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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATIONAGING AND LONG-TERM SUPPORT ADMINISTRATION**Individual With ChallengingSupport Issues** | CLIENT’S NAME |
| DATE OF BIRTH |
| MENTAL HEALTH DIAGNOSIS**[ ]**  Yes **[ ]**  No  | PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT**[ ]**  Yes **[ ]**  No Date:  | DDA IDENTIFICATION NUMBER | CLIENT ACES ID NUMBER | REGION |
| **Section 1. Check one or all that apply (documentation must be present in file** |
|  HISTORY OF OCCURRENCECheck all relevant boxes below. INDICATE FREQUENCY AS DAILY, WEEKLY, OR MONTHLY 1 – 2 YEARS 3 – 5 YEARS 5+ YEARS |
| **[ ]**  **Assaultive** (significant aggression or physical abuse toward others)Describe: |  **[ ]  [ ]  [ ]** Frequency:  |
| **[ ]**  **Destructive** (significant property destruction which puts self or others at risk)Describe: |  **[ ]  [ ]  [ ]** Frequency:  |
| **[ ]  Self-Injurious** (suicidal behavior; significant self-injury, danger to self)Describe: |  **[ ]  [ ]  [ ]** Frequency:  |
| **[ ]**  **History of misdemeanor-type behavior. May or may not have been charged** (shoplifting, theft, trespassing, buying liquor for minors, forgery, malicious mischief, motor vehicle citations, disturbing the peace, etc) Describe: |  **[ ]  [ ]  [ ]** Frequency:  |
| **[ ]**  **Inappropriate sexual behaviors** (that are not for sexual gratification: e.g., exposing, undressing in public)Describe: |  **[ ]  [ ]  [ ]** Frequency:  |
| **Section 2. (Only complete if agency requires) Addendum** |
| INFORMATION VERIFICATION BY:**[ ]**  Police report **[ ]**  Court records **[ ]**  Self-report**[ ]**  Parent/guardian **[ ]**  Psycho-sexual assessment**[ ]**  Other (specify):  | COOPERATION WITH SUPERVISION**[ ]**  Yes **[ ]**  No **[ ]**  Unknown**[ ]**  Other (specify):  | CURRENT DAY PROGRAM**[ ]**  Employment **[ ]**  School**[ ]**  Community access **[ ]**  None**[ ]**  Other  |
| CURRENT RESIDENCE (SEE STAFF INSTRUCTIONS)**[ ]**  AFH **[ ]**  AL **[ ]**  ARC **[ ]**  CFH **[ ]**  CH **[ ]**  CPRS **[ ]**  DOC **[ ]**  EARC [ ]  ESF **[ ]**  ESH **[ ]**  GH/GTH **[ ]**  ICF/ID **[ ]**  JRA **[ ]**  SL **[ ]**  WSH **[ ]**  Own home **[ ]**  Parent/relative home **[ ]**  Other (specify):  |
| SPECIFY OTHER CURRENT SERVICES (E.G., THERAPIES, COUNSELING, MPC, ETC.) |
| GUARDIANSHIP**[ ]**  Yes **[ ]**  No | NAME | TYPE**[ ]**  Full **[ ]**  Limited |
| LEGAL STATUS**[ ]**  Current charge pending; if checked, specify:  **[ ]**  Competent to stand trial**[ ]**  Incompetent to stand trial**[ ]**  Not Guilty by Reason of Insanity (NGRI)**[ ]**  Current Less Restrictive Alternative (LRA) (attach copy of court order)**[ ]**  Currently in jail; projected release date:  **[ ]**  Probation/parole (attach conditions of probation)[ ]  Conditional release (attach conditions of release) |
| **This form was completed based on available information.** |
| CASE/RESOURCE MANAGER’S SIGNATURE DATE |
| **DISTRIBUTION:** Case Management File Client File Agency File |

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| Instructions for Individual with Challenging Support IssuesThis form must be part of the client’s referral packet provided to residential providers.Copies will be kept in the: * Client record; and
* Client file maintained by the residential program.

Case manager/social worker responsibilities: * Provide the forms/copies to the residential provider; and
* Keep the client information on the form current.

Residential provider responsibilities: * Maintain the client files;
* Ensure the safety of all clients; and
* Inform DSHS of any change of condition with regard to the person’s challenging support issues.

DEFINITIONS:Mental Health Diagnosis: Indicate only “Yes” or No.” Additional information about mental health is in the client’s record.DDA Identification Number: This number is the case identifier of the authorizing agency.RESIDENCE TYPES:AFH Adult Family HomeAL Alternate LivingARC Adult Residential Care facility licensed as an Assisted Living facilityCFH Children’s Foster HomeCH Companion Home (contracted with DDA)CPRS Community Protection Residential Services (Supported Living)DOC Department of CorrectionsEARC Enhanced ARC facilityESF Enhanced Services FacilityESH Eastern State HospitalGH Group Home (contracted with DDA) with an Assisted Living licenseGTH Group Training HomeICF/ID Intermediate Care Facility for Individuals with Intellectual DisabilitiesJRA Juvenile rehabilitation facilitySL Supported Living ServicesWSH Western State HospitalSIGNATURES:Case / Resource Manager’s signature: Signature of the staff completing the form. |