

Ashtabula County Board of DD
MUI PREVENTION PLAN

MUI #: _____ **MUI Type:** _____

Client/Student Name(s): _____

Date of Incident: _____ **MUI Due Date:** _____

SSA Assigned: _____

Provider: _____

Team Meeting?: _____ **Revision to ISP?:** YES / NO **Revision to BSP?:** YES / NO / Not Applicable
(Date) (Circle) (Circle)

PREVENTION PLAN / PLAN OF CARE:

Plan implemented on: _____

Person completing form: _____

Date: _____

Please return to the MUI Department as soon as possible, located at: ACBMR/DD Board Office, 2505 South Ridge East, Ashtabula, Ohio 44004. If you have questions, please contact an Investigative Agent at 224-2155, ext. 333 or 303.