Risk Management Team Meeting Summary

Individual Name	Individual No.	Date of Meeting
Individual's circumstances/condition which place individual at risk:		
Individual's capacity to make an informed choice:		
		_
Needs which are being met by CCAD services:		
Treeds Willer are selling met by Gen to delivious.		
Decision to proceed with individual and/or caregiver meeting:		
Options to discuss with individual and/or caregivers:		
Monitoring plan (specify how often and by whom contacts will be made	·):	
Signature – Team Member Date	Signature – Team Member	Date
Signature realitivement Date	orginature · realit member	Date
Signature – Team Member Date	Signature – Team Member	
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