



Staff Orientation Record: Person-Specific

Employee name: Tony Bosak

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: Daniel Anderson

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.*

Outcome 1:

Household management- going through mail
*assisting in developing an organizing technique

Outcome 2:

Community participation- Access to community and enjoyable activities
*Help Daniel with transportation to community and discover activities

Outcome 3:

Adaptive skills- Daniel is working on completing GED
*Assist in studying by suggestion subjects and using study resources



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

GED

I can appreciate the importance of that for somebody. Enjoy assisting people achieve such goals.

Which outcome may be challenging for you to support? Why?

Mail. Making sure I understand what is important to him and finding a technique that works.

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p>	<ul style="list-style-type: none">● Yes● No <p>If yes, explain briefly:</p>
<p>Can this person use dangerous items or equipment?</p>	<ul style="list-style-type: none">● Yes● No <p>If yes, explain briefly:</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?	<ul style="list-style-type: none"> • Yes • No If yes, explain briefly:

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:	Na	
Choking:	Na	
Special Dietary Needs:	Na	
Chronic Medical Conditions	No	
Self-Administration of Medication or Treatment Orders:	No	
Preventative Screening:	No	
Medical and Dental Appointments:	No	



Other health and medical needs (state specific needs):	Na	
Risk of falling (state specific need):	Yes	Remond Daniel of mobility issues, avoiding stairs, and to rest
Mobility issues (include specific issue):	Yes	Remind Daniel of mobility issues, avoiding stairs and to rest
Regulating water temperature:	Na	
Community survival skill:	Na	
Water safety skills:	Na	
Sensory disabilities:	Na	
Other personal safety needs (state specific need):	Na	
Self-injurious behavior (state behavior):	Na	
Physical Aggression/conduct (state behavior):	Na	
Verbal/emotional aggression (state behavior):	Na	
Property destruction (state behavior):	Na	
Suicidal ideation, thoughts, or attempts:	Na	
Criminal or unlawful behavior:	Na	
Mental or emotional health symptoms and crises (state diagnosis):	No	
Unauthorized or unexplained absence from program:	Na	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	Na	



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Other symptom or behavior (be specific):	Na	
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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 type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? No		
Physical Abuse		



Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of abuse?</p> <p>Educating and assisting in identifying interactions with somebody that is verbally or physically aggressive. Sharing conflict resolution strategies.</p>		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of abuse?</p> <p>Remind Daniel to take meds. Assisting him to gain independence in this by using timers, pill boxes etc.</p>		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of financial exploitation?</p> <p>No</p>		

Positive Support Strategies



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When this individual is frustrated, they can express it in these ways:

Supporting this individual in these ways will help them feel less frustrated:

Supporting this individual in these ways will make them feel more frustrated:

Signatures by Employee and Supervisor

Employee Name Printed	Employee Signature	Date
Tony Bosak	Signed by:  1652060D5C924B3...	1-28-25

Signed by:

5DE67BC7635D48E...



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Staff Orientation Record: Person-Specific

Employee name: Anthony (Tony) Bosak

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 the Support Plan, Support Plan Addendum, Self Management Assessment, and Individual Abuse Prevention Plan at orientation and on an ongoing basis 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
Daniel Anderson	Yes	N/A	1.00	Instructor Name: 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
Seth Loftus	Yes	N/A	1.00	Instructor Name: 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: 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: 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: 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
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		N/A		Instructor Name: 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: 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: 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:				

Casey Hinck, Designated Coordinator

Signed by:

 5DE67BC7635D48E...

02/03/2025

Trainer Signature
 Anthony (Tony) Bosak

Signed by:

 1652060D5C924B3...

Date

02/03/2025

Employee Signature

Date

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



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Person Served: Seth Loftus

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.*

Outcome 1:

Seth wants support with household tasks (cleaning cooking etc) at least 2 times a week.

Outcome 2:

Seth wants to access the community for errands and other activities at least 2 times a week.

Outcome 3:

Seth would like support to maintain independence with self care at least 2 times a week.



Which outcome do you think will come easiest to you to support?

Community access

Which outcome may be challenging for you to support? Why?

Self care. Over time as we develop a relationship I can understand what Seth needs specifically for support.

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p>	<ul style="list-style-type: none">• Yes• No <p>If yes, explain briefly:</p> <p>No</p>
<p>Can this person use dangerous items or equipment?</p>	<ul style="list-style-type: none">• Yes• No <p>If yes, explain briefly:</p> <p>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</p>	<ul style="list-style-type: none">• Yes• No <p>If yes, explain briefly:</p>



due to a physical disability?	No
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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:	NA	
Choking:	Yes	Remind Seth to slow down when eating
Special Dietary Needs:	Yes	Seth needs support suggesting avoiding low fiber sugary foods
Chronic Medical Conditions	No	
Self-Administration of Medication or Treatment Orders:	No	
Preventative Screening:	No	
Medical and Dental Appointments:	No	
Other health and medical needs (state specific needs):	NA	



Risk of falling (state specific need):	NA	
Mobility issues (include specific issue):	NA	
Regulating water temperature:	Yes	Seth needs support with bathing water temperature
Community survival skill:	Yes	Seth needs assistance in navigating community and understanding risks
Water safety skills:	No	
Sensory disabilities:	NA	
Other personal safety needs (state specific need):	Na	
Self-injurious behavior (state behavior):	Na	
Physical Aggression/conduct (state behavior):	Yes	Seth needs assistance with coping when feeling aggressive. Avoiding power struggles and working on de-escalation
Verbal/emotional aggression (state behavior):	Yes	Needs assistance with self regulation giving verbal prompts for alternatives
Property destruction (state behavior):	NA	
Suicidal ideation, thoughts, or attempts:	NA	
Criminal or unlawful behavior:	NA	
Mental or emotional health symptoms and crises (state diagnosis):	Yes	Helping Seth identify declining mental health and help with coping
Unauthorized or unexplained absence from program:	NA	
An act or situation involving a person that requires the program to call 911, law enforcement or	NA	



fire department:		
Other symptom or behavior (be specific):	NA	

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 type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Encourage self advocacy and monitor for abuse.		
Physical Abuse		



Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, how will you minimize the risk of abuse?
 Help Seth identify safe and unsafe situations as they occur

Self-Abuse

Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, how will you minimize the risk of abuse?
 Checking weather so Seth can wear temperature appropriate clothing.

Financial Exploitation

Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, how will you minimize the risk of financial exploitation?
 Encourage Seth to hold on to his money and log finances. Assisting in spending money.

Positive Support Strategies

When this individual is frustrated, they can express it in these ways: Seth uses his words and will leave the room to verbally process away from people



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Supporting this individual in these ways will help them feel **less** frustrated: tell me your ETA and be on time

Supporting this individual in these ways will make them feel **more** frustrated: not being consistent while providing support to me

Signatures by Employee and Supervisor

Employee Name Printed	Employee Signature	Date
Anthony Bosak	Anthony Bosak  Signed by: 1652060D5C924B3...	2-3-25

Signed by:

5DE67BC7635D48E...