**Division of Developmental Disabilities**

# **Human Rights Committee**

**Referral Form**

#### INSTRUCTIONS

At least 7 business days prior to the meeting, please submit this completed form to the Human Rights Committee Representative at [Ddd.Behavioralservices@dhs.nj.gov](mailto:Ddd.Behavioralservices@dhs.nj.gov)

Please also forward copies of applicable documents, such as recent evaluations or consultations, that have direct impact on the issue at hand. Please adhere to confidentiality procedures by showing only the consumer’s initials in these documents.

**Please Note: An appropriate person, with knowledge of pertinent issues, must attend the Human Rights Committee meeting to present the case.**

1. Presenting Issue for the Human Rights Committee:
2. Consumer’s Initials:
3. Age:
4. Guardianship Status:
5. Living Arrangement:
6. Diagnoses/Functioning Level:
7. Any other agency involvement:
8. Any medical issues:
9. Any medications:
10. Any behavioral issues:
11. Previous interventions/outcomes:
12. If applicable: Outcome of Behavioral Management Committee Review: [Note: whenever a behavior support plan requires both Behavior Management (Support) Committee and a Human Rights Committee review, the Behavior Management (Support) Committee review shall be completed first.]

1. Review by any other committee and outcome:
2. Consumer’s wishes:
3. Guardian’s wishes:
4. Will the consumer be invited to participate in the meeting? Why/Why not?
5. Will the consumer’s guardian or family member be invited to participate in the meeting? Why/Why not?

1. Referring person’s name and phone number:
2. Support Coordinator’s name and phone number, if different from above:

## For Use By Committee Chairperson

Date of HRC Meeting:

For further follow-up:

OOL:

BMC:

OI:

IHP:

Other:

HRC Recommendations: