**WATTS Review Protective Placement**



v.2.33; 8/15/2019

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| --- | --- | --- | --- | --- | --- | --- |
| Client Name |  | | | Date of Review |  |  |
| Facility Contact |  | | | Phone |  | |
| Type of Facility |  | | Residential Agency | |  | |
| Managed Care Organization & Contact Info. | |  | | | | |

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| **Physical Condition** | |
| 1. Current Diagnosis |  |
| 2. Significant medical treatment needs |  |
| 3. Functional Assessment: Answer “yes” or “no” regarding the individual’s capability to complete independently.  Eating Yes No Laundry Yes No N/A Meal Preparation Yes No N/A Medication Mgmt. Yes No N/A  Shopping Yes No N/A Dressing Yes No  Housekeeping Yes No N/A Hygiene Yes No Toileting Yes No Mobility Yes No  Bathing Yes No Other | |
| 4. Is the individual in need of rehabilitation services? Yes No | |

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| **Mental Condition** | | |
| 5. Can the individual understand their basic needs? | Yes | No |
| 6. Can the individual communicate their basic needs? | Yes | No |
| 7. Can the individual follow simple instructions? | Yes | No |
| 8. Can the individual be safely alone for several hours? | Yes | No |
| 9. Is the individual verbally or physically aggressive? | Yes | No |
| 10. Is the individual an elopement risk? | Yes | No |
| 11. Is the individual self-injurious or engaging in other dangerous behavior? | Yes | No |
| 12. Is the individual delusional or hallucinatory? | Yes | No |

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| **Social Condition** | | | | | | | | |
| 13. Please indicate and list, if any, social activities in which the individual is involved. | | | | | | | | |
| a. Vocational | Yes | No | b. Recreational | Yes | No | c. Family & friends | Yes | No |

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| --- | --- | --- |
| **Protective Placement** | | |
| 14. Should the current protective placement order be terminated? | Yes | No |
| 15. In light of the above, is the present living arrangement the least restrictive environment appropriate to the current needs of the individual? | Yes | No |

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| **Comments** |
| The individual who is under placement and residential staff **MUST** be directly asked for comments. |
| 16. Comments from the **CLIENT** who is under placement regarding their placement, medication guardianship, or protective service. |

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| **Comments** |
| 17. Comments from the **FACILITY STAFF MEMBER** regarding the client’s placement, medication guardianship, or protective service. |



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| **Please do not write in this section - APS use only** |
| Guardian’s Comments Attached No comments |