

### Risk Management Team Meeting Summary

Individual Name	Individual No.	Date of Meeting
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Individual's circumstances/condition which place individual at risk:

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Individual's capacity to make an informed choice:

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Needs which **are** being met by CCAD services:

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Decision to proceed with individual and/or caregiver meeting:

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Options to discuss with individual and/or caregivers:

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Monitoring plan (specify how often and by whom contacts will be made):

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\_\_\_\_\_  
Signature – Team Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Team Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Team Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Team Member

\_\_\_\_\_  
Date