

North Dakota Protection and Advocacy Project (P&A)
Request for Information regarding Death

With as much detail as possible, please provide the following information to P&A:

Name of Person Completing form: _____ Date: _____

Agency: _____ Telephone: _____

Full name of Person Supported: _____

Birth date (age): _____

City of residence: _____

Date of death: _____

Place of death (home, hospital, nursing facility, etc.): _____

All diagnoses present at the time of death (include a copy of the most recent IDF/EDF or face sheet with personally identifying information):

Cause of death (if known):

Was the death expected: Yes No

Is there a concern that abuse/neglect may have occurred? Yes No

Were any of the following in place? **ATTACH COPIES**

Code level:	Yes	No	DNR/DNI	Yes	No
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Comfort Cares:	Yes	No	Level
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Advanced Directive:	Yes	No
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Conservatorship:	Yes	No
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Power of attorney (POA):	Yes	No	Name:
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Guardianship:	Yes	No	Name:	Relationship:
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Restraint/seclusion used within 72 hours of the death (physical, chemical, seclusion)	Yes	No
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Autopsy completed or will be completed?	Yes	No
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Other entities involved (check all that apply)

Law Enforcement	VAPS	CPS	Hospice	Other:
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Was medical attention sought within the last six months?

Ex: medical treatment beyond first aid, follow-up with doctors, walk-in visits, treatments of any sort, etc.

List out date(s) and type of treatment received:

Were changes made and implemented to individual's plan within the last 6 months?

Ex: med changes, supervision level, any related changes due to a new diagnosis, etc.

Was team actively addressing any areas of concern for the individual due to non-compliance, behavioral challenges, etc.? Provide details below:

Please include any additional comments or concerns that would be relevant information to provide context into the person's death.

Please attach the following to GER or Email:

- *Guardianship Papers*
- *Code Level Documentation/POLST*
- *Agency Policy and procedures on implementing DNR*
- *Current Overall Service Plan*
- *IDF/EDF or Face Sheet*

*If the form is **NOT COMPLETED** in its entirety, P&A **WILL RETURN** the form to the **AGENCY** to get more details before screening can take place.*