

**CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)
ATTENDANT SUPPORT MANAGEMENT PLAN (ASMP)**

PART FIVE ADDENDUM– Safety Plan for Attendant Caused Health and Safety Risks

Member Name:

Member Medicaid ID:

Authorized Representative Name (if applicable):

Today's Date:

If I hire an attendant that creates a health and/or safety risk to the CDASS Member / to me, I will take the following steps to get help:

(Please be specific and include: Family and/or friends who can be contacted, community resources that can be used, and at-home tools you have or can get.)

Please submit this page to Consumer Direct - Colorado via email:
infoCDCO@ConsumerDirectCare.com