

Risk Identification Tool

Person's legal name: Linh Shawna Tiem

Date of last update: 05/21/2017

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 checked="" type="radio"/> Yes <input 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: Shawna has a restraining order filed at the County that says her ex boyfriend, Mike Doke, can not be in her mobile home park or call her.	<input checked="" type="radio"/> Yes <input 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 type="radio"/> Yes <input checked="" 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

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

MENTAL HEALTH

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

BEHAVIOR

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

EVALUATIONS

No evaluations used

CONTRIBUTORS

Name	Title/relationship
Linh Shawna Tiem	Person receiving services
Rory Captain	Personal Agent
Anh Tiem	Mom

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