



Staff Orientation Record: Person-Specific

Employee name: ILYAS HUSSEIN

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.

Person Served: Logan Sharp

Support Plan-Addendum (SPA)

Most individuals receiving services have service outcomes they need to work on with staff assistance. Please review all service outcomes for the individual and state the purpose of the outcome and one thing you, as staff, need to do to effectively assist them with the outcome.

<p><u>Outcome 1:</u> Household management Logan wants to stay up ^{to date} with mail, budgeting and making a Routine or schedule stuff</p>
<p><u>Outcome 2:</u> Participation in the community and be meaningful, wants to run errands Logan will pick an activity and talk about it next time</p>
<p><u>Outcome 3:</u></p>

for the ANNUAL meeting

<p>If yes, explain briefly:</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or a restraint to position them due to a physical disability?</p>
<p>If yes, explain briefly:</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>Can this person use dangerous items or equipment?</p>
<p>If yes, explain briefly:</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p>

WOW

More independent

Which outcome may be challenging for you to support? Why?
 helping with mail, setting up a routine for everyday use to help get things

Which outcome do you think will come easiest to you to support? Why?
~~Managing a~~

Self-Management Assessment (SMA)

The information presented within a Self-Management Assessment must describe the person's overall strengths, functional skills and abilities, and behaviors or symptoms. The assessment information provides the basis for identifying and developing supports to be provided to the person and methods to be implemented to support the accomplishment of outcomes related to acquiring, retaining, or improving skills.

Assessment Area	Does the person need/want support?	If yes, how should you provide support?
Allergies:	No	
Seizures:	Yes	do the training I was taught
Choking:	No	
Special Dietary Needs:	No	
Chronic Medical Conditions	Yes	engage positive reinforcement breaking task to easy steps
Self-Administration of Medication or Treatment Orders:	No	
Preventative Screening:	Yes	logan is not taking any meds right now but is aware
Medical and Dental Appointments:	Yes	help make sure there on time for their app
Other health and medical needs (state specific needs):	No	
Risk of falling (state specific need):	No	
Mobility issues (include specific issue):	No	
Regulating water temperature:	No	
Community survival skill:	No	
Water safety skills:	No	
Sensory disabilities:	No	

	No	Other personal safety needs (state specific need):
	No	Self-injurious behavior (state behavior):
	No	Physical Aggression/conduct (state behavior):
	No Yes	Verbal/emotional aggression (state behavior):
	No	Property destruction (state behavior):
	Yes	Suicidal ideation, thoughts, or attempts:
	Yes	History of suicidal thought from childhood
	Yes	Mental or emotional health symptoms and crises (state diagnosis):
	No	Unauthorized or unexplained absence from program:
	No	An act or situation involving a person that requires the program to call 911, law enforcement or fire department:
	MD	Other symptom or behavior (be specific):

lives with major depression and generalized anxiety disorder
 Yes
 Yes to them

words
 try to
 like
 him
 and
 say
 these
 type
 how to fight form
 only in self-defense
 logan has a history of
 verbal aggression
 make the best use of
 words



Individual Abuse Prevention Plan (IAPP)

The plan shall include a statement of measures that will be taken to minimize the risk of abuse to the vulnerable adult when the individual assessment required in section 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan. The measures shall include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan shall document this determination.

Sexual Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Sam's been a victim of cat fishing help the person understand trust over the internet		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Don't Robed at Gunpoint try and Give the person Re-insure and let them know your there for them		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Sometime refuse to eat when he is stressed or Not dressing according to the weather		



Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of financial exploitation? try and teach money management		

Positive Support Strategies	
When this individual is frustrated, they can express it in these ways: NOT eat, or Being shut down and zero talk	
Supporting this individual in these ways will help them feel <u>less</u> frustrated: Playing vid Games with them or talking to him About his Brother that he	cares for
Supporting this individual in these ways will make them feel <u>more</u> frustrated: Bring up TRUMATIC STUFF that happen	



Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name Printed	Employee Signature	Date
ILYAS HUSSEN		1/30/2025
Supervisor Name Printed	Supervisor Signature	Date
Hunter Guade		1/30/2025

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

Supervisor eSignature and Date