



Human Rights Committee  
Financial Restriction Review

New

Renewal

Person's Initials:	Date of Birth:
Case Manager:	Date:
Guardian's Name: (if applicable)	Date Plan Last Reviewed:

Goal:
Target Date:

Reason for Limitation of Rights:
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What has been attempted to prevent implementation of this restriction (i.e. Supports, environmental restricting, strategies, trainings, education, etc.):
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Plan: (Specific plan to reach identified goal including timelines and plan to lift/fade imposed limitations):
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What is the reinstatement plan (what is the team doing to get the right back):
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Progress since last review:

Signatures	Date
Individual:	
Guardian (if applicable):	
Case Manager (representing the person's team):	

Committee Comments:

	Approved
	Not Approved
	Approved with the following modifications:

Date of Next Review:

Committee Member's Signature:	Date:
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