

# Incident Form

(SCL, SGF, MPW)

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INCIDENT	
Funding Source: <input type="checkbox"/> SCL <input type="checkbox"/> SGF    MPW	
Participant Directed Services?	
Individual's Last Name: _____ Individual's First Name: _____ Social Security Number: _____ Date of Birth: _____	Reporting Agency: _____ Reporter's Last Name: _____ Reporter's First Name: _____ Reporter's Phone: _____ Reporter's Title: _____
<b>Briefly describe what happened? [Use the first and last name(s) of _____ involved.]</b>	

Date of Incident: _____      Time of Incident: _____ _____ Date of Discovery: _____      Time of Discovery: _____ _____ Name of Location of Incident: _____ _____ Address of Incident: _____ _____ Incident Location Phone Number(@    °    # ): _____ _____ County of Incident: _____	<u>Guardian/Family Notification:</u> Date: _____ Time: _____ Name: _____  <u>Case Manager Notification:</u> Date: _____ Time: _____ CM Agency Name: _____ CM Phone: _____ CM Name: _____
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**1) What is the person's current status? (Choose one.)**

- Stable with no serious changes noted.
- Seen by professional and returned home.
- Seen by professional and admitted to facility.
- Other  Briefly describe:

**2) Why did the incident occur? (Choose one.)**

- Failure to follow Crisis Support Plan and/or Behavior Support Plan.
- Unable to determine
- Other  Briefly describe:

**3) Could this incident have been prevented? Yes No**

If yes, then how could the incident have been prevented? Choose one.

- Track/monitor previous incidents
- Ensure timely implementation of current Crisis Support Plan
- Track/monitor medical treatment (ER, doctor, hospital, etc.)
- Other  Briefly describe:

**4) Were staff training needs identified? Yes No**

If yes, then identify: (Choose one.)

- Medication administration
- Abuse/Neglect/Exploitation prevention and reporting
- Crisis Prevention
- Person-specific training. For example, dining plan, positioning, etc.

**5) Identify needed changes to prevent similar incidents. (Choose one.)**

- Watch more for advance signs of and triggers for the incident
- Team Meeting
- Improve communication within the agency and between agencies
- Agency processes/procedures improvements
- Other  Briefly describe:

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