

Agency for Persons with Disabilities
Support Plan/ Support Plan Update Page ___ of ___

Name:
Support Plan Effective Date:

Safety Plan:

Summary of Historical Events: List by date, any behaviors or charges that are safety concerns for the person or the community. What concerns do you have or do you think the community might have about your behavior in the past? (Attach additional pages and/or police reports or court orders, as needed and available.)

Special Considerations:

a) If there is a court order, indicate what it requires:

b) If there is a Probation Officer, identify who, their location, contact numbers and any other court requirements:

c) If required, identify where the person must register locally as a "sex offender":

General Precautions and Preventative Measures

a) Identify any triggers, high-risk situations, environmental and personal stressors that might lead to re-offending:

b) What predatory "grooming" behaviors are known:

c) Limitations on access to media (TV, movies, printed material, video games, internet or cell phone) if any and why:

d) Identify "avoidance" or preventative behaviors that need to be trained or be prompted in risky situations:

e) The level or type of routine supervision required is:

f) Staff assignments, including size, gender or other critical attributes:

g) Risk sites to be avoided near home location:

h) Bedroom assignments (roommates and location within the home):

i) Community limitations (allowable activities, van routes, supervision):

j) Day program or work environment supervision:

k) Alarms and monitoring devices needed:

Additional Notes/Comments/Considerations