



State of Vermont Agency of Human Services
Department for Children and Families
Office of Economic Opportunity,
280 State Drive Waterbury, VT 05671-1050

Vermont Medicaid
Permanent Supportive Housing
Assistance Program

ATTACHMENT C2 — Critical Incident Reporting Form

The Office of Economic Opportunity (OEO) is to be notified of a significant event that occurs in a Permanent Supportive Housing Assistance Medicaid Benefit Program (PSHA).

A verbal report will be made within 24 hours from the agency's knowledge of incident to the PSHA Program Manager for incidents of Untimely or Suspicious Death or Missing Person. Reports of Potential Media Involvement need to be made directly to the PSHA Program Manager upon the Agency becoming aware of the incident. This reporting form must be completed for all types of critical incidents, and submitted via secure email to the PSHA Program Manager.

Name of Individual Involved: _____

Date of Birth: _____ Agency Name: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Type of incident:

Death, specify:

Untimely/Suspicious

Natural

Potential Media Involvement

Serious Criminal Activity/Incarceration

Suicide Attempt

Other: _____

Missing Person

Report of Abuse, Neglect, Exploitation/

Use of a Prohibited Practice

Medical Emergency/Serious Injury

Significant Aggression Towards Provider

Persons who witnessed or were involved in the incident:



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Description of incident (What happened before, during and after the incident; identify precipitants, interventions used by staff to attempt to prevent/manage the incident, and description of behaviors observed during the incident):

Describe any actions taken as a result of the incident:

Describe any planned follow up in response to the incident:

List persons and agencies notified, including DCF/APS
(include when and how notified; if an agency, name of staff to whom a report was given):

Name/Signature of Person Reporting: _____

Date: _____

Phone number (REQUIRED): _____