



### BrightPath Individual Service Needs - Competency Quiz

Staff Name *HASSAN Abdalla*

Program Name *OLIVER SITE*

Person Name *ALI HASSAN*

**Directions:** Review the person's CSSP-Addendum, IAPP, and Self-Management Assessment. **In your own words,** answer the questions below. Allow 30 minutes for this on your BrightPath timecard. Designated Coordinators will move into the "complete" folder.

**To view the person's assessments:** Once in Google Drive, go to: Shared Drive Client Files Choose the Person's Name Person-Centered Planning Click on specific assessment folder (CSSP-A, IAPP, SMA) Choose date/version of most recent assessment

#### COORDINATED SERVICE AND SUPPORT PLAN ADDENDUM (CSSPA)

Please list the person's desired outcomes (goals) and how staff can help the person accomplish them:

•  
•  
•

Describe what is "Important To" this individual: *Ali is muslim, faith and family are important to him.*

Describe what is "Important For" this individual:

*Coffee, Tea and e' somali food*

Does this person have a restriction of their rights?

Yes

No

Does the person use prescribed psychotropic medications?

Yes

No

Does this person require the use of permitted actions or procedures? If yes, what are they?

Yes

No

#### INDIVIDUAL ABUSE PREVENTION PLAN (IAPP)



Please choose each area of abuse listed for this person below. (Check all boxes that apply):

Sexual Abuse

Physical Abuse

Self-Abuse

Financial Exploitation

List specific measures to minimize risk of sexual abuse:

Staff members can practice assertive techniques and ways which can improve his assertive.  
Staff can also practice how to identify dangerous situations

List specific measures to minimize risk of physical abuse:

Staff will practice and model community safety skills  
Staff will encourage to use functional communication to request his wants and needs

List specific measures to minimize risk of self-abuse:

Staff will be aware of his needs and vulnerabilities and provide assistance.

List specific measures to minimize risk of financial exploitation:

If staff sees it, staff will take necessary action to stop it  
If staff witness they will follow Mandated Reporting Policy and the Incident Report

Mandated Reporters have 24 hours to report any concerns of abuse to an outside agency?

True  False

Is the program aware of this individual committing a violent crime or act of physical aggression toward others?

Yes  No

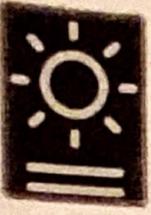
### SELF-MANAGEMENT ASSESSMENT (SMA)

Please choose each area that the individual is not able to self-manage his/her/their care (check all boxes that apply):

<input checked="" type="checkbox"/> Allergies	<input type="checkbox"/> Seizures	<input checked="" type="checkbox"/> Choking	<input type="checkbox"/> Special Dietary Needs
<input type="checkbox"/> Chronic Medical Conditions	<input checked="" type="checkbox"/> Self-Administration of Medication or Treatment Orders	<input type="checkbox"/> Preventative Screening	<input checked="" type="checkbox"/> Medical and Dental Appointments
<input type="checkbox"/> Sensory Disabilities	<input type="checkbox"/> Risk of Falling	<input type="checkbox"/> Mobility	<input type="checkbox"/> Regulating Water Temperature
<input checked="" type="checkbox"/> Community Survival Skills	<input type="checkbox"/> Water Safety Skills	<input checked="" type="checkbox"/> Ability to self-manage symptoms or behavior that may otherwise result in an incident.	

By signing here, I'm acknowledging the training above was provided to me:

Name	Title	Signature	Date
			3/22/24



HASSAN ABDALLA	CRS - Staff Member		
SAMSON MPAULO	Supervisor	<i>smf</i>	3/22/24