

Connecticut DDS-IR-255 - Other

General Information

DDS Case Manager Name:* _____
Service Group:* Intellectual disability Autism spectrum disorder OBRA

Unusual

Event Type:

- | | | |
|---|--|--|
| <input type="checkbox"/> AWOL/Missing Person | <input type="checkbox"/> Accident no apparent injury | <input type="checkbox"/> Accident vehicle no apparent injury |
| <input type="checkbox"/> Aggressor Physical alleged | <input type="checkbox"/> Aggressor Sexual Alleged | <input type="checkbox"/> Fire Emergency Response |
| <input type="checkbox"/> Fire No Emergency Response | <input type="checkbox"/> Medical ER Admit | <input type="checkbox"/> Medical ER No Admit |
| <input type="checkbox"/> Pica | <input type="checkbox"/> Police-arrest | <input type="checkbox"/> Police-no arrest |
| <input type="checkbox"/> Psych ER Admit | <input type="checkbox"/> Psych ER No Admit | <input type="checkbox"/> Refused Medication |
| <input type="checkbox"/> Self Endangered/sib | <input type="checkbox"/> Victim Aggravated Assault | <input type="checkbox"/> Victim Forcible Rape |
| <input type="checkbox"/> Victim Physical Other | <input type="checkbox"/> Victim Sexual Other | <input type="checkbox"/> Victim Theft/Larceny |
| <input type="checkbox"/> Wrong Food Consistency | <input type="checkbox"/> Other: _____ | |

Reporter Information

Entered in log book/notes?: Yes No

Supervisor Review

Team to review?*: Yes No
Guardian/PRRP notified?: Yes No
Critical Incident?*: Yes No

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....am/pm
Note:- Required fields are marked with an asterisk (*)