**STATE OF CONNECTICUT**

# ADVANCE DIRECTIVES

**CLIENT STATUS WITH THE DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Name of Individual:**

**Name of Facility:**

### D.O.B.:      DDS #       SS#

**Date:**

**The above named individual holds the following status with the Connecticut State Department of Developmental Services (DDS):**

##

## [ ]  DDS client placed or treated under the direction of the DDS Commissioner

## whose DNR order shall comply with Public Act No. 93-303 and DDS Policy No. I.E.P.R. 007c.

### [ ]  DDS client placed by family. Such a person is not placed or treated under

 **the direction of DDS Commissioner so that the DDS Commissioner has no**

**official medical monitoring responsibility. The standard set forth in Public act 93-303 and DDS I.E.P.R.007c are safeguards which the facility may wish to employ**.

[ ]  **OBRA Registrant who receives services from** **DDS only in the areas defined**

**in OBRA Legislation and does not fall under Public Act. 93-303 and DDS Policy No. I.E.P.R. 007c.**

Please place this form in the Advance Directives section of the individual’s chart.

**If you have any questions, please contact the DDS case Manager assigned to this individual or me.**

**Director of Health Services or designee**

**cc: DDS Master file, Case Manager**