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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Residential Provider's Report of** **Weapon Ownership in Residential Settings** |
| **General Information** |
| CLIENT NAME |
| RESIDENTIAL PROVIDER |
| RESIDENTIAL PROVIDER’S CONTACT (PERSON COMPLETING THIS FORM) | PHONE NUMBER |
| DDA RESOURCE MANAGER’S NAME | PHONE NUMBER | DDA NOTIFICATION DATE |
| [ ]  Included in client’s IISP [ ]  Sent to CM [ ]  Provider’s weapons policy attached (optional) |
| **Specific Information Related to Each Individual Situation** |
| Description and use of the weapon(s): |
| Client's history of violence, including threatening behavior toward others: |
| Police involvement with client regarding law-breaking activities: |
| Potential risks to the client, housemates, staff, and others: |
| Location of weapon(s) (when on the client’s person or not, kept at another building, specific container, or case, etc.): |
| Plan for client’s access of weapon(s), including how access by others is limited: |
| Plan for transportation and access of weapon(s) while in the community (if applicable): |
| Recommendation for balancing safety of others, including housemates and staff, with weapon possessor’s individual rights to own or access the weapon(s): |
| This plan was discussed with and agreed upon by the client: [ ]  Yes [ ]  No Date:  |
| **DDA Response** |
| PROGRAM MANAGER’S COMMENTS |
| Consulted with AAG? [ ]  No [ ]  Yes Name Date  |
| DDA PROGRAM MANAGER’S NAME | PHONE NUMBER | REVIEW DATE |