For assistance, please refer to [Instructions for Completing Mortality Follow-Up Form](https://www.nj.gov/humanservices/ddd/assets/documents/providers/mortality-followup-form-instructions.pdf).

Information contained in this document is confidential and deliberative.

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| **Demographic/Incident Information** |
| **NJIRMS#:** Click or tap here to enter text. | **Incident Date & Time:** Click or tap here to enter text. |
| **Agency/Provider Name:** Click or tap here to enter text. | **VID#:** Click or tap here to enter text. |
| **IRS Name:** Click or tap here to enter text. | **MIS#:** Click or tap here to enter text. | **DOB:** Click or tap here to enter text. |
| **Resource team involvement within the last year?** [ ]  Yes [ ]  No **If yes, describe:** Choose an item.  |
| **Level of Supervision (per ISP):** Click or tap here to enter text. |

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| **Analysis** |
| **Detailed Event Description Including Timeline:** Click or tap here to enter text. |
| **CPR or other life-saving actions completed?** [ ]  Yes [ ]  No **If yes, by whom? If no, describe:** Click or tap here to enter text.  |
| **Was level of supervision maintained during the event?** ☐ Yes ☐ No**Summary of how it was or was not maintained:** Click or tap here to enter text. |
| **List of current diagnoses:** Click or tap here to enter text. |
| **Prior to the individual’s passing, were there any concerns that the agency addressed with the individual’s Planning Team, primary care physician and/or specialist, other health care providers, family members, guardians, or outside providers/entities (Coordination of Care):** Click or tap here to enter text. |

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| **Supporting Information – Upload documents listed below to NJIRMS** |
| **Daily Logs/Critical Incident Log** [ ]  Yes [ ]  No |
| **Last 3 months of MARS and TARS:** [ ]  Yes [ ]  No [ ]  N/A |
| **Tracking logs:** [ ]  Yes [ ]  No [ ]  N/A |
| **Physician Visits/Hospital Documentation in** **past 90 days (i.e. discharge documents):** [ ]  Yes [ ]  No [ ]  N/A |
| **Choking checklist if choking death:** [ ]  Yes [ ]  No [ ]  N/A **Choking IR# (if applicable):** Click or tap here to enter text. |
| **Police Report:** [ ]  Yes [ ]  No [ ]  N/A |
| **Submit Video of the event if available to** DDD.ORMMortality@dhs.nj.gov [ ]  Yes [ ]  No [ ]  N/A **Agency’s Summary of Video**: Click or tap here to enter text. |
| **If NO was selected for any of the above items, please explain:** Click or tap here to enter text. |
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| **Actions** |
| **Indicate the actions taken and/or planned as a result of the outcome of your agency’s review. Include a description/further detail in the space provided below.** |
| Click or tap here to enter text. |

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| **Provider Contact Information** |
| **Form Completed by:** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Contact Number:** Click or tap here to enter text. | **Email Address:** Click or tap here to enter text. |
| **For MRU Use Only** |
| **Form Received by:** Click or tap here to enter text. | **Date Received:** Click or tap here to enter text. |

NJ DDD | June 2025