



Staff Orientation Record: Person-Specific

Employee name: Kichi Belete, Mental Health Specialist

Program name: BrightPath LLC. Home & Community Based Services

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for all persons served to whom the staff person will be providing direct contact services.

Staff will review Support Plan, Support Plan Addendum, Self Management Assessment, and Individual Abuse Prevention Plan at orientation, and ongoing as plans are updated. Staff will review to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person. Other topics as determined necessary according to the person's Service and Support Plan or identified by the company will be outlined as needed.

Orientation to Individual Service Recipient Needs				
Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Anthony Alwin	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Kyle Betancourt	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Michael Bonilla	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
James Costigan	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Evelyn Curran	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
William Czmowski	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Randy Hemmen	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation

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Lee "will" Loudermill	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Kevin "Brittany" Meyer	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Peter "PJ" Sandhei	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation

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Emilee Wong	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Kayloni Pavey	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Rachel Seltz	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation

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Katherine Albee	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Robert Blomgren	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Jackie Johnson	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation

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Tangela LaVoie	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Harvey Lein	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Britany Stice	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation

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Andrea Tharpe	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Yvonne White	Yes	N/A	.5	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
		N/A		Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input type="checkbox"/> Self-Review <input type="checkbox"/> Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
		N/A		Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input type="checkbox"/> Self-Review <input type="checkbox"/> Observation
		N/A		Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input type="checkbox"/> Self-Review <input type="checkbox"/> Observation
			Total Training Hours:	10.5

Signed by:

Jamila Whitlock

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Trainer Signature

Signed by:

[Handwritten Signature]

CEF6192FB5614AA...

Employee Signature

1/15/2025

Date

1/15/2025

Date

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.