

## DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

## Risk Assessment and Community Protection Program Information Checklist

After a review of recent information, DDA is requesting a risk assessment to evaluate the level of services you need and if you meet criteria for the Community Protection Program. This risk assessment will be used by DDA to identify the least restrictive alternatives necessary to support you safely and successfully. If consent is given for a risk assessment referral, a list of qualified professionals contracted with DDA will be provided to you. A copy of the finalized risk assessment will be made available to you at your request.

Participation in all DDA paid services is voluntary. You have the right to decline to participate in a risk assessment. Doing so will result in the loss of existing waiver services and your being ineligible for other DDA Waivers. If you decline you may only receive case management and Community First Choice through DDA. Services offered through other administrations, such as Home and Community Services, or Vocational Rehabilitation, may still be available to you.

administrations, su	ich as Home and Communit	ty Services, or Vocat	onal Rehabilitation, may still be available to you.		
as specified in WA	C 388-825-120 through 388	3-825-165, including	rmation about your right to an administrative hearing an emergency adjudicative proceeding as specified in during appeal as specified in WAC 388-825-145 or		
understand that		e forwarded to the C	ovider of my choice that is contracted with DDA, and I community Protection Program Committee for review otection Program.		
		OR			
assessment w	ill affect my eligibility for oth	er DDA waivers and	inderstand that my choice to not participate in a risk waiver services. Services offered through other of Vocational Rehabilitation, may still be available.		
CLIENT'S SIGNATURE		DATE	CLIENT'S PRINTED NAME		
LEGAL REPRESENTA	TIVE'S SIGNATURE	DATE	LEGAL REPRESENTATIVE'S PRINTED NAME		
WITNESS' SIGNATUR	E	DATE	WITNESS' PRINTED NAME		
CASE RESOURCE MA	NAGER'S SIGNATURE	DATE	CASE RESOURCE MANAGER'S PRINTED NAME		
OTHER SIGNATURE		DATE	OTHER PRINTED NAME		
	ed eligible for the Commun ne program. Below is inform		m, you will have the right at that time to choose if you rogram.		
The Community F	Protection Program:				
activities that n		nt involvement. It inc	ssfully in the community while avoiding engaging in udes access to services that are designed to promote all and community safety.		
behaviors that	Offers a specialized environment in which program participants are supported to make positive choices to reduce behaviors that require intensive intervention and supervision, in a setting that is respectful of client's rights and is non-punitive in nature.				
May include in the home and		t are related to eligibi	ity for program. This includes 24-hour supervision in		
Participation in program.	skill building or therapy de	signed to decrease e	ngaging in behaviors that make a person eligible for		
Community Pro	otection Program) between	the individual, DDA	f information about client's eligibility criteria for taff, residential providers, employment providers, skills law enforcement, corrections officers, schools, and		

mental health workers to create recommendations around the support and supervision necessary.

	Only the least restrictive interventions that effectively meet the goal of safety may be used. Reductions in restrictive procedure will be implemented as skills are developed.				
	In order to participate in the Community Protection Program, you will be required to sign a Preplacement Agreement.				
	You have the right to decline services, doing so will result in your removal from DDA waiver services and loss of services provided under the waiver. If you are offered and refuse Community Protection Program, you may only receive case management and Community First Choice through DDA. Services offered through other administrations, such as Home and Community Services, or Vocational Rehabilitation, may still be available to you.				
	Further information about your rights is available through Disability Rights of Washington (DRW) and may be requested by calling 1-800-562-2702.				
	☐ I understand that signing below is to confirm I have been read the information on the Community Protection Program and is not an acceptance or denial of participation in program.				
CLIE	LIENT'S SIGNATURE DATE LEGAL REPRESENTATIVE'S SIGNATURE DATE				