

Risk Identification Tool

Person's legal name: Anna Moore

Date of last update: 10/13/2016

HEALTH AND MEDICAL

No risk identified in this section (*skip to next section*)

SAFETY

Risk	Yes / No / History	SC/PA follow-up
13. Water temperature safety: Needs any support to adjust water temperature to avoid scalding	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
14. Fire evacuation safety: Needs any assistance to evacuate when a fire or smoke alarm sounds	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
15. Household chemical safety: Needs any support to avoid serious injury from household chemicals	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
16. Vehicle safety: Needs any assistance to remain safe around traffic, while getting in or out of a vehicle or while riding in vehicles	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
17. Court-mandated protection: <i>Someone else</i> has a court-mandated condition or restriction against them to address this person's safety (<i>e.g. protective orders or restraining orders to keep this person safe</i>). If yes, list court order and date:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
18. Significant risk of exploitation: Evidence, signs, or circumstances of significant increased risk of abuse or exploitation	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
19. Enters into contracts that he/she may not be able to complete: Consider the person's capacity to make an informed decision about contracts or agreements he/she enters into.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
20. Safety and cleanliness of the residence: Conditions within the residence may lead to injury, illness, eviction, or significant loss of property.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Risk	Yes / No / History	SC/PA follow-up
21. Other safety issues: Consider any other important, serious safety issues at home or in any other setting (e.g. workplace equipment, bullying, harassment). List specific additional safety risk(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
Comments:		

FINANCIAL

Risk	Yes / No / History	SC/PA follow-up
22. Potential for financial abuse: Complaints or evidence of significant increased risk of financial exploitation (e.g. provider organization staff or Foster provider handle the person's money, frequently loans money or property to others, bills are unpaid, etc.)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
Comments:		

MENTAL HEALTH

No risk identified in this section (skip to next section)

BEHAVIOR

Risk	Yes / No / History	SC/PA follow-up
26. Physical aggression: Engages in behavior that is aggressive toward others	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
27. Self-injury: Engages in behavior that presents an immediate risk of tissue damage to the person, or any behavior that, if continued, presents a significant risk of tissue damage to the person in the near future. Self-injurious behavior may refer to any behavior that can cause tissue damage, such as bruises, redness, and open wounds.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
28. Property destruction: Engages in property destruction	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
29. Leaving supervised setting: Leaves or attempts to leave supervised settings and is unsafe to do so	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Risk	Yes / No / History	SC/PA follow-up
30. Unsafe use of flammable materials: Engages in the unsafe use of flammable materials	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
31. Substance abuse: Abuse of alcohol or illegal drugs	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
32. Illegal behavior: Engages in any behavior that violates federal, state, or local laws	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
33. Court-mandated restrictions: Has any court mandated conditions or restrictions resulting from this person's behavior. If yes, list court order and date:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
34. Ingesting non-edible objects: Ingests non-edible objects or has a diagnosis of pica	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
35. Non-edible objects in mouth: Places non-edible objects in his/her mouth that may cause poisoning, aspiration or choking	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
36. Refusing medical care: Refused medical services, treatments, or medications or has required mechanical, physical, or chemical restraint to receive medical services or mental health care in the past year. Consider the person's capacity to make an informed decision.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<p data-bbox="50 915 1423 1062">37. Extreme food or liquid-seeking behavior: Seeks, grabs, or stuffs food or consumes liquid in a manner that could cause harm. For example, for a person without teeth, it may mean that they will grab food that they cannot safely chew.</p> <div data-bbox="121 1068 1409 1268" style="border: 1px solid black; padding: 5px;"> <p data-bbox="121 1078 1409 1208"><i>A current evaluation by a qualified professional is expected to determine if the person is at risk of extreme food or liquid-seeking behavior.</i></p> <p data-bbox="121 1214 1409 1260">Evaluation results: <input type="radio"/> Risk present <input type="radio"/> No risk <input type="radio"/> Other (see comments)</p> </div>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Risk	Yes / No / History	SC/PA follow-up
38. Illegal or high risk sexual behavior: Engages in unsafe sexual behavior such as approaching others for sexual behavior that is unwanted/non-consensual; grabbing others' genitals; touching others' breasts; solicitation for sexual activity; unprotected sex with strangers; any of the following exhibited publicly: masturbation, fondling others, fondling self, talking about sexual activity or using sexual language, or walking into an area disrobed.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
39. Undesirable sexual behavior: Engages in sexual behavior that is not illegal but socially undesirable. Including: Touching paid providers in a sexually suggestive manner, soliciting sexual activity from paid providers or other professionals in their life, socially undesirable use of sexual language/talking about sexual activity, masturbating/fondling self in common areas of shared housing.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
40. Harm to animals: Engages in behavior that is harmful to animals	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
41. Use of objects as weapons: Uses weapons or objects in an attempt to injure self or others	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
42. Unsafe social behavior: Consider internet/texting/webcam/media safety risks, lack of awareness of boundaries with strangers, etc. Engages in behaviors that place the person at risk of being victimized or engages in behaviors that place others at risk of being exploited. Consider bodily safety and social interactions with strangers.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
43. Other behavior issues: Consider any other important, serious behavior issues at home or in any other setting. List specific additional behavior risk(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Comments:

EVALUATIONS

No evaluations used

CONTRIBUTORS

Name	Title/relationship
Anna Moore	Person receiving services
Julie Lawrence	Services Coordinator
Sunny Duske	Therapist
Jim Chavez	Support Staff
Sharon Moore	mom
Catherine Margaret	Assistant House Manager
Ethel Rogers	ODDS Residential Staff

This form may contain your personal information. There is some risk someone could steal the information from you when you send this form by email. You may want to mail or fax it if you do not want to take the risk.

You can get this document in other languages, large print, braille or a format you prefer. Contact the Office of Developmental Disabilities Services (ODDS) at 503-945-5600. We accept all relay calls or you can dial 711.