

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

General Information		
CLIENT NAME		
SERVICE PROVIDER		
SERVICE PROVIDER'S CONTACT (PERSON COMPLETING THIS FORM)	PHONE NUMBER	
DDA RESOURCE MANAGER'S NAME	PHONE NUMBER	DDA NOTIFICATION DATE
Specific Information Related to Each Individual Situation		
Description and use of the weapon(s):		
Weapon owner's history of violence, including threatening behavior toward others:		
Police involvement with weapon owner regarding law-breaking activities:		
Plan for access and security of weapon(s):		
Potential risks:		
Recommendation for balancing safety of others, including housemates and staff, with weapon owner's individual rights:		
DDA Response		
PROGRAM MANAGER'S COMMENTS		
Consulted with AAG? <input type="checkbox"/> No <input type="checkbox"/> Yes: Name		Date
DDA PROGRAM MANAGER'S NAME	PHONE NUMBER	REVIEW DATE