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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 |