

Health Risk Form

Participant Name:

Date of Request:

- 1. If you (the participant) need additional services or supports to address a health concern, please list those services or supports below. Please include the type and frequency of the service(s) or support(s) that you are requesting, and the cost of the service or support.**

SERVICE/SUPPORT DESCRIPTION	TYPE	FREQUENCY	SERVICE/SUPPORT COST

- 2. Check all that apply.** The above service(s) or support(s) will:

- Prevent my physical health from deteriorating
- Prevent my mental health condition from deteriorating
- Prevent my cognitive functioning from deteriorating
- Prevent an increase in my maladaptive behavior

- 3. Please describe the health risk:**

