

Individual With Community Protection Issues

CLIENT'S NAME		DDA NUMBER	DATE OF BIRTH	REGION
MENTAL HEALTH DIAGNOSIS <input type="checkbox"/> Yes <input type="checkbox"/> No		LEGAL REPRESENTATIVE/GUARDIAN <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name: _____ and type: <input type="checkbox"/> Full <input type="checkbox"/> Limited		
Section I Check One or All that Apply (Documentation must be present in file)				
Has this person received a risk assessment by a qualified professional? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assessment date: _____				
Has this person been scheduled for a risk assessment by a qualified professional? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assessment date: _____				
<input type="checkbox"/> <u>Sexually Violent Charge/Conviction</u> - Has been convicted of or charged with a crime of sexual violence as defined in Chapters 9A.44 and 71.09 RCW, including, but not limited to, rape, rape of a child, and child molestation, and constitutes a current risk to others as determined by a qualified professional. (Note: excluding charges or crimes that resulted in acquittal).				
<input type="checkbox"/> <u>Predatory Charge/Conviction</u> - Has been convicted of or charged with sexual acts directed toward strangers; individuals with whom a relationship has been established or promoted for the primary purpose of victimization; or persons of casual acquaintance with whom no substantial personal relationship exists, and constitutes a current risk to others as determined by a qualified professional. (Note: excluding charges or crimes that resulted in acquittal)				
<input type="checkbox"/> <u>Sexual/Predatory No Charge</u> - Has not been charged with or convicted of a crime, but has a history of violent, stalking, sexually violent, predatory, and/or opportunistic behavior which a qualified professional has determined demonstrates a likelihood to commit a violent, sexually violent and/or predatory act; and constitutes a current risk to others as determined by a qualified professional. (Note: "violent" includes fire-setting behaviors where the intent is to hurt or damage someone or property).				
<input type="checkbox"/> <u>Violent Offense</u> - Has committed one or more violent offenses, such as murder, attempted murder, arson, first degree assault, kidnapping, or use of a weapon to commit a crime (RCW 9.94A.030 (46) and (55)).				
<u>Information Tracking Only</u>				
<input type="checkbox"/> <u>Sexually Inappropriate Behavior</u> - A person who exhibits sexually inappropriate behaviors, not necessarily predatory or violent in nature (e.g., exposing, inappropriate touching, masturbating in public, stripping for sexual gratification in the presence of others) is considered to have community protection issues for information tracking purposes only . Such individuals are not eligible for Community Protection Program services.				
BRIEF DESCRIPTION OF PERSON AND ISSUES/CRIMINAL OFFENSE				
Section II Addendum				
INFORMATION VERIFICATION BY: <input type="checkbox"/> Police report <input type="checkbox"/> Court records <input type="checkbox"/> Client's self report <input type="checkbox"/> Legal representative / parent <input type="checkbox"/> Psychosexual assessment <input type="checkbox"/> Other (specify): _____				
COOPERATION WITH SUPERVISION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____		CURRENT DAY PROGRAM <input type="checkbox"/> Employment <input type="checkbox"/> School <input type="checkbox"/> Community access <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
CURRENT LIVING SITUATION TYPE <input type="checkbox"/> AFH <input type="checkbox"/> Children's Group Care <input type="checkbox"/> Family Residence <input type="checkbox"/> RHC <input type="checkbox"/> State Hospital <input type="checkbox"/> Alternative Living <input type="checkbox"/> Community ICF/ID <input type="checkbox"/> Foster Care <input type="checkbox"/> SOLA <input type="checkbox"/> Other (specify): <input type="checkbox"/> ARC <input type="checkbox"/> Community Protection <input type="checkbox"/> Group Home <input type="checkbox"/> DOC <input type="checkbox"/> Assisted Living <input type="checkbox"/> Companion Home <input type="checkbox"/> Supported Living <input type="checkbox"/> JRA Facility				

SPECIFY OTHER CURRENT SERVICES (THERAPIES, COUNSELING, MPC, ETC.)

- LEGAL STATUS
- Current charge pending; if checked, specify:
 - Competent to stand trial
 - Incompetent to stand trial
 - Not Guilty by Reason of Insanity (NGRI)
 - Current Least Restrictive Alternative (LRA) (attach copy of court order)
 - Currently in jail; projected release date: _____
 - Community supervision / probation/parole (attach conditions)
 - Commitment to psychiatric hospital: Voluntary Involuntary
 - Community notification / registration as a sex or kidnapping offender required
If known, specify: Level 1 Level 2 Level 3

COMMENTS

CASE RESOURCE MANAGER NAME	CASE RESOURCE MANAGER SIGNATURE	DATE
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COPIES TO: Client File; Provider