MUI Semi-Annual/Annual Report Form

Send to: UILogs@SummitDD.org

Agency Provider Name:	County:
This is the (check one): ☐ MUI Semi-Annual Review (January 1 through June 30) for the year ☐ MUI Annual Review (January 1 through December 31) for the year	

Report Summary:

Total Number of MUIs in this report period :
Total Number of MUIs for the same period last year:
Total Number of MUIs for the same period 2 years ago:
Total Number of MUIs for the same period 3 years ago:

Number of MUIs by Category Type:

MUI Category	Current Year	Previous Year	2 Years Ago	3 Years Ago
Accidental/suspicious death				
Attempted suicide				
Death-natural				
Exploitation				
Failure to Report				
Law Enforcement				
Medical Emergency				
Misappropriation				
Missing Individual				
Neglect				
Peer-to-Peer Act				
Physical Abuse				
Prohibited Sexual Relations				
Rights Code Violation				
Sexual Abuse				
Significant Injury				
Unapproved Behavior Support				
Unscheduled Hospitalization				
Verbal Abuse				

Explain the reasons for any significant differences from year to year and any MUI categories with a high number of incidents (use additional pages as necessary):

Agency Trends and Patterns-current Year:

Identify and explain any agency –wide trends and any trends by residence, region, or program :
Description of action plans and preventive measures to address these trends/patterns:
Previous year's agency-wide trends or trends by residence, region, or program:
Were the action plans and preventive measures effective?:

Individual Trends and Patterns

Individual with 5 or more MUIs in 6 months or 10 or more MUIs in 12 months in the current year (*use additional pages to add additional individuals if needed):*

Name:	MUI Types :
Action plans and preventive measures taken to address this trend/pattern:	
Date the action plans and preventive measures were added to the individual's plan:	

Date review was completed: _____

Name of person completing this review: _____