agency for persons with disabilities
State of Florida

ICF/IID Behavioral Rate Screening Tool

Individual's Name:	**Review Date:**
Service/Support Coordinator or Designee:	**Screener:**

Behavioral Characteristics: Must meet at least one within the last 6 months to be determined eligible. Please check all that apply.	**Met**
• Engaged in behavior that caused injury to self or others that required emergency room or other inpatient care from a physician or other health care professional	☐
• Engaged in a behavior that creates a life-threatening situation, such as, excessive eating or drinking, vomiting, ruminating, eating non-nutritive substances, refusing to eat, swallowing excessive amounts of air, and severe insomnia	☐
• Engaged in unauthorized fire setting	☐
• Attempted suicide	☐
• Intentionally caused damage to property in excess of $1,000 in value during one incident	☐
• Engaged in behavior that was unable to be controlled via less restrictive means and necessitated the use of restraints, either mechanically, manually or by commitment to a crisis stabilization unit, three or more times in a 30-day period, or six times across the applicable six-month period	☐
• Engaged in behavior that resulted in the recipient's arrest and/or confinement	☐
• Engaged in sexual behavior with any person who did not consent or is considered unable to consent to such behavior, or engaged in sexual behavior that caused injury to self or others requiring emergency room or other in-patient care from a physician or other health care professional	☐
• If the supervision and environment is such that the recipient lacks opportunity for engaging in these serious behaviors, the behavior analyst providing services must provide data, probes or other documented evidence to the regional behavior analyst providing oversight for services, showing that the behavior would likely occur at least every six months if the recipient were without the supervision or environment provided	☐
Comments/ Justification*:	
☐ **Eligible**** ☐ **Not Eligible**	
Screener Signature and Credentials:	

***NOTE: Please include Notes in this section for each criterion scored that demonstrate how that specific criterion is applicable to the individual and a date or range of dates (within 6 month time frame), as applicable.**

****NOTE**: This individual has been found eligible to receive an Agency for Persons with Disabilities' Global Behavioral Service Need Matrix to determine if the requested level of reimbursement (LOR) is indicated.

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