



INTERMITTENT RISK ASSESSMENT/EMERGENCY BACK-UP PLAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEVELOPMENTAL DISABILITIES

SFN 866 (2-2023)

Consumer Name	
Date Risk Assessment /Emergency Back-up Plan Completed	Completed By

Individuals to contact if primary caregiver cannot provide care due to accident or illness

Name			
Address	City	State	ZIP Code
Relationship	Telephone Number	Cell Phone Number	

Name			
Address	City	State	ZIP Code
Relationship	Telephone Number	Cell Phone Number	

Name			
Address	City	State	ZIP Code
Relationship	Telephone Number	Cell Phone Number	

Plan to assure needs are met if authorized supports are not available:
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Medical Needs

AXIS I
AXIS II
AXIS III

Diet Restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments		
Special Food		
Preparation		
Allergies		

Medication	Dose	Route	Time	Type
Comments				
Medication	Dose	Route	Time	Type
Comments				
Medication	Dose	Route	Time	Type
Comments				
Medication	Dose	Route	Time	Type
Comments				
Medication	Dose	Route	Time	Type
Comments				

Supervision Needs

- ☐ Keep in your sight at all times
- ☐ You may step away for ____ minutes
- ☐ Check up on him/her often
- ☐ Can play/entertain him/her for ____ minutes

During free time/play:

Using the bathroom/bathing:

In a vehicle:

During meals:

When outdoors:

In community settings:

At wake-up or bedtime:

List specific situations that a caregiver should know about and be prepared to handle

Situation	Explain What Might Occur	If/When it Occurs, Explain How Caregiver Will Handle the Situation
1		
2		
3		
4		
5		
6		

A Safe Environment Has	Not a Problem	Keep Out of Reach	Keep Out of Sight	Keep Locked/ Lock Up, Do Not Have in the House	Bring/Keep With at All Times
Foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					
Sharp Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					
Small Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					
Cleaning Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					
Windows/Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					
Tools/Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					
Cords/Strings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					
Special Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					
Special Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					

	Not a Problem	Keep Out of Reach	Keep Out of Sight	Keep Locked/ Lock Up, Do Not Have in the House	Bring/Keep With at All Times
Pets/Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List or Describe Special Items, Needs and Situations					

Schedule And Level Of Assistance Needed

Weekday Schedule

Wake Up
Dressing
Breakfast
Getting Ready
School Communication
After School
Supper
After Supper
Bedtime
Comments

Weekend Schedule

Wake Up
Dressing
Breakfast
Getting Ready
School Communication
After School
Supper
After Supper
Bedtime
Comments

Special Equipment
Maintenance/Repair