

INDIVIDUAL RISK AGREEMENT

The risk(s) that have been identified below have been determined and the CAP/DA-Choice beneficiary has chosen to assume responsibility in addressing the risk. The details of the risk(s) have been explored and the beneficiary understands how the specified risks may impact the beneficiary's health, safety and well-being. The Local Lead Agency and the CAP/DA-Choice beneficiary have negotiated an agreement with measurable time frames. Risks that have been identified will be continuously monitored and re-evaluated throughout the length of the agreement. The beneficiary is aware of the possible consequences of not addressing risks as outlined in their agreement.

Name –CAP/DA-Choice Beneficiary

Name – CAP/DA-Choice Local Lead Agency

Name(s) – Individuals involved in risk identification and reduction discussion

1. **Describe the risk(s) identified by local lead agency** [e.g., exhibited behavior that is deemed to be verbally/physically abusive to others, non compliance of the Plan of Care; or risk/hazard(s) in the person's environment (pest infestation, lack of sufficient water supply, etc.)].

2. **Describe the local lead agency's identified adverse outcome/harm that may result from the beneficiary's failure to address the risk(s)** (e.g., decline in physical/emotional health , injury to self or others ,etc).

3. **Describe the beneficiary's understanding of identified risk(s) and his/her plan for addressing it.**

4. **What alternative measures may be used by the local lead agency, the beneficiary, or by his/her informal supports to minimize risk, reduce adverse outcome(s) identified in #2 above?** (e.g., durable medical equipment ,adaptive equipment; increased personal care hours, improve network of informal supports)

5. **Briefly describe the agreement reached including consequences of failure to work toward a solution.**

The risks identified by the agency have been explained to me. I accept the risk(s) associated with my choice, decision or preferred course of action.

SIGNATURE – Beneficiary / Legal Representative

Date Signed

SIGNATURE – Local Lead Agency Case Manager

Date Signed