TEXAS Health and Human Services

Form 2084
September 2010-E

Risk Management Team Meeting Summary

Individual Name	Individual No.	Date of Meeting

Individual's circumstances/condition which place individual at risk:

Individual's capacity to make an informed choice:

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

Decision to proceed with individual and/or caregiver meeting:

Options to discuss with individual and/or caregivers:

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

Signature – Team Member	Date	Signature – Team Member	Date
Signature – Team Member	Date	Signature – Team Member	Date