**Human Rights Committee Cover Sheet**

(Use for DDRC/RMHS/DP HRC)

**Consumer’s Name**:       **Review Period Dates**:

**Age:**        **□initial □ongoing**

**Guardian in place? Yes  No  If yes, name of guardian and relationship to consumer:**

**Resource Coordinator/Service Coordinator/Case Manager**:

**Res****idential program**:       **Day Service program**:

**CLR in place? Yes  No  Date Completed/Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check appropriate box below for items to be reviewed.**

|  |
| --- |
| Check |

**PSYCHOTROPIC MEDICATION:**

**Medication Dosage/Frequency Psychiatric Diagnosis**

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| --- | --- | --- |
|  |  |  |
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|  |  |  |
|  |  |  |

* Prescribing Physcian or Psychiatrist:
* Date of last psychiatric review:
* Any changes in medications since last review?  Yes  No
  + If yes, describe and explain:
* Is an AIMs needed?:  Yes  No If yes, Date completed:

**Rights Modifications**

Per the Federal Setting Final Rule guidance, are all required informed consents in place for each Rights Modifications? **Yes  No**

Date signed by the individual in services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*(These ICs are not required to be submitted/reviewed by HRC at this time)

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| --- |
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**RIGHT SUSPENSION**

* Description of suspension:
* Date of last 6 month IDT review: 
  + Method of review:  IDT Meeting  Service Plan

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**RESTRICTIVE PROCEDURE**

* Description(s) of Restrictive Procedure:
* Date of Functional Analysis (required):

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|  |

**SAFETY CONTROL PROCEDURE**

* Description(s) of Safety Control Procedure

**ANSWER TO PREVIOUSLY ASKED QUESTION(S):**

|  |  |
| --- | --- |
| **HRC Recommendation(s)** | **Agency response/follow up** |
|  |  |
|  |  |
|  |  |

HRC Coversheet (page 2)

Data Summary Sheet

(Use for DDRC/RMHS/DP HRC)

Agency: Residential Day Program

Behavioral ISSP Data:

(Cut and paste a colored graph or chart in this section. Please also provide a short summary to explain the data.)

*Possible items to reflect on in the data summary:*

* + *Is the BISSP going well? Any changes needed?*
  + *Were there any spikes in behaviors? Why?*
  + *Explain any gaps in tracking*

Update summary:

(Please provide a short summary about the individual and how things are going for them in the last year.)

*Possible items to reflect on when writing the update summary:*

* + *Summarize all services: residential, day program, behavior services, etc.*
  + *Any major changes for this individual?*
  + *Areas the team is working on with the individual.*
  + *Additional information for the packets such as summary of incident reports to help justify a right suspension or additional dietarty information to support the need for a restricted diet.*
  + *Any other important information for the Committee to review.*

Completed by: Date: