

## Individual With Possible Community Protection Issues

CLIENT'S NAME	DDA NUMBER	DATE OF BIRTH	REGION
LEGAL REPRESENTATIVE/GUARDIAN <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name: _____			Type: <input type="checkbox"/> Full <input type="checkbox"/> Limited
<b>Section 1. Overview</b>			
BRIEF DESCRIPTION OF PERSON AND ISSUES / CRIMINAL OFFENSE			
Has this person received a risk assessment by a qualified professional? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assessment date: _____ Has this person been scheduled for a risk assessment by a qualified professional? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assessment date: _____			
<b>Section 2. Additional Information</b>			
INFORMATION VERIFICATION BY: <input type="checkbox"/> Police report <input type="checkbox"/> Court records <input type="checkbox"/> Client's self report <input type="checkbox"/> Legal representative / parent <input type="checkbox"/> Psychosexual assessment <input type="checkbox"/> Other (specify): _____			
COOPERATION WITH SUPERVISION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____		CURRENT DAY PROGRAM <input type="checkbox"/> Employment <input type="checkbox"/> School <input type="checkbox"/> Community access <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
CURRENT LIVING SITUATION TYPE <input type="checkbox"/> AFH <input type="checkbox"/> Children's Group Care <input type="checkbox"/> Family Residence <input type="checkbox"/> RHC <input type="checkbox"/> State Hospital <input type="checkbox"/> Alternative Living <input type="checkbox"/> Community ICF/ID <input type="checkbox"/> Foster Care <input type="checkbox"/> SOLA <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> ARC <input type="checkbox"/> Community Protection <input type="checkbox"/> Group Home <input type="checkbox"/> DOC <input type="checkbox"/> Assisted Living <input type="checkbox"/> Companion Home <input type="checkbox"/> Supported Living <input type="checkbox"/> JRA Facility			
SPECIFY OTHER CURRENT SERVICES (THERAPIES, COUNSELING, MPC, ETC.)   			
LEGAL STATUS <input type="checkbox"/> Current charge pending; if checked, specify: <input type="checkbox"/> Competent to stand trial <input type="checkbox"/> Incompetent to stand trial <input type="checkbox"/> Not Guilty by Reason of Insanity (NGRI) <input type="checkbox"/> Current Least Restrictive Alternative (LRA) or Conditional Release (CR) (attach copy of order / conditions) <input type="checkbox"/> Currently in jail / prison; projected release date: _____ <input type="checkbox"/> Community supervision / probation/parole (attach conditions) <input type="checkbox"/> Commitment to psychiatric hospital: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Community notification / registration as a sex or kidnapping offender required If known, specify: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3			

COMMENTS

CASE RESOURCE MANAGER'S SIGNATURE	DATE	PRINTED NAME
-----------------------------------	------	--------------

**Section 3. Committee Determination**

Individual meets criteria for Community Protection under the following condition(s)- check all that apply:

- Sexually Violent or Predatory Charge / Conviction. Has been convicted of or charged with a crime of sexual violence as defined in RCW [9A.44](#) and [71.09](#), including, but not limited to, rape, rape of a child, and child molestation, or has been convicted of or charged with sexual acts directed toward strangers; individuals with whom a relationship has been established or promoted for the primary purpose of victimization; or persons of casual acquaintance with whom no substantial personal relationship exists, AND constitutes a current risk to others as determined by a qualified professional (Note: excluding charges or crimes that resulted in acquittal).
- Violent Offense Charge / Conviction. Has been convicted of or charged with one or more violent offenses, such as murder, attempted murder, arson, first degree assault, kidnapping, or use of a weapon to commit a crime as defined in RCW [9.94A.030](#) (Note: excluding charges or crimes that resulted in acquittal).
- No Charge / Conviction - Has not been charged with or convicted of a crime, but has a history of violent, stalking, sexually violent, predatory, and/or opportunistic behavior which a qualified professional has determined demonstrates a likelihood to commit a violent, sexually violent and/or predatory act; AND constitutes a current risk to others as determined by a qualified professional. (Note: "violent" includes fire-setting behaviors where the intent is to hurt or damage someone or property).

Information Tracking Only:

- Potentially Dangerous/Inappropriate Behavior - Exhibits sexually inappropriate behaviors, not necessarily predatory or violent in nature (e.g., exposing, inappropriate touching, masturbating in public, stripping for sexual gratification in the presence of others), or violent or assaultive behavior which does not meet conditions described above, but for individual and community safety will benefit from ongoing monitoring and is considered to have community protection issues **for information tracking purposes only**. Such individuals are not eligible for Community Protection Program services.

Does not meet Criteria:

- Has not been found to meet criteria for Community Protection Program under any of the above conditions, and does not require further monitoring for information tracking purposes at this time.

COMMENTS

CP COORDINATOR OR OTHER DESIGNEE'S SIGNATURE	DATE	PRINTED NAME
--	------	--------------

COPIES TO: Client File; Provider