

DAIL Risk Assessment FACE SHEET

Name of Person:	
DOB:	
Age:	
Person's most recent full scale IQ:	
DS Agency:	
Years person has received services from this DS agency:	
Current level of supervision:	<input type="checkbox"/> 24 hour supervision <input type="checkbox"/> Less than 24 hour supervision. <i>If so, check one to describe:</i> <input type="checkbox"/> Less than 5 hours per week of unsupervised time <input type="checkbox"/> 5 to 20 hours per week of unsupervised time <input type="checkbox"/> 20 to 40 hours per week of unsupervised time <input type="checkbox"/> more than 40 hours per week of unsupervised time <input type="checkbox"/> No supervision but still in services (includes case management)
Current living situation:	<input type="checkbox"/> Own home or apartment with family members <input type="checkbox"/> Own apartment or home independently or with unpaid roommate <input type="checkbox"/> Developmental/Shared Living home <u>without</u> other persons with Developmental Disabilities <input type="checkbox"/> Developmental/Shared Living home <u>with one other</u> person with Developmental Disabilities <input type="checkbox"/> Group home <input type="checkbox"/> Incarcerated <input type="checkbox"/> Staffed home or apartment <input type="checkbox"/> Other:
Years lived at this residence	
Current DAIL wavier budget:	
Name of staff member completing this form:	
Phone number of completing staff person:	
Date form completed:	

1. Has the person ever engaged in sexually inappropriate behavior?

No Yes

If yes, please complete the INAPPROPRIATE SEXUAL BEHAVIOR WORKSHEETS

2. Has the person ever engaged in non-sexual violent behavior?

No Yes

If yes, please complete the NON-SEXUAL VIOLENT BEHAVIOR STATIC INFORMATION AND WORKSHEETS.

3. Has the person ever engaged in other types of illegal behavior (non-sexual and non-violent illegal behavior)?

No Yes

If yes, please complete the OTHER ILLEGAL BEHAVIOR WORKSHEET.

4. Has the person ever escaped or attempted to escape from supervision?

No Yes

If yes, please explain. (e.g., Did they get into any trouble when they eloped? Such as sexually or physically assaulted people or committed other crimes. Caused self harm?)

5. Has the person ever received treatment for his sexually inappropriate or non-sexual violent behavior?

No Yes

If yes, please briefly describe type, frequency, duration and response.

6. Has the person been diagnosed by a mental health professional with a psychiatric condition?

No Yes If yes, please specify the psychiatric condition

7. What **dynamic risk factors** do you believe are noteworthy in this case? Consider strengths and dynamic risk factors such as stability of living situation, cooperation with supervision, response to treatment, access to potential victims and attitudes supportive of offending. Consider SOTIPS/VOTIPS assessments if completed.