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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Individual With Possible Community Protection Issues** |
| CLIENT’S NAME | DDA NUMBER | DATE OF BIRTH | REGION |
| LEGAL REPRESENTATIVE/GUARDIAN**[ ]**  Yes **[ ]**  No If yes, name:  | Type: **[ ]**  Full  **[ ]**  Limited |
| **Section 1. Overview** |
| BRIEF DESCRIPTION OF PERSON AND ISSUES / CRIMINAL OFFENSE |
| Has this person received a risk assessment by a qualified professional? **[ ]**  Yes **[ ]**  NoIf yes, assessment date:  Has this person been scheduled for a risk assessment by a qualified professional? **[ ]**  Yes **[ ]**  NoIf yes, assessment date:   |
| **Section 2. Additional Information** |
| INFORMATION VERIFICATION BY:**[ ]**  Police report **[ ]**  Court records **[ ]**  Client’s self report **[ ]**  Legal representative / parent**[ ]**  Psychosexual assessment **[ ]**  Other (specify):  |
| COOPERATION WITH SUPERVISION**[ ]**  Yes **[ ]**  No **[ ]**  Unknown**[ ]**  Other (specify):  | CURRENT DAY PROGRAM**[ ]**  Employment **[ ]**  School **[ ]**  Community access **[ ]** None**[ ]**  Other:  |
| CURRENT LIVING SITUATION TYPE |
| **[ ]**  AFH**[ ]**  Alternative Living**[ ]**  ARC**[ ]**  Assisted Living | **[ ]**  Children’s Group Care**[ ]**  Community ICF/ID**[ ]**  Community Protection**[ ]**  Companion Home  | **[ ]**  Family Residence**[ ]**  Foster Care**[ ]**  Group Home**[ ]**  Supported Living | **[ ]**  RHC**[ ]**  SOLA**[ ]**  DOC**[ ]**  JRA Facility | **[ ]**  State Hospital**[ ]**  Other (specify):  |
| SPECIFY OTHER CURRENT SERVICES (THERAPIES, COUNSELING, MPC, ETC.) |
| LEGAL STATUS**[ ]**  Current charge pending; if checked, specify: **[ ]**  Competent to stand trial**[ ]**  Incompetent to stand trial**[ ]**  Not Guilty by Reason of Insanity (NGRI)**[ ]**  Current Least Restrictive Alternative (LRA) or Conditional Release (CR) (attach copy of order / conditions)**[ ]**  Currently in jail / prison; projected release date:  **[ ]**  Community supervision / probation/parole (attach conditions)**[ ]**  Commitment to psychiatric hospital: **[ ]**  Voluntary **[ ]**  Involuntary**[ ]**  Community notification / registration as a sex or kidnapping offender required If known, specify: **[ ]**  Level 1 **[ ]**  Level 2 **[ ]**  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](http://apps.leg.wa.gov/rcw/default.aspx?cite=9A.44) and [71.09](http://apps.leg.wa.gov/rcw/default.aspx?cite=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](https://app.leg.wa.gov/RCW/default.aspx?cite=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 |