DEVELOPMENTAL DISABILITIES SERVICES UNIT
Dane County Department of Human Services – Adult Community Services Unit
1202 Northport Drive, Madison WI 53704 • 242-6200 fax: 242-6531

APPLICATION FOR THOUGHTFUL LIMITS / RIGHTS RESTRICTIONS

Also for use of non-Restrictive Measure requests including mechanical supports/restraints for medical/transportation/healing situations that don't meet DHS' definition of a Restrictive Measure

Section 1

Consumer Name: **DOB:** **Date of Plan:**

Providers/Support Agency modifying support: **Case Manager/Support Broker:**

Who is participating in the proposed application? ("X")

_____ Individual _____ Guardian or Family | _____ Support Broker | _____ Service Provider | _____ TIES _____ Other

Please describe the Thoughtful Limits / Rights Restriction Plan as it relates to the person's support needs (you may attach a separate page).

Is the above Plan/protocol reflected in a current Behavior Support Plan? How is the above shared between team members and how are staff trained?

Broker Signature:

Client or Guardian Signature:

When completed, send a **copy of this form** and a **copy of the Behavior Support Plan** that reflects the use of the Thoughtful Limits / Right's Restriction to**:** **disabilityunit@countyofdane.com**

Below for Dane County use only

Date Reviewed: Approved? Approval Letter sent:

DCHS Authorized Signature: