

## Risk Assessment for Remote Monitoring

Individual's Name: \_\_\_\_\_ Assessment Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

	<b>Indicate the answer to each question and then select the appropriate type of supervision that will safely meet the individual's needs.</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, When &amp; How Often</b>	<b>Could the individual's health and welfare be ensured if this issue was addressed via technology as an alternative to staff?</b>	<b>Comments</b>
1.	Is there a court order that requires 24 hour, on site staffing?*					
	<i>*Note: If "yes" Remote Monitoring is not appropriate for this individual.</i>					
2.	Does individual have a history of inappropriate sexual behavior that impacts others?					
3.	Does the individual leave or wander away from home?					
4.	Does the individual engage in gorging, pica, eating raw foods, eating housemates' food or is individual danger to self due to overeating?					
5.	Does the individual go into housemates' bedrooms without permission?					
6.	Does the individual destroy property or tamper with other people's belongings?					
7.	Does the individual engage in unsafe smoking, not use an ashtray appropriately, or not dispose of matches/butts appropriately?					

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	<b>Indicate the answer to each question and then select the appropriate type of supervision that will safely meet the individual's needs.</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, When &amp; How Often</b>	<b>Could the individual's health and welfare be ensured if this issue was addressed via technology as an alternative to staff?</b>	<b>Comments</b>
8.	Does the individual safely use household appliances?					
9.	Does the individual follow rules about electricity, fire, water, tools, and hazardous physical situations?					
10.	Does the individual respond appropriately and are they physically able to respond to fire alarms, smoke detectors/carbon monoxide detectors, gas leak and severe weather warnings and exit the residence?					
11.	Does the individual require physical assistance at all times, including repositioning and bathroom assistance?					
12.	Does the individual have seizures or a condition that requires treatment or monitoring?					
13.	Is the individual fearful of being alone?					
14.	Is there a reasonable fear of exploitation of the individual?					
15.	Do all individuals impacted by the remote monitoring technology agree to the service within the home?					

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16.	Does the individual understand and demonstrate the ability to secure the home? (lock the doors, answer the door and phone appropriately, not allow strangers in, etc.)					
17.	Can the individual reliably recall and communicate their address and telephone number?					
18.	Does the individual know when, who, and how to call for help or assistance?					
19.	Can and will the individual call 911 or staff if needed?					
20.	Does the individual understand and follow pedestrian safety rules?					
21.	Does the geographic location of the individual's residence inhibit their ability to access emergency services?					
22.	Does the individual interact appropriately around strangers?					
23.	Is the individual receptive to and able to benefit from training on specific areas that may result in decreased supervision?					

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24.	Does the individual have a medical condition that requires assistance with routine monitoring (i.e., blood pressure check, insulin check, etc.)?					
25.	Does the individual need assistance with medication administration?					
26.	Is the technology and necessary connectivity (e.g. internet bandwidth, etc.) available in this community to support remote monitoring?					
27.	Can the individual utilize the technology needed?					
28.	Other issues the team feels impact the individual's ability to receive remote monitoring services?					

### Summary & Recommendations:

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## Risk Assessment for Remote Monitoring

### IDT Signatures:

Relationship	Print Name	Signature	Date	Agree (check if you agree)	Disagree (check if you disagree)
Member:					
Guardian:					
Case Manager:					
Other— Relationship:					
Other— Relationship:					
Other— Relationship:					
Other— Relationship:					

### I/DD Waiver Agency Human Rights Committee:

Print Name	Signature	Date	Agree (check if you agree)	Disagree (check if you disagree)