



Monitoring Technology Approval Request

Lead agencies only need to complete and submit this form to DHS when requesting to use a video camera in a participant's bedroom.

The lead agency must receive approval from the DHS monitoring technology review panel to use a camera and video equipment in a person's bedroom. The use of any type of monitoring technology must include assurances of informed choice via an informed consent process, data security, health and individual safety handled and approved by the lead agency.

Information (to be completed by case manager)

Participant

PARTICIPANT NAME	PMI	DATE OF BIRTH	COUNTY OF RESIDENCE	TODAY'S DATE
Is the participant a minor child living with parent or legal guardian? <input type="radio"/> Yes <input type="radio"/> No				
Do you request an expedited review? (within 3 working days) <input type="radio"/> Yes <input type="radio"/> No If yes, what is the reason?				

License holder (if applicable)

NAME	CONTACT PERSON	PHONE NUMBER
ADDRESS	CITY	STATE ZIP CODE

Request approval

To request DHS review for approval, submit the following documents:

<input type="checkbox"/> Participant Consent form (DHS-6789B-ENG, PDF).
<input type="checkbox"/> Affected Participant form (DHS-6789C-ENG, PDF) if applicable*
<input type="checkbox"/> The Community Service and Support Plan (CSSP) , which must describe how the proposed use of a camera or video equipment in an person's bedroom: <ul style="list-style-type: none"> • Is least restrictive option and the person's preferred method to meet an assessed need • Is for complex medical needs or other extreme circumstances • Achieves an identified goal or outcome • Addresses health, potential individual risks and safety planning.

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* Affected participant is a roommate, who may be recorded or captured by the monitoring technology.

Additional information

Describe the home of the person. (e.g., Who owns, controls, or rents the property? If others are in the home, how are they related to the individual? Does the home have an alternate overnight supervision license under [Minn. Stat. §245A.11, subd. 7a?](#))

What other least restrictive alternatives to the requested monitoring technology previously have been tried or were considered and rejected?

In the event of a critical incident, who will respond and what is the anticipated response time?

Signature

AGENCY NAME	CASE MANAGER NAME	TITLE	TELEPHONE
EMAIL			FAX
PLEASE INITIAL HERE AS INDICATION OF YOUR SIGNATURE			DATE

How do I submit

Make sure to attach required documentation in the email.

Print a copy of your submission. Then, sign and keep a copy in the recipient's file.

What if I have questions?

Direct questions to dsd.responsecenter@state.mn.us