

Restrictive Measure Notification Form

Directions

1. Enter the information of the person for whom the restrictive measure(s) is in place: first and last name, date of birth, and the county providing their services.
2. Enter the information of the person who developed the behavior support strategies: first and last name, position/title, phone #, email address, and the name of their agency. Then check the type of agency (DC, ICF, CBDD or Contract Entity).
3. Enter the information of the SSA or QIDP: first and last name, phone #, email address, and the name of their agency. Then check the type of agency (DC, ICF, CBDD or Contract Entity).
4. Check whether the behavior support strategy with restrictive measure is an initial, annual, revision, or discontinuation (optional – enter the reason for discontinuation).
5. Enter the date the individual or guardian gave consent to the restrictive measure(s).
6. Enter the date the restrictive measure(s) is projected to be implemented.
7. Enter the date the restrictive measure(s) is projected to end.
8. Enter the date the Human Rights Committee approved the restrictive measure(s).
9. Complete one chart for each type of targeted behavior.
 - a. Check the type of targeted behavior or check “other” and enter a description of the targeted behavior.
 - b. Check the location(s) where the restrictive measure for the targeted behavior occurs or check “other” and enter a description of the location.
 - c. Check the type of restrictive measure(s) used for the targeted behavior.
 - d. Check the description for the targeted behavior or check “other” and enter a description of the restrictive measure.
 - i. For chemical restrictive measure please enter the name and dosage of the medication(s).
 - ii. For rights restriction please give a description.
10. Once the form is completed, please click “Save As” to save a copy for yourself.
11. Please follow this link to create an account with Zixcorp: <https://web1.zixmail.net/s/e?b=oit&>
 - a. Simply click on register, and enter your email address and password.
 - b. You can send an email to erica.morrison@dodd.ohio.gov from within this account, with the RMN form attached. Every email you send from within this account will be sent securely.
12. For questions regarding submission of the form please contact:

Erica Morrison

erica.morrison@dodd.ohio.gov

614-466-6670

For questions regarding how to complete the form please contact:

Molly Shaw

molly.shaw@dodd.ohio.gov

614-563-5923