**Routing Slip - Human Rights Committee (HRC)**

**TO: PSYCHOLOGY DEPARTMENT** Date: \_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sent By: |  |  | | |  |  | | |  |  | | | | |
|  |  | (Name) | | |  | (Phone #) | | |  | (E-Mail) | | | | |
| Attached Paperwork For: | | |  |  | | |  |  | | |  |  | TO |  | |
|  | | |  | (Name) | | |  | (DOB) | | |  | (ISP Span Dates) | | | |

**Consists of (check only the ONE most accurate at this time; dbl click on box):**

New Documents ( 1st ISP or support strategies packet for this person submitted to FCBDD Psychology Department for HRC Oversight. Applies also to persons who may have had HRC-approved restrictive supports in the past, but not recently.)

Revised Documents – With an addition of restrictive supports (Includes additions within same category or addition of new location for use of previously approved restrictives.)

Revised Documents – With a removal of previously approved restrictive supports. (Please indicate in Comments section reason for removal, i.e., successful fade.)

Revised Documents – With NO change in restrictive supports

Other – (Please specify in Comments section what document is being sent and what was changed that necessitated submission before next annual review.)

Date of Consent to Restrictive Supports: \_\_\_\_\_\_\_\_\_\_

Date of Physical/Mental Health Checklist or Guardian’s Statement re. no medical contraindications (required by FCBDD HRC for use of time-out or any type of restraint): \_\_\_\_\_\_\_\_\_\_

**COMMENTS:**

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Received By:       Date: \_\_\_\_\_\_