

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
**Residential Provider's Report of  
Weapon Ownership in Residential Settings**

General Information		
CLIENT NAME		
RESIDENTIAL PROVIDER		
RESIDENTIAL PROVIDER'S CONTACT (PERSON COMPLETING THIS FORM)		PHONE NUMBER
DDA RESOURCE MANAGER'S NAME	PHONE NUMBER	DDA NOTIFICATION DATE
<input type="checkbox"/> Included in client's IISP <input type="checkbox"/> Sent to CM <input type="checkbox"/> Provider's weapons policy attached (optional)		
Specific Information Related to Each Individual Situation		
Description and use of the weapon(s):		
Client's history of violence, including threatening behavior toward others:		
Police involvement with client regarding law-breaking activities:		
Potential risks to the client, housemates, staff, and others:		
Location of weapon(s) (when on the client's person or not, kept at another building, specific container, or case, etc.):		
Plan for client's access of weapon(s), including how access by others is limited:		
Plan for transportation and access of weapon(s) while in the community (if applicable):		
Recommendation for balancing safety of others, including housemates and staff, with weapon possessor's individual rights to own or access the weapon(s):		
This plan was discussed with and agreed upon by the client: <input type="checkbox"/> Yes <input type="checkbox"/> No                                Date:		

**DDA Response**

PROGRAM MANAGER'S COMMENTS

Consulted with AAG?  No  Yes

Name

Date

DDA PROGRAM MANAGER'S NAME

PHONE NUMBER

REVIEW DATE