

# Health Risk Form

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Participant Name:

Date of Request:

- 1. If you (the participant) need additional services or supports to address a health concern, please list those services or supports below. Please include the type and frequency of the service(s) or support(s) that you are requesting, and the cost of the service or support.**

SERVICE/SUPPORT DESCRIPTION	TYPE	FREQUENCY	SERVICE/SUPPORT COST

- 2. Check all that apply.** The above service(s) or support(s) will:

- Prevent my physical health from deteriorating
- Prevent my mental health condition from deteriorating
- Prevent my cognitive functioning from deteriorating
- Prevent an increase in my maladaptive behavior

- 3. Please describe the health risk:**



# Safety Risk Form

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Participant Name:

Date of Request:

1. If you (the participant) need additional services or supports to address a safety concern, please list those services or supports below. Please include the type and frequency of the service or support that you are requesting, and the cost of the service or support.

SERVICE/SUPPORT DESCRIPTION	TYPE	FREQUENCY	SERVICE/SUPPORT COST

2. Check all that apply. The above service(s) or support(s) will:

- Prevent criminal behavior
- Prevent the destruction of property
- Prevent harm to me or others

3. Please specifically describe what the safety risk is:

**4. Please submit additional documentation to support the request for supports or services to address a safety risk:**

Safety risks must be documented by the following: (1) current incident reports; (2) police reports; (3) assessments from a licensed practitioner of the healing arts as defined by [IDAPA 16.03.10.521.14](#) or a professional licensed by the State of Idaho and whose assessment is within the scope of his or her license; or (4) status reports and implementation plans that reflect the type and frequency of intervention(s) in place to prevent the risk and the participant's progress under such intervention(s).

Such documentation must establish: (1) an imminent or likely safety risk; and (2) the specific supports or services that are being requested (including the type and frequency, if applicable) that are likely to prevent that risk, and how those supports or services will likely prevent this risk.

**5. Please indicate what documentation you are submitting with this form to support this request:**

Request Submitted by:

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*Name*

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*Participant or Legal Guardian Signature*

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*Date*