

**Section 4. Supplemental Needs/Risk Assessment** Individual's Name: \_\_\_\_\_

Indicate a "yes" or "no" for each of the items below. Complete ALL items. Items "d" and "e" require some narratives, days and hours of support needed.

<b>Section 4: Additional Supports/Risk Assessment</b>		<b>YES</b>	<b>NO</b>
<b>Health Risks</b>			
<b>1</b>	<i>The Individual requires exceptionally high levels of staff support to address severe medical risks related to inhalation or oxygen therapy; postural drainage; chest PT, suctioning; oral stimulation and/or jaw positioning; tube feeding; parenteral feeding; skin care turning or positioning; skin care dressing of open wounds; protection from infectious diseases due to immune system impairment; seizure management; dialysis; ostomy care; medically-related lifting and/or transferring; therapy services, and/or other critical medical supports?</i>		
	a. The Individual requires frequent hands-on staff involvement to address critical health and medical needs?		
	b. The Individual's severe medical risk currently requires direct 24-hour professional onsite (licensed nurse) supervision?		
	c. Individual's ISP has medical care plans, in place, that are documented within the ISP process?		
	d. In Section 3A, Medical Supports Needed, it is determined that extensive support is needed to manage the Individual's medical risk. How many days per week and approximately how many hours per day is the extensive support required? <b># of days per week = _____, # hours per day = _____</b>		
	e. Description of the imminent (i.e. <b>within the next 30 to 60 days</b> ) consequences if no support is provided to address the Individual's severe medical risk provided. <b>If yes, add description in notes section or in SIS online.</b>		
	f. List specific SIS Section 3A items marked "2":		
<b>Severe Community Safety Risk</b>			
<b>2</b>	<i>The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has been <b>convicted</b> of a crime related to these risks?</i>		
	a. The Individual has been found guilty of a crime, related to these risks, through the criminal justice system?		
	b. The Individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?		
	c. The Individual has documented restrictions in place, related to these risks, through a legal requirement or order?		
	d. In Section 3B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the Individual's community safety risk. How many days per week and approximately how many hours per day is the extensive support required? <b># of days per week = _____, # hours per day = _____</b>		
	e. Description of the imminent (i.e. <b>within the next 30 to 60 days</b> ) consequences if <u>no support</u> is provided to address the Individual's severe community safety risk provided. <b>If yes, add description in notes section or in SIS online.</b>		
<b>3</b>	<i>The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has <b>not been convicted</b> of a crime related to these risks?</i>		
	a. Individual has <b>not</b> been found guilty of a crime related to these risks, but displays the same severe community safety risk as a person found guilty through the criminal justice system?		
	b. The Individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?		
	c. The Individual has documented restrictions in place related to these risks, within the ISP Process?		
	d. In Section 3B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the Individual's community safety risk. How many days per week and approximately how many hours per day is the extensive support required? <b># of days per week = _____, # hours per day = _____</b>		
	e. Description of the imminent (i.e. <b>within the next 30 to 60 days</b> ) consequences if <u>no support</u> is provided to address the Individual's severe community safety risk provided. <b>If yes, add description in notes section or in SIS online.</b>		
<b>Severe Risk or Injury To Self</b>			
<b>4</b>	<i>The Individual displays self-directed destructiveness related to self-injury; pica; and/or suicide attempts which seriously threatens their own health and/or safety?</i>		
	a. The Individual engages in self-directed destructiveness related to self-injury, PICA, and/or suicide attempts, with the intent to harm self?		
	b. The Individual's severe risk of injury to self currently requires direct supervision during all waking hours?		
	c. The Individual has prevention and intervention plans, in place, that are documented within the ISP process?		
	d. In Section 3B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the Individual's risk of injury to self. How many days per week and approximately how many hours per day is the extensive support required? <b># of days per week = _____, # hours per day = _____</b>		
	e. Description of the imminent (i.e. <b>within the next 30 to 60 days</b> ) consequences if no support is provided to address the Individual's severe risk of injury to self provided. <b>If yes, add description in notes section or in SIS online.</b>		
<b>5</b>	1. Individual displays a risk of falling, as demonstrated by an unsteady gait, active seizures, documented history of falling, or other issue that effects falling. Describe specifics and frequency of falls in the past 12 months.		

Notes for Section 4 (continue on back as needed): \_\_\_\_\_  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ rev 1/10