ADMH-DDD Incident Report Form for Incident Occurring During Provision of Self-Directed Services in ID, LAH or Community Waiver Program

Waiver Enrollee Name:	**Incident Date/Time**
Waiver Enrollee Street Address:	**Waiver Enrollee and/or Legal representative Phone #:**
City:	**State:**
Name of Self-Direction Worker providing waiver services to Waiver Enrollee when Incident Occurred:	**Where did the incident occur (ex., individual's home, a location in the community, other?)**
Type of incident (NOTE: Refer to Incident Definition chart for type of incident and when to report!!)	
Describe the incident including events leading to and during the incident	
Name person(s) directly involved in incident (other than Waiver Enrollee and Self-Direction Worker) and name any witnesses	
What happened immediately following the incident? Include what immediate action was taken after the incident.	
Who was notified of the incident (ex., police, hospital, Support Coordinator's name)? State how notified and date/approximate time each notification was done.	
Who is completing and submitting this form to the Support Coordinator? Note your role (Waiver Enrollee; Employer of Record; Self-Direction Worker; Waiver Enrollee's Family Member or Legal Guardian)	**Date the form was submitted**