

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

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