

For Use in Reporting Circumstances in 460 IAC 6-9-5, 431 IAC 1.1-3-1 (b)
and/or DDRS Policy and Procedures

SECTION I - CONSUMER INFORMATION

SSN: _____ LAST NAME: _____ FIRST NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 DOB: _____ COUNTY: _____ GENDER: _____

PRIMARY FUNDING SOURCE: _____

INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUALS HAVE BEEN INFORMED:

	LEGAL GUARDIAN?	YES	N/A	NAME	DATE
RES. PROVIDER?	YES	N/A			
HAB/VOC PROVIDER?	YES	N/A	BDDS SC?	NAME	DATE
OTHER PROVIDER?	YES	N/A	CASE MANAGER?	NAME	DATE
			QMRP?	NAME	DATE
			APS?	NAME	DATE
			COUNTY	PHONE	METHOD
			CPS?	NAME	DATE
			COUNTY	PHONE	METHOD
			CORONER?	NAME	DATE
			POLICE?	NAME	DATE

SUPERVISORY PROVIDER INFORMATION

RESPONSIBLE SUPERVISORY PROVIDER: _____ INDIVIDUAL SUPERVISING AT TIME OF INCIDENT: _____

SECTION II - REPORTING PERSON and REPORTING AGENCY

NAME: _____ POSITION: _____ PHONE: _____ EXTENSION: _____
 Submitted Date: _____ E-MAIL ADDRESS: _____
 REPORTING Agency: _____

SECTION III - INCIDENT INFORMATION

INCIDENT	DATE	TIME
Date of knowledge		
WHERE OCCURRED:		
OTHER (Explain)		
Were Police involved?		
Was the consumer handcuffed?		
Was the consumer tasered?		

NARRATIVE: DETAILS - STANDARD

Describe the injury, condition or circumstance of the incident and the activities taking place immediately prior to the incident. Identify all participants and their involvement in the incident. Please be comprehensive but concise in explaining who, when, where, why, how and what was heard and/or observed.

DESCRIBE THE INCIDENT, CONDITION OR INJURY (WHO, WHAT, WHERE, HOW AND WHEN AND WHAT WAS OBSERVED OR HEARD).

PLAN TO RESOLVE

Plan to Resolve (Immediate and Long Term).