

CONFIDENTIAL

DIVISION OF BEHAVIORAL HEALTH INCIDENT REPORT Missing or Deceased Clients

Consistent with 7 AAC 70.100(a)(16) and 7 AAC 70.990, this incident report is to be completed by agencies with DHSS/DBH Department Approval, in relation to enrolled service clients who are missing or deceased. This document is to be completed and submitted to the Division within 72 hours of the incident (see Submission Instructions below).

(This is a protected document you can fill it in by data entry or by hand)

Date:	
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AGENCY INFORMATION		
Agency Name		
Executive Director		
Point of Contact:		
Telephone		Fax

CASE INFORMATION		
Client Name		D.O.B.

How long has he/she received services at this agency?	
RECENT INFORMATION	
Date and Time of Incident:	
Location of Incident:	
Description of Incident:	

Agency response (Include timeline, staff actions, who was notified):
Involvement of other agencies:

What follow-up will occur? Include person(s) responsible:

"Missing," with respect to

(A) a child, means absent for more than 10 hours without approval from a residential child care facility as defined in AS 47.32.900;

(B) an adult recipient who currently receives services from a behavioral health services provider, means absent for more than 72 hours without approval from a residential treatment facility, a housing facility owned or operated by the provider, or an assisted living home where services are delivered to the recipient by the provider; or

(C) an individual described in (A) or (B) of this paragraph, means the subject of a missing person report that the provider receives from a member of law enforcement or a family member;

Submission Instructions:

FAX form within 72 hours of the incident to DBH offices at 907-269-3623. The report is confidential and cannot be sent by regular email.