

SOUTHERN OHIO COUNCIL – MUI NOTIFICATION FORM

Attention: Investigative Services
167 West Main Street
P.O. Box 456
Chillicothe, Ohio 45601-8608
Phone: (740) 775-5030, Fax: (740) 775-5023

Date: _____ MUI #: _____

Assigned SSA: _____ County: _____

Individual Name: _____ Phone #: _____

Individual Address: _____

Individual Medicaid #: _____

Guardian Name and Address: _____

Please Circle Services Individual currently receives: SL, IO, Home Health, Level 1, TDD, SELF, SSA Only, County Board School, Day Services, Resides in an ICFDD, or no services at this time

Agency / Provider Name: _____

Is this an ICFDD? Yes or No

Agency / Provider Address: _____

Contact Person for this MUI: _____

Agency/Provider at time of incident if different than above: _____

MUI Type: _____

Please refer to list of MUI types (examples: alleged physical abuse, neglect, unapproved behavior support, etc)

Please check which category and include the information required for each category:

_____ Category A Investigation Name of PPI: _____
Address/Phone of PPI: _____
Law Enforcement notification date and name: _____

_____ Children Services notification date and Name: _____

_____ Attach Incident Report and ISP

_____ Category B Investigation

_____ Attach Incident Report and ISP

_____ Category C Review

(Will send Appendix C Form in 14 days)

_____ Attach Incident Report

Assigned IA: _____

Date IA Notified: _____

Circle Notification Means: Phone, email, In-Person

Date MUI entered into OITMS: _____