If YES to #2, answer questions a-d. If No to #2, do not answer questions a-e** |
| **a.** | The Individual’s severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community? | ☐ | ☐ |
| **b.** | In Section 3B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the Individual’s community safety risk. How many days per week and approximately how many hours per day is the extensive support required? **# of days per week =\_\_\_\_ # hours per day = \_\_\_\_** | ☐ | ☐ |
| **c.** | The Individual has documented restrictions in place, related to these risks, through a legal requirement or order? | ☐ | ☐ |
| **d.** | Description of the imminent **(i.e. within the next 30 to 60 days)** consequences if no support is provided to address the Individual’s severe community safety risk provided. Click here to enter text. |
| **Severe Community Safety Risks – Not Convicted:** | **YES** | **NO** |
| **3.** ***Required*** | *The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has* ***NOT BEEN CONVICTED*** *of a crime related to these risks, but displays the same severe community safety risk as a person found guilty through the criminal justice system?* | ☐ | ☐ |
| **If YES to #3, answer questions a-d. If No to #3, do not answer questions a-d.** |
| **a.**  | The Individual’s severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community? | ☐ | ☐ |
| **b.** | In Section 3B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the Individual’s community safety risk. How many days per week and approximately how many hours per day is the extensive support required? **# of days per week =\_\_\_\_, # hours per day =\_\_\_\_** | ☐ | ☐ |
| **c.** | The Individual has documented restrictions in place related to these risks, within the ISP Process? | ☐ | ☐ |
| **d.** | Description of the imminent (**i.e. within the next 30 to 60 days**) consequences if no support is provided to address the Individual’s severe community safety risk provided. Click here to enter text. |
| **Severe Risk or Injury to Self:** | **YES** | **NO** |
| 4. ***Required*** | *The Individual displays self-directed destructiveness related to self-injury; pica; and/or suicide attempts which seriously threatens their own health and/or safety?* | ☐ | ☐ |
| **If YES to #4, answer questions a-d. If No to #4, do not answer questions a-d.** |
| a. | The Individual’s severe risk of injury to self currently requires direct supervision during all waking hours? | ☐ | ☐ |
| b. | In Section 3B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the Individual’s risk of injury to self. How many days per week and approximately how many hours per day is the extensive support required? **# of days per week = \_\_\_\_, # hours per day = \_\_\_\_** | ☐ | ☐ |
| c. | The Individual has prevention and intervention plans, in place, that are documented within the ISP process? | ☐ | ☐ |
| d.  | Description of the imminent (**i.e. within the next 30 to 60 days**) consequences if no support is provided to address the Individual’s severe risk of injury to self-provided. Click here to enter text. |
| **FALL RISK:** | **YES** | **NO** |
| 5.***Required*** | *Individual displays a risk of falling, as demonstrated by an unsteady gait, active seizures, documented history of falling or other issue that affects falling.*  | ☐ | ☐ |
| a | If Yes, describe specifics and frequency of falls in the past 12 months: Click here to enter text. |

SC/CM Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_