General Information

CLIENT NAME

SERVICE PROVIDER

SERVICE PROVIDER’S CONTACT (PERSON COMPLETING THIS FORM) PHONE NUMBER

DDA RESOURCE MANAGER’S NAME PHONE NUMBER DDA NOTIFICATION DATE

Specific Information Related to Each Individual Situation

Description and use of the weapon(s):

Weapon owner’s history of violence, including threatening behavior toward others:

Police involvement with weapon owner regarding law-breaking activities:

Plan for access and security of weapon(s):

Potential risks:

Recommendation for balancing safety of others, including housemates and staff, with weapon owner’s individual rights:

DDA Response

PROGRAM MANAGER’S COMMENTS

Consulted with AAG? ☐ No ☐ Yes: Name Date

DDA PROGRAM MANAGER’S NAME PHONE NUMBER REVIEW DATE