Washington State Department of Social & Health Services
DDA Developmental Disabilities Administration

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
COMMUNITY PROTECTION PROGRAM - INTENSIVE SUPPORTED LIVING SERVICES

Pre-Placement Agreement

CLIENT'S NAME	DDA NUMBER	DATE OF BIRTH	REGION

Services through the Community Protection Program involve cooperation with 24-hour supervision, instruction, and support services as identified in your Individual Support Plan (ISP) and/or Individual Instruction and Support Plan (IISP). This may include, but is not limited to one or more of the following:

- Assistance with locating housing that would include your own private bedroom, generally with a housemate;
- Assistance with community activities such as recreation, work/school, medical, therapy, and shopping;
- Assistance with establishing and maintaining appropriate relationships;
- Money management (e.g., SSI, food stamps, medical coupons, subsidized housing, budgeting, and banking);
- A therapeutic treatment program based on assessed needs;
- Assistance with learning household skills (e.g., cooking, cleaning, laundry, shopping, yard work);
- Services and supports that attempt to reduce risk of re-offending, including interventions and restrictions designed to reduce opportunities to re-offend.

In order to participate in the Community Protection Program, your cooperation will be required for all of the services described above. These will be based on your individual needs as assessed by your treatment team. Intervention/restrictive measures may include but are not necessarily limited to:

- Alarms on doors and windows;
- 24 hour supervision which may include line of sight supervision;
- Participation in a therapy program;
- Disclosure of risk to others as deemed appropriate;
- Restrictions of activities (e.g., monitoring of television, magazines, telephone, computer, etc.);
- Approved chaperone;
- No drug or alcohol use;
- No violence or threats of violence and no property destruction;
- Room searches based upon recommendations of therapist;
- Housing location restriction and restricted access to victim populations;
- Assistance following court orders and registration if required.

☐ The expectations and requirements of the program have been explained to me and I understand them.

☐ I accept these services and agree to cooperate with the supports, restrictions, and interventions that are provided through this program and described in my ISP, IISP, and my treatment plan.

☐ I understand that continuation of these services is contingent upon my cooperation with all aspects of the program.

☐ I refuse these services and I understand that I may lose existing services and/or be removed from the waiver due to DDA's inability to meet my health and safety needs.

CLIENT'S SIGNATURE	DATE
LEGAL REPRESENTATIVE'S SIGNATURE	DATE
CASE MANAGER'S SIGNATURE	DATE
WTNESS' SIGNATURE	DATE