**County Department of Human Services**

**­­­­­­­**

**Comprehensive Evaluation for Protective Placement**

|  |  |
| --- | --- |
| **Name:**      | **Date of Birth:**      |
| **Court Case Number:**      | **Court Date:**      |
| **Name/Address of Facility:**      | **Type of Unit****[ ]  Locked** **[ ]  Unlocked** |
| **Facility Licensure:****[ ]  Nursing Facility** **[ ]  Intermediate Facility** **[ ]  Center for Developmentally Disabled****[ ]  CBRF** **[ ]  Adult Family Home** **[ ]  Other:**       |
| **Is the facility licensed for 16 beds or greater?** **[ ]  No** **[ ]  Yes** |
| **Contact Person at Facility:**      | **Contact Person’s Phone Number:**      |
| **Member of Family Care:** **[ ]  No** **[ ]  Yes****Member of IRIS:** **[ ]  No** **[ ]  Yes** | **If yes, which MCO/ICA:**      |

**Service & Treatment Summary:**

|  |
| --- |
| **Other Services Presently Provided to Adult-at-Risk** (type of service provided, provider name, address, and phone number – if more than one, list all present providers):       |
| **Professional Treatment & Services Provided in the Past to Adult-at-Risk by** **County Human Services Department, if any** (type of treatment/service, provider name, address, and phone number – if more than one, list all past providers):      |

**Medical Evaluation and Review Summary:**

|  |
| --- |
| **Diagnoses:**      |
| **Medications:**      |
| **Medical Summary:**      |
| **Psychological Evaluation:**      |
| **Social Evaluation:**      |
| **Vocational Evaluation:**      |
| **Educational Evaluation:**      |

**Placement Considerations:**

|  |
| --- |
| **County Human Services recommends that the adult-at-risk be placed as follows** (describe type of placement and provide the proposed placement’s name, address and phone number):      |
| **The placement recommended above is the least restrictive environment consistent with the adult-at-risk’s needs and the resources of the county department.** When determining what placement should be recommended, the county department considered the reasonableness of the placement given the cost and the actual benefits in the level of functioning to be realized by the individual; the limits of available state and federal funds; and of county funds required to be appropriated to match state funds; and the reasonableness of the protective placement given the number or projected number of individuals who will need protective placement or protective services and given the limited funds available. |
| **When determining what placement should be recommended, the county department also considered the following:*** **That the adult-at-risk’s needs regarding health, social, and rehabilitative services are as follows:**
* **That the level of supervision needed for the adult-at-risk is as follows:**
 |
| **If the adult-at-risk has a developmental disability, and if the county department is recommending placement in an intermediate care facility or a nursing facility then the county department has determined that the adult-at-risk’s needs can’t be met in a non-institutional setting for the following reasons:**       |

**Legal Rights/Guardianship:**

|  |
| --- |
| **Recommendations for or against maintenance of partial legal rights, if any, including recommendation regarding the fitness of the proposed guardian(s), if any:**      |

**Other:**

|  |
| --- |
|       |

Respectfully submitted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of County Department Adult Protective Services Worker

Name & Title:

Date:

Distribution:

Ward

County Corporation Counsel (e-file)

Guardian

MCO/ICA