

**The Division of Health Improvement/Incident Management Bureau (IMB)
Intake Tip Sheet**

Case #:

IMB Intake Name:		
Reporter Information:		
Reporter's Name and Relationship to Consumer(s):		
Reporter's Mailing Address:		
Reporter's Phone Number:		
Provider/Agency Reporting:		
Individual and/or Agency Responsible:		
Name of Consumer(s) Involved (Alleged Victim(s)):		
	DOB/SSN:	Jackson Class Member: Yes <input type="checkbox"/>
	DOB/SSN	Jackson Class Member: Yes <input type="checkbox"/>
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Incident Description:		
A call was received on the DHI/IMB Hotline and the caller stated...		
Additional Incident Information:		
Date/Time of Incident or Event:		Does this ANE Report warrant a Late or Failure Notification: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why:
Date/Time of Discovery:		
Date/Time IMB Notified:		
Other Individuals Present and Relationship to Consumer(s):	Name/Relationship:	
	Name/Relationship:	
	Name/Relationship:	
Address/Location of Incident:		
Consumer(s) Home Address:		
Consumer(s) Home Number:		
Type of Services Received:	<input type="checkbox"/> Supported Living <input type="checkbox"/> Family Living <input type="checkbox"/> Independent Living <input type="checkbox"/> Respite <input type="checkbox"/> Self-Directed <input type="checkbox"/> Other:	

Allegation(s) or Other Reportable Incident (For IMB use only)	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Expected Death
	<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Unexpected Death
	<input type="checkbox"/> Sexual Abuse	
	<input type="checkbox"/> Neglect	<input type="checkbox"/> Suspicious Injury
	<input type="checkbox"/> Exploitation	<input type="checkbox"/> Environmental Hazard
Additional Questions:		
Was law enforcement contacted: (Y/N) If yes, what department/agency:		
**Note: If allegations are of Sexual Abuse, in which the accused is known, law enforcement must be contacted by the reporting agency/individual or DHI/IMB Intake. **Note: If allegations are of Physical Abuse, in which the accused is known, determine if law enforcement should be contacted by agency/individual or DHI/IMB Intake.		
Has the Guardian been notified of the incident: (Y/N)		
Guardian Name/Number:		
Has the Case Manager been notified of the incident: (Y/N)		
Case Manager Name/Agency/Number:		
**Note: Remember to collect addresses for <u>all reporters</u> that are not associated with Community Based Providers or Case Management agencies.		
**Note: Remember to inform all Community-Based Providers that they have a legal obligation (according to the NMAC Regulation) to notify the Case Manager of all ANE reports filed with IMB.		

The Incident Management Bureau (IMB) Immediate Action and Safety Plan

Responsible Provider:

Alleged Victim(s) *(include birthdate or social security number)*:

Accused Person(s):

Relationship to Alleged victim(s):

Date of Incident: Time of incident:

Did the incident create concern for the safety of consumer(s) served? Yes No

Immediate Action and Safety Plan provided by (Name and title):

<p>Section 1. - Required</p> <p>Describe the identified Safety Risk(s) When describing the safety risk, be sure to name the consumer(s).</p>	
<p>Section 2. - Required</p> <p>Action to address risk What action has or will be taken to protect the consumer(s) from the identified safety risks(s)?</p>	
<p>Section 3. - Required</p> <p>Plan Management How will the plan be managed? Who is responsible for implementing the plan? Who is responsible for communicating the plan?</p>	

Signatures and Dates for Immediate Action and Safety Plan

To the best of my knowledge the attached Immediate Action and Safety Plan has been implemented as described and all those who are responsible for carrying out the Immediate Action and Safety Plan have been alerted to the plan and have agreed to the implementation.

Immediate Action and Safety Plan drafted by:

Signature:

Date: