|  |  |  |
| --- | --- | --- |
|  | **Hennepin County Human Services & Public Health Department** | |
| Long Term Supports and Services (LTSS) | Phone: 612-596-6630 |
| 300 South Sixth Street |  |
| A-1500 Government Center | www.hennepin.us/cdcs |
| Minneapolis, MN 55487-9989 |  |

*(This information is available in alternative formats to individuals with disabilities by calling your county case manager. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency’s ADA coordinator*.*)*

**CDCS Health & Safety Plan**

Name:

Date:

This Plan was completed by:

Signature of legal representative/person receiving services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Instructions for completing the Health and Safety Plan |
| 1. **Use this form to describe the needs of your family member.** 2. **For each item check if your family member is at risk of harm or is vulnerable.** 3. **Describe your concerns or tell why your family member is at risk.** 4. **Complete a plan for each risk/vulnerability checked. Describe what staff should do.** 5. **You should have one plan for all caregivers.** 6. **Please review with all staff.** |

| **At Risk** | **Not at Risk** | Personal & Community Safety Assessment & Plan | **Describe Concerns** | **Safety Plan** |
| --- | --- | --- | --- | --- |
|  |  | 1. Eats only edible, properly prepared foods or beverages? |  |  |
|  |  | 1. Dresses suitably for the environment and weather? |  |  |
|  |  | 1. Informs caregiver before leaving without supervision? |  |  |
|  |  | 1. Immediately withdraws from painful stimuli (heat, flames, etc.?) |  |  |
|  |  | 1. Takes reasonable precautions with strangers? |  |  |
|  |  | 1. Practices street safety skills? |  |  |
|  |  | 1. Travels safely while in vehicles (uses seat belts, etc?) |  |  |
|  |  | 1. If lost, seeks help from a responsible person? |  |  |
|  |  | 1. Knows name, address, and phone number and can present this information when asked? |  |  |
|  |  | 1. Responds correctly to warning devices sighted or sounded to identify dangerous conditions or situations (barricade, tornado, siren, fire alarm, etc?) |  |  |
|  |  | 1. Safely remains alone? |  |  |
|  |  | 1. Uses caution when in settings with water (pools, lakes, rivers, etc.) |  |  |
|  |  | 1. Avoids dangerous machinery? |  |  |
|  |  | 1. Avoids dangerous conditions or situations (social, sexual, or environmental?) |  |  |
|  |  | 1. Avoids abusive use of tobacco, alcohol, or drugs? |  |  |
|  |  | 1. Follows directions in dangerous circumstances? |  |  |
|  |  | 1. Other: |  |  |

| **At Risk** | **Not at Risk** | **Health Safety Assessment Plan** | Describe Concerns | Safety Plan |
| --- | --- | --- | --- | --- |
|  |  | 1. Demonstrates balance, coordination, or mobility? |  |  |
|  |  | 1. Can chew and swallow? |  |  |
|  |  | 1. Takes medication with harmful side-effects? |  |  |
|  |  | 1. Can take medication independently? |  |  |
|  |  | 1. Has allergies, sensory impairments, or seizures/ |  |  |
|  |  | 1. Cooperates with special diets or special food preparation? |  |  |
|  |  | 1. Has a medical diagnosis(es) which poses risks to the person? *(Per ADA, some diagnoses place people in a protected class which must be kept confidential.)* |  |  |
|  |  | 1. Cooperates with health care procedures or medical treatments? |  |  |
|  |  | 1. Seeks treatment for continuing medical needs? |  |  |
|  |  | 1. Cares for or seeks treatment for emergency medical needs? |  |  |
|  |  | 1. Other: |  |  |

| **At Risk** | **Not at Risk** | **Financial Safety Assessment and Plan** | Describe Concerns | Safety Plan |
| --- | --- | --- | --- | --- |
|  |  | 1. Purchases or sells items for reasonable amounts of money? |  |  |
|  |  | 1. Has sufficient money when making or ordering purchases? |  |  |
|  |  | 1. Carries and stores money or valuables safely? |  |  |
|  |  | 1. Budgets and manages financial resources safely, including: |  |  |
|  |  | Checking & savings acct. |
|  |  | Bill paying |
|  |  | Welfare or payroll checks |
|  |  | Necessary purchases such as clothing or activities |
|  |  | 5. Other: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **At Risk** | **Not at Risk** | **Sexual Safety Assessment and Plan** | **Describe Concerns** | **Safety Plan** |
|  |  | 1. Displays affection appropriately? |  |  |
|  |  | 1. Discusses personal issues discretely? |  |  |
|  |  | 1. Understands and uses birth control? |  |  |
|  |  | 1. Takes precautions and knows how to prevent sexually transmitted diseases? |  |  |
|  |  | 1. Discriminately engages in sexual behavior with consenting adults? |  |  |
|  |  | 1. Other: |  |  |

| **At Risk** | **Not at Risk** | **Abuse Assessment Plan** | **Describe Concerns** | **Safety Plan** |
| --- | --- | --- | --- | --- |
|  |  | 1. **Is vulnerable to physical abuse?** |  |  |
|  |  | 1. **Is vulnerable to self-abuse?** |  |  |
|  |  | 1. **Is vulnerable to verbal abuse?** |  |  |
|  |  | 1. **Is vulnerable to financial exploitation?** |  |  |
|  |  | 1. **Is vulnerable to sexual abuse?** |  |  |