



## Staff Orientation Record: Person-Specific

**Employee name:** Shirwa Yasin

**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: 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: Seth would like support with some of his household tasks including cleaning, organization, meal planning, cooking, grocery shopping. (IHS staff will assist Seth with organizing and cleaning his household spaces. They will help with meal planning by creating a weekly menu, finding new recipes, and making grocery lists. Staff will support Seth during grocery shopping, putting items away, and following his menu. They will encourage him to avoid foods that can cause constipation, like apples and bananas, and limit sugary foods. Additionally, staff will assist with cooking and teach him how to use his appliances safely.) Seth will work on this outcome at least 2 times per week consistently for the next 2 quarters.

Outcome 2: Community Participation: Seth would like to access the community for errands and other enjoyable activities as identified by Seth. Seth will work on this outcome at least times per week consistently for the next 2 quarters.

Outcome 3: Health, Safety & Wellness: Seth would like support with maintaining his self-care tasks independently.



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

I feel Health safety and wellness will come the easiest because I honestly enjoy self care and can give him many tips and tricks.

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

I feel good about these outcomes. If I were to choose one outcome it would probably be household management since I don't have much experience with cooking/recipes. I will try my best to adapt.

<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"><li>• Yes</li><li>• No</li></ul> <p>If yes, explain briefly:</p>
<p>Can this person use dangerous items or equipment?</p>	<ul style="list-style-type: none"><li>• Yes</li><li>• No</li></ul> <p>If yes, explain briefly:</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>	<ul style="list-style-type: none"><li>• Yes</li><li>• No</li></ul> <p>If yes, explain briefly:</p>



--	--

### 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	Seth has seasonal allergies and is sensitive to frontline antibiotics. He is aware of his allergies and can self-manage his allergy medication with the support of his guardian.
Seizures:	No	N/A - No history of seizure activity.
Choking:	Yes	Seth understands the need to slow down while eating to avoid choking. IHS staff will remind him to eat slowly and chew thoroughly, both at home and in the community, to ensure his safety and health.
Special Dietary Needs:	Yes	<p>Seth follows a low-fiber, low-sugar diet due to constipation concerns, with support from his mom/guardian. He understands his dietary needs and can communicate if he needs help managing them or scheduling medical appointments.</p> <p>IHS staff will encourage Seth to make healthier food choices and avoid low-fiber, low-sugar foods.</p>
Chronic Medical Conditions:	No	Seth is diagnosed with Autism, Attention Deficit



		<p>Hyperactivity Disorder, Pervasive Developmental Disorder, and Post-Traumatic Stress Disorder.</p> <p>Strengths: Seth, at times, understands his chronic medical conditions and how they can affect his health. Seth, at times, can verbally communicate to his guardian and support team should his chronic medical conditions be declining and affecting his health.</p>
Self-Administration of Medication or Treatment Orders:	No	Seth can self-manage his medication administration with the support of his mom/guardian who set up his meds for him. BrightPath does not administer any medications.
Preventative Screening:	No	<p>Seth's mom/guardian helps coordinate his preventive screenings.</p> <p>Seth understands the importance of these screenings and can communicate whether he wants to attend. However, his guardian is responsible for coordinating the appointments.</p>
Medical and Dental Appointments:	No	<p>Seth's mom/guardian helps coordinate and attend his medical appointments.</p> <p>Seth understands the importance of attending these appointments and can communicate his preferences to his guardian and support team. However, his guardian is responsible for appointment coordination.</p>
Other health and medical needs (state specific needs):	No	
Risk of falling (state specific need):	No	
Mobility issues (include specific issue):	N/A	



Regulating water temperature:	Yes	<p>Seth has asked for support in regulating water temperature to avoid burns, as he sometimes thinks it's not hot enough.</p> <p>IHS staff will assist Seth in checking water temperature to ensure it's safe. Staff are not responsible for personal care and will report any concerns to his guardian or the Designated Coordinator.</p>
Community survival skill:	Yes	<p>Seth needs assistance to access the community and lives independently in his own apartment, with his mom as his guardian responsible for his health and safety.</p> <p>IHS staff will support Seth in using transportation options like Metro Mobility, Uber/Lyft, and public transit. Staff will help him develop self-preservation skills, including a safety plan for when staff aren't present, such as ensuring his phone is charged and available for emergencies.</p>
Water safety skills:	No	Seth can swim
Sensory disabilities:	No	N/A - No sensory disabilities.
Other personal safety needs (state specific need):	No	N/A
Self-injurious behavior (state behavior):	No	N/A - Does not engage in self-injurious behaviors
Physical Aggression/conduct (state behavior):	Yes	<p>Seth has a history of physical aggression, including hitting and throwing items, though it's been a long time since he hit his guardian. He understands how aggression can impact his health and can communicate if he needs help with redirection or coping skills.</p> <p>IHS staff will help Seth develop self-regulation and</p>



		<p>self-soothing skills, avoiding power struggles and communicating in ways he understands. Staff will encourage coping strategies like deep breathing, walking, and discussing his feelings. If de-escalation fails and there's a threat of harm, staff will call 911 for assistance.</p>
<p>Verbal/emotional aggression (state behavior):</p>	<p>Yes</p>	<p>Seth sometimes becomes verbally or emotionally aggressive when frustrated but understands there are other ways to communicate his feelings.</p> <p>IHS staff will help Seth develop self-regulation skills and create a backup plan for de-escalation. Staff will avoid power struggles, offer redirections, and suggest relaxing or fun self-soothing activities. They will remain calm, use an empathetic approach, and validate his feelings. If Seth's behavior escalates and poses a risk of harm, staff will call 911 for assistance.</p>
<p>Property destruction (state behavior):</p>	<p>N/A</p>	
<p>Suicidal ideation, thoughts, or attempts:</p>	<p>No</p>	<p>N/A- Seth's team reports no issues or concerns in this area.</p>
<p>Criminal or unlawful behavior:</p>	<p>No</p>	<p>N/A- Seth's team reports no issues or concerns in this area.</p>
<p>Mental or emotional health symptoms and crises (state diagnosis):</p>	<p>Yes</p>	<p>Seth has ADHD, PTSD, and depression, which can cause isolation, low mood, and difficulty focusing.</p> <p>IHS staff will support Seth with coping skills when he notices his mental health declining. Staff will monitor his symptoms and report any changes to his support team. Seth can communicate his needs and schedule medical appointments when necessary.</p>



Unauthorized or unexplained absence from program:	No	N/A- Seth's team reports no issues or concerns in this area.
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	No	N/A- Seth's team reports no issues or concerns in this area.
Other symptom or behavior (be specific):	No	N/A

### 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?		
Seth's team is unsure of the extent of his understanding of his sexuality, and he may not recognize		



abuse if it occurs.

**Proactive:** Staff will encourage self-advocacy and monitor for signs of abuse, reporting any concerns according to Bright Path's policy.

**Reactive:** If staff witness abuse, they will intervene, move Seth to safety, and call 911 if needed. Staff will follow BrightPath's Maltreatment of Vulnerable Adults Reporting Policy, making an internal or external report within 24 hours, and complete an Incident Report to notify the Designated Manager and update Seth's legal representatives and Case Manager.

**Physical Abuse**

Is the individual susceptible to abuse in this area?

Yes

No

If yes, how will you minimize the risk of abuse?

Seth's team is unsure of his ability to identify safe vs. unsafe situations.

**Proactive:** Staff will teach Seth to recognize safe and unsafe situations as they arise, providing support both in the community and at home.

**Reactive:** If staff witness a potential safety issue, they will intervene, move Seth to safety, and call 911 if necessary. Staff will follow BrightPath's Maltreatment of Vulnerable Adults Reporting Policy and report any concerns within 24 hours, notifying the Designated Manager and updating Seth's legal representatives and Case Manager.

**Self-Abuse**

Is the individual susceptible to abuse in this area?

Yes

No

If yes, how will you minimize the risk of abuse?

Seth's team discussed at his annual meeting that per Seth's Guardian, Seth has been known to wear weather incorrect clothing for both hot and cold weather. This puts him at risk for abuse in



this area.

**Proactive:** Staff will work with Seth on developing a routine for when he is going out which can include checking the weather to plan ahead of time for the proper clothing he may need. Having a checklist of things, he needs to wear during cold or hot temperatures and having safety guidelines for when to stay indoors during inclement weather

**Reactive:** Staff will provide reminders to wear appropriate clothing when going out as needed. Seth has a 24/7 plan of care, and a guardian that is responsible for ensuring his health and safety.

Should BrightPath staff have concerns of self abuse, they will follow Bright Path Maltreatment of Vulnerable Adults Mandated Reporting Policy. This can include making an Internal Report to BrightPath Designated Agent or making an external report directly to MAARC at (844) 880-1574, immediately within 24 hours. Staff will also follow BrightPath Incident Report Policy by filling out an Incident Report and notifying the Designated Manager immediately within 24 hours. The Designated Manager will then update Seth's Legal Representatives and Case Manager within 24 hours of occurrence or within 24 hours of discovering the incident.

**Financial Exploitation**

Is the individual susceptible to abuse in this area?

Yes

No

If yes, how will you minimize the risk of financial exploitation?

Seth's guardian helps manage his finances.

**Proactive:** IHS staff will remind Seth to hold onto his money, get change and receipts, and track his spending in his money log.

**Reactive:** If staff suspect financial exploitation, they will report it according to BrightPath's Maltreatment of Vulnerable Adults Policy, either internally or to MAARC within 24 hours. Staff will complete an Incident Report and notify the Designated Manager, who will update Seth's legal representatives and Case Manager within 24 hours.



**Positive Support Strategies**

When this individual is frustrated, they can express it in these ways:  
 They may communicate frustration by requesting not to do things they don't want to, like going to the library.  
 They may express frustration if their weather recording is interrupted or if they are not listened to.

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

- Listening to them and respecting their preferences, like allowing them to record weather testing without interruptions.
- Taking them to more thrift stores and helping them find new places to shop for radios.
- Being on time and answering their calls when they reach out.
- Not making them do things they don't want to do, such as going to the library if they're not interested.
- Giving them more opportunities to engage with their interests (like radios) and supporting their hobbies.

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

- Yelling at them or being dismissive of their preferences.
- Interrupting their weather recording or forcing them to stop an activity they enjoy.
- Staff being late or not following through on their commitments, such as not taking them thrifting.
- Being forced to do activities they don't enjoy or don't want to participate in, like going to places they aren't interested in (e.g., library).

**Signatures by Employee and Supervisor**

Employee Name Printed	Employee Signature	Date
Shirwa Yasin	 Shirwa Yasin <small>04131129A92F433...</small>	01/23/2025

Signed by:  
  
5DE67BC7635D48E...



## Staff Orientation Record: Person-Specific

**Employee name:** Shirwa Yasin

**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: 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.*

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

Outcome 1:

**Find a New Home and Drive Car Again.**

**Supports and methods:**

IHS staff will record each task completed with Bunsha (Qui), noting progress and whether coordination is taking place with other providers.

Staff will help identify housing options and coordinate with Bunsha's other support teams (job coach, housing provider) to support his goal of moving and driving again.

Outcome 2:

**Improve Short-Term Memory**

**Supports and methods:**

- IHS staff will help Bunsha organize important information, such as saving provider contacts in



<p>his phone and documenting them in his journal.</p> <ul style="list-style-type: none"> <li>● Staff will assist with organizing upcoming appointments and managing related paperwork.</li> <li>● IHS staff will incorporate memory strengthening activities, such as memory games, and explore community resources for additional support.</li> </ul>
<p><u>Outcome 3:</u> N/A</p>

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

N/A

<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"> <li>● Yes</li> <li>● No X</li> </ul> <p>If yes, explain briefly:</p> <p>N/A</p>
<p>Can this person use dangerous items or equipment?</p>	<ul style="list-style-type: none"> <li>● Yes</li> <li>● No X</li> </ul> <p>If yes, explain briefly:</p> <p>N/A</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>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No X</li> </ul> <p>If yes, explain briefly:</p> <p>N/A</p>
---	--

### 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:	N/A	<p>Has seasonal allergies, will sneeze, have a runny nose, and watery eyes.</p> <p>Strengths: Bunsha, at times, understands his allergies and can self-manage independently in this area by administering medications.</p> <p>Staff Supports: BrightPath does not assist with medication administration however IHS staff could remind Bunsha to bring his allergy medications should they be out in the community and have allergies then could self-administer the medication.</p>
Seizures:	N/A	<p>Has a history of seizures but is controlled by medication. Stated that he has not had one in over several years. Seizure described as he'll freeze.</p> <p>Strengths: Bunsha, at times, understands his seizure activity and how that can affect his health. Bunsha can take medication to support his seizures and can schedule a medical appointment as needed.</p> <p>Staff supports: Should Bunsha experience any seizure activity during shifts with IHS staff, IHS staff will assist Bunsha to sit down if he can or assist him</p>



		lying on the ground, remove any object away from him, support his head, call 911, and time his seizure activity. IHS staff will call the DC and the DC will update his support team. A GER will be written within 24 hours.
Choking:	N/A	Does not have a choking history
Special Dietary Needs:	N/A	Does not have a special diet
Chronic Medical Conditions	N/A	<p>Bunsha has a history of Traumatic Brain Injury (TBI) from a car accident, sleep apnea, and chronic pain (back, hip, and leg).</p> <p><b>Strengths:</b> Bunsha understands his conditions and can manage his health, use a cane for walking, take medications, and schedule medical appointments independently.</p> <p><b>Staff Supports:</b> IHS staff will assist with scheduling appointments when needed, but Bunsha can self-manage his conditions independently</p>
Self-Administration of Medication or Treatment Orders:		He can take his medications as needed and set them up on his own, call to reorder and schedule medical appointments as needed.
Preventative Screening:	N/A	
Medical and Dental Appointments:	N/A	He is able to set up his own medication appointments and transportation
Other health and medical needs (state specific needs):	N/A	N/A
Risk of falling (state specific need):	Yes	<p>Bunsha has chronic back, hip, and leg pain from his accident, which causes him to limp and use a cane for support. He has not had any falls in the last year.</p> <p><b>Strengths:</b> Bunsha understands his mobility challenges and can use his cane, scooter, and ask</p>



		<p>for help when needed. He also manages his pain medications and schedules appointments independently.</p> <p><b>Staff Supports:</b> IHS staff will remind Bunsha to bring his cane, use handrails, and use a wheelchair or scooter when needed. If Bunsha falls, staff will assist him to sit safely, assess for injuries, and call 911 if necessary. Staff will inform the DC, who will update his team and file a GER within 24 hours.</p>
Mobility issues (include specific issue):	Yes	<p>Bunsha has chronic back, hip, and leg pain from his accident, which causes him to limp and use a cane. He has not had any falls in the past year.</p> <p><b>Strengths:</b> Bunsha understands his mobility challenges and can use his cane, scooter, and ask for help as needed. He manages his pain medication and appointments independently.</p> <p><b>Staff Supports:</b> IHS staff will remind Bunsha to bring his cane, use handrails, and use a scooter when available. If he falls, staff will assist him to sit safely, assess injuries, and call 911 if needed. The DC will be updated, and a GER will be written within 24 hours.</p>
Regulating water temperature:	N/A	He does have have issues regulating water temperature
Community survival skill:	N/A	He is able to be in the community and navigate it on his own
Water safety skills:	N/A	He is able to be safe around water.
Sensory disabilities:	N/A	He is able to wear his glasses without assistance
Other personal safety needs (state specific need):	N/A	N/A
Self-injurious behavior (state behavior):	N/A	N/A



Physical Aggression/conduct (state behavior):	N/A	N/A
Verbal/emotional aggression (state behavior):	N/A	N/A
Property destruction (state behavior):	N/A	N/A
Suicidal ideation, thoughts, or attempts:	Yes	<p>Bunsha has a history of suicidal ideation but has never acted on it or had a plan. He sometimes thinks about driving off a cliff when feeling dysregulated.</p> <p><b>Strengths:</b> Bunsha understands how dysregulation can affect his health and can redirect himself from negative thoughts. He can participate in coping skills when needed.</p> <p><b>Staff Supports:</b> IHS staff will assist with coping skills and redirection. Staff will encourage Bunsha to call the 24-hour EA line if he has suicidal thoughts. If staff believe he's at risk, they will call 911, update the DC, and complete an incident report within 24 hours.</p>
Criminal or unlawful behavior:	N/A	N/A
Mental or emotional health symptoms and crises (state diagnosis):	N/A	<p>Bunsha has a history of suicidal ideation but has never acted on it or had a plan. He sometimes thinks about driving off a cliff when dysregulated.</p> <p><b>Strengths:</b> Bunsha can recognize how dysregulation affects his health, redirect negative thoughts, and use coping skills when needed.</p> <p><b>Staff Supports:</b> IHS staff will assist with coping skills and redirection. Staff will encourage Bunsha to call the 24-hour EA line if needed. If staff believe he is at risk, they will call 911, update the DC, and file an incident report within 24 hours.</p>



Unauthorized or unexplained absence from program:	N/A	N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	N/A	N/A
Other symptom or behavior (be specific):	N/A	N/A

### 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 checked="" type="checkbox"/> No
If yes, how will you minimize the risk of abuse? N/A		



Physical Abuse		
Is the individual susceptible to abuse in this area?	(X) Yes	No
<p>If yes, how will you minimize the risk of abuse?</p> <p>Bunsha may sometimes make inappropriate comments that can make others uncomfortable.</p> <p><b>Proactive:</b> Staff will work with Bunsha on building interpersonal skills and appropriate conversation topics.</p> <p><b>Reactive:</b> Staff will provide verbal prompts and redirection if an inappropriate comment is made.</p> <p>If there are concerns of abuse, staff will follow BrightPath's Maltreatment of Vulnerable Adults Reporting Policy, including an internal report to the Designated Agent or a direct report to MAARC at (844) 880-1574 within 24 hours. An Incident Report will be completed, and the Designated Coordinator will notify the Case Manager within 24 hours.</p>		
Self-Abuse		
Is the individual susceptible to abuse in this area?	(X) Yes	N/A
<p>If yes, how will you minimize the risk of abuse?</p> <p>Bunsha experiences suicidal ideation due to ongoing depression but has never acted on it. He sometimes thinks about "driving off the road," though his car is not currently working, and he uses Metro for transportation.</p> <p><b>Proactive:</b> Bunsha wants to find a new psychiatrist to review his medications. Staff will work with him on developing additional coping skills to manage negative thoughts and emotions.</p> <p><b>Reactive:</b> If Bunsha's mental health worsens, staff will contact his Designated Coordinator for further support. Staff will provide assistance within their scope and may utilize 24-hour Emergency Assistance</p>		



if needed.

If there are concerns of self-harm, staff will follow BrightPath's Maltreatment of Vulnerable Adults Reporting Policy, including reporting to the Designated Agent or MAARC at (844) 880-1574 within 24 hours. An Incident Report will be completed, and the Designated Coordinator will update the Case Manager within 24 hours.

**Financial Exploitation**

Is the individual susceptible to abuse in this area?

Yes

N/A

If yes, how will you minimize the risk of financial exploitation?

Bunsha has a job and pays his own bills. He reported that his ex-partner took advantage of him, and though he took her to court, she never showed. Bunsha previously had a Rep-Payee and wants to get a new one; his Designated Coordinator will connect with his case manager for further help.

Bunsha understands that BrightPath's support for financial matters is limited and does not manage his funds or property.

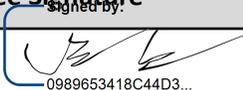
If financial exploitation occurs, staff will report it immediately to the proper authorities following BrightPath's Maltreatment of Vulnerable Adults Reporting Policy (Internal Report to the Designated Agent or MAARC at 844-880-1574 within 24 hours). An Incident Report will be completed, and the Designated Coordinator will update the support team within 24 hours.

**Positive Support Strategies**



BrightPath

When this individual is frustrated, they can express it in these ways: N/A
Supporting this individual in these ways will help them feel <b>less</b> frustrated: N/A
Supporting this individual in these ways will make them feel <b>more</b> frustrated: N/A

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Shirwa Yasin	<i>Shirwa Yasin</i>  0989653418C44D3...	01/23/2025

Signed by:  
*Casey Hinck*  
5DE67BC7635D48E...



BrightPath

### Staff Orientation Record: Person-Specific

Employee name: Shirwa Yasin

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
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

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
Bunhsa Phitsanoukanh	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
		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
Signed by: <b>Casey Hinck</b> 5DE67BC7635D48E...			Total Training Hours:	

Casey Hinck, Designated Coordinator

01/23/2025

Trainer Signature  
Shirwa Yasin

Signed by:  
  
04131129A92F433...

Date

01/23/2025

Employee Signature

Date

<b>Name of Individual Served</b>	<b>Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?</b>	<b>CPR, if required by the Support Plan or Support Plan Addendum?</b>	<b>Hours of Training</b>	<b>Name of Instructor + Type of Competency</b>
----------------------------------	--	---	--------------------------	--

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