**Comprehensive Evaluation (M-Team)**

Individual needing Protective Placement or Protective Services:

Date of Birth:

Home Address:

Current Address:

Person or Agency Currently Providing Services:

Guardian Name:

Guardian’s Address and Phone Number:

Summary of any professional treatment and services you or your entity provided to the individual related to the problem creating the need for protective placement or protective services:

Why does this individual need protective placement or protective services?

Does the individual constitute a risk of serious harm to themselves or others if not protectively placed or provided protective services?

How do this individual’s cognitive impairments affect their ability to care for themselves?

Describe the person’s functional (ADLS, IADLS etc) needs:

Please summarize any medical, psychological, social, vocational, and educational needs/issues you believe are necessary and relevant.

What do you believe is the least restrictive environment in which the individual can be maintained (own home, foster home, community based residential facility, nursing home, etc.)? Please elaborate, and be specific.

Below please check the rights that you believe the individual **lacks evaluative capacity to exercise** and **explain why**:

Consent to marriage. Explain:

Execute a will. Explain:

Serve on a jury. Explain:

Apply for a motor vehicle operator’s license. Explain:

Apply for a hunting/fishing license. Explain:

Apply for a professional/trade license or credential. Explain:

Consent to sterilization. Explain:

Consent to organ, tissue, or bone marrow donation. Explain:

Register to vote or vote. Explain:

Other rights. Specify and Explain:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print Name:  Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print Name:  Title:

rad 12.1.10