ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

PERSONAL IDENTIFICATION INFORMATION (PIF)

Name: _____ Sex: ____ Date of Birth: _____ WT: _____ HT: _____

Date Prepared: _____ Plan Author: _____

IDENTIFYING INFORMATION

Residence: _____

Type *(check one)*: ☐ GH ☐ ADH ☐ CDH ☐ IDLA ☐ Own/ or Family Home

How long with Agency *(years/months)*: _____ Ratio *(staff:members)*: _____

Day/Work Program: _____

How long at Program *(years/months)*: _____ Ratio *(staff:members)*: _____

Other: _____

DIAGNOSIS

Behavioral Health *(Clinical Disorders, Sleep Disorders, Autism)*:

_____

Developmental disabilities:
☐ Yes ☐ No

Disability: ☐ Epilepsy ☐ Cerebral Palsy ☐ Autism ☐ Cognitive

Level of cognitive disability: ☐ Mild ☐ Moderate ☐ Severe ☐ Profound

Medical conditions:

MOST RECENT

Quarterly Med Review Date: _____

AIMS Screen Score and Date
(Date and numeric score of AIMS test): _____

Second Level Med Review Date and Results
(If team has requested a 2nd opinion from DDD medical director regarding medications): _____

Psychiatric Provider/Agency: _____

☐ No Guardian / Guardian: _____ Relationship: _____

COMMUNICATION / SPEECH

Expressive Speech *(vocabulary)*: ☐ Extensive ☐ Moderate ☐ Minimal ☐ Non-Verbal

Receptive Language: ☐ Excellent ☐ Moderate ☐ Minimal

Other Language Skills: ☐ Sign Language ☐ Gestures ☐ Pointing ☐ Augmentative Communication Device/Board

Primary or Other Language(s): _____

ADAPTIVE EQUIPMENT

☐ None ☐ Wheelchair ☐ Walker ☐ Helmet *(for a medical purpose, not behavioral)* ☐ Prescription (RX)

Other: _____

SAFETY SKILLS

☐ No assistance needed in community ☐ Has bus skills ☐ Has alone time / page no. _____

☐ Needs assistance/Supervision at home ☐ Needs assistance/Supervision in community

Other: _____

See page 2 for EOE/ADA disclosures

TOPICS FOR REVIEW

☐ Behavior Modifying Medication ☐ Forced Compliance – page no. _____ ☐ Response Cost – page no. _____

☐ Rights Restriction – page no. _____ ☐ Protective Device – page no. _____ ☐ Other – page no. _____

*For any topic checked above **other than behavior medication, list the page number,** and explain in BTP section **"Other components for PRC consideration"***

PSYCHOTROPIC MEDICATIONS

Medication	Dosage	Schedule	Diagnosis / Purpose

ADDITIONAL NOTES

North:
DDDNorthPRC@azdes.gov

South:
DDDD2PRC@azdes.gov

East:
DDDEastRegionPRC@azdes.gov

Central:
DDDCentralRegionPRC@azdes.gov

West:
DDDWESTPRC@azdes.gov