***Human Rights Committee (HRC) Behavior Plan/Protocol Approval Request***

Individual’s Name:       Duck #:

Provider Agency(s):       Guardian:

Date of Plan Submission:       Date of Plan:

***Reason for Submission*:**

 [ ]  New Plan/ Protocol [ ]  Annual Re-Approval **with changes** (must highlight changes)

 [ ]  Emergency/Interim Plan/ Protocol [ ]  Annual Re-Approval **without changes**

 [ ]  Current Plan/ Protocol Extension Request [ ]  Plan/ Protocol Termination

 [ ]  Current Plan/ Protocol Revision [ ]  PRN Protocol

***Current Submission packet includes***:

 [ ]  Current Plan/ Protocol [ ]  Summary & Analysis of Current Data for Review

 [ ]  Blank Data Collection Sheet (if applicable) [ ]  Current Medication List

 [ ]  House Policies (if applicable) [ ]  Psychotropic PRN Protocol

 [ ]  START/ Risk/ Mental Health Plan (if applicable) [ ]  Psychotropic PRN Medication Order (if applicable)

***Restrictive Procedures* (please check all that apply):**

 [ ]  Physical Intervention [ ]  Mechanical Intervention/ Adaptive Equipment

 [ ]  Chemical (PRN) Intervention [ ]  Environmental Restrictions

 [ ]  Use of Protective Clothing/equipment [ ]  Other:

 ***Summary of Circumstances:***

I have reviewed this plan which was developed and/reviewed by all team members including guardian & agree with its submission for approval to the Human Rights Committee. Once approved by the HRC, I must have written informed consent by Guardian/Individual & Provider/Staff training must occur **prior** to the plan’s implementation. This documentation must be held by the Vendor/Program and submitted to the Area Agency.

Plan Author Signature: Date:

Printed Name:       Email Address:       Phone:

Program Administrator Signature: Date:

Printed Name:       Email Address:       Phone:

Program Administrator Signature: Date:

For Service Coordinator Only:

I have reviewed the completed approval request cover sheet, plan and support data. I am in agreement with the team that the plan submission is complete, is in the best interest of the individual and request that it be reviewed by the HRC.

Service Coordinator Signature: Printed Name:       Date:

Printed Name:       Email Address:       Phone:

***Individual’s Name/Duck #:***       **Level:** [ ] 1 [ ] 2 [ ] 3 [ ]  N/A

***HRC Decision:***

 [ ]  Emergency Approval Until Next Available HRC Meeting

Approval Begins:       Approval Expires:

 [ ]  Temporary Approval With Follow Up Needed (See HRC comments and Provider Follow-up Required)

Approval Begins:       Approval Expires:

 [ ]  Full Approval

Approval Begins:       Approval Expires:

 [ ]  Plan Termination Approved- Date:

 [ ]  Not Approved- Date:

Reason:

***HRC Comments:***

***Provider Agency Follow-up Required:***

[ ] Current Medication List Needed [ ] Current Plan Needed [ ] Blank Data Collection Sheet Needed

[ ] Termination Criteria Needed [ ] HRC Approval Request Cover Sheet Needed

[ ] Other Follow-up Needed- Describe Below:

By signing below, HRC confirms decision of the Committee Members (or designees).

Guardian/ Individual Approval Signature: Date: