|  |  |
| --- | --- |
|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Companion Home and Alternative Living Services Incident Report** |
| COMPANION HOME / ALTERNATIVE LIVING PROVIDER’S NAME | DATE |
| ADDRESS  | TELEPHONE NUMBER (AND AREA CODE) |
| CLIENT’S NAME  | AGE |
| DATE AND TIME INCIDENT OCCURRED  |
| **Incident Type (check all that apply)** |
| **Medical** | **Behavioral** | **Safety** |
| [ ]  Injury / accident[ ]  Hospitalization[ ]  Death of a client[ ]  Illness or other condition[ ]  Medical error / refusal[ ]  Poisoning[ ]  Unknown injury[ ]  Other:  | [ ]  Assaultive behavior[ ]  Client criminal activity[ ]  Property destruction[ ]  Non-consenting sexual activity[ ]  Self-injurious behavior[ ]  Suicidal behavior[ ]  Theft / burglary[ ]  Other:  | [ ]  Client abandonment[ ]  Suspected abuse / neglect[ ]  Financial exploitation[ ]  Fire / natural disaster[ ]  Missing client[ ]  Transportation incident[ ]  Victim of criminal activity[ ]  Other:  |
| **Incident Information** |
| DESCRIPTION OF INCIDENT  |
| DESCRIPTION OF INJURIES  |
| PROPERTY DAMAGE OR THEFT (WITH ESTIMATED VALUES)  |
| WHAT TOOK PLACE JUST PRIOR TO THE INCIDENT?  |
| ACTIONS TAKEN IMMEDIATELY FOLLOWING INCIDENT  |
| **Notifications and Methods** |
| Examples: law enforcement; Adult Protective Services, DD Case Manager, guardian / family; delegating nurse. |
| PERSON CONTACTED | RELATIONSHIP | DATE NOTIFIED | EMAIL | MAIL | FAX | PHONE |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Was the person involved seen by a physician or taken to a hospital? [ ]  Yes [ ]  NoIf yes, list name of physician and facility:  |
| Was First Aid administered? [ ]  Yes [ ]  NoIf yes, list type of care and given by whom:  |
| Was the press notified or involved? [ ]  Yes [ ]  NoIf yes, list names and types:  |
| Were law enforcement agencies contacted or involved? [ ]  Yes [ ]  NoIf yes, list name(s) of responding officer(s):  |
| Was anyone taken into custody or arrested? [ ]  Yes [ ]  NoIf yes, list name(s) and destination:  |
| Were neighbors or the surrounding community involved? [ ]  Yes [ ]  NoIf yes, in what way:  |
| **Report Completed by:** |
| SIGNATURE DATE | PRINTED NAME OF PERSON COMPLETING REPORT |