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

**TO: PSYCHOLOGY DEPARTMENT** Date: MM/DD/YYYY

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

**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.)

Annual Documents – With NO change in restrictive supports

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.)

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

|  |  |
| --- | --- |
| **COMMENTS:** |  |

***SPECIALIST & TEAM must complete table and self-review of HRC questions on page two of Routing Form and submit all pages of the Routing Form with documents to be reviewed by HRC.***

**Self-review of HRC questions.**

|  |  |  |
| --- | --- | --- |
| **SPECIFIC IDENTIFIED NEEDS:**  **(LIST ONLY 1 NEED PER ROW)** | **RESTRICTIVE MEASURE(S):**  **LIST ALL APPLICABLE TO NEED LISTED IN EACH ROW)** | **LOCATION TO BE USED:**  **(KEEP LOCATION ALIGNED WITH NEED & SUPPORT)** |
|  |  |  |
|  |  |  |

Please note dates, names of assessments, and

ISP page numbers as appropriate to each item.

1. Yes  No  The ISP/behavioral support package has appropriate informed consent(s).

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| --- | --- |
| **Comments:** | (Note date signed) |

1. Yes  No  The planning process outlined in Rule, including completion of the required assessment, was

followed.

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| --- | --- |
| **Comments:** |  |

1. Yes  No  The proposed restrictive measures are necessary to reduce risk of harm or likelihood of legal

sanction for this person.

|  |  |
| --- | --- |
| **Comments:** |  |

1. Yes  No  The overall outcome of the behavioral support strategy promotes the physical, emotional, and

psychological wellbeing of the individual while reducing risk of harm or likelihood of legal sanction.

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| --- | --- |
| **Comments:** |  |

1. Yes  No  The proposed restrictive measure(s) is/are temporary in nature & occur only in specifically

defined situations based on risk of harm or likelihood of legal sanction. (Confirm that there is a fade for each restrictive measure.)

|  |  |
| --- | --- |
| **Comments:** |  |

1. Yes  No  The behavioral support strategy that includes restrictive measures also incorporates

replacement skills – actions designed to enable the person to feel safe, respected, and valued while emphasizing choice, self-determination, and an improved quality of life.

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| **Comments:** |  |