



### Staff Orientation Record: Person-Specific

Employee name: Rachel Hsiao

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: Kim Benson

### 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> Kim will choose a community activity to attend once per week for 75%. The purpose is to <del>help her</del> help Kim access the community. I can help Kim/give her activity choices based on interest.</p>
<p><u>Outcome 2:</u> Kim will develop a weekly menu once per week for 75%. The purpose is to help Kim be independent w/ meal choices. As a staff, I can help her come up w/ ideas if stuck, I can take her to the store for ingredients.</p>
<p><u>Outcome 3:</u></p>

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

I think Outcome #2 would be easier for me to support because I am the meal planner/grocery buyer in my own home.

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

~~Neither either of them~~  
For me as a staff, I don't think either outcome is more challenging than the other. I just prefer the menu planning.



Does this person have a rights restriction in place in order to provide for their health/safety?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
Can this person use dangerous items or equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly: <i>Plan says she CAN, but states she does NOT use dangerous items</i>
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

*Back box self manage  
4m = do they want support*

Assessment Area	Does the person need/want support?	If yes, how should you provide support?
Allergies:	<i>NO</i>	
Seizures:	<i>YES</i>	<i>Be aware of signs seizure is coming, make area safe, monitor her, call 911 if not breathing or longer than 5 min</i>
Choking:	<i>NO</i>	<i>YES, follow seizure protocol</i>
Special Dietary Needs:	<i>NO A</i>	
Chronic Medical Conditions	<i>NO</i>	<i>support not needed</i>
Self-Administration of Medication or Treatment Orders:	<i>NO</i>	<i>support not needed</i>
Preventative Screening:	<i>YES</i>	<i>yes but support not needed</i>
Medical and Dental Appointments:	<i>YES</i>	<i>yes but support not needed</i>



Other health and medical needs (state specific needs):	?	Has wearing aids & a PEPS bracelet
Risk of falling (state specific need):	N/A	
Mobility issues (include specific issue):	N/A	
Regulating water temperature:	Yes	Remind her of the temp/discuss safety in this area, & what to do if burned
Community survival skill:	N/A	
Water safety skills:	NO	
Sensory disabilities:	NO	
Other personal safety needs (state specific need):	N/A	
Self-injurious behavior (state behavior):	N/A	
Physical Aggression/conduct (state behavior):	N/A	
Verbal/emotional aggression (state behavior):	N/A	
Property destruction (state behavior):	N/A	
Suicidal ideation, thoughts, or attempts:	N/A	
Criminal or unlawful behavior:	N/A	
Mental or emotional health symptoms and crises (state diagnosis):	N/A	
Unauthorized or unexplained absence from program:	N/A	
An act or situation involving a person that requires the program to call 911, law enforcement or	Yes	if seizure lasts 5+ min & or if she is not breathing



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

<b>Sexual Abuse</b>		
Is the individual susceptible to abuse in this area?	Yes	<input checked="" type="radio"/> No
If yes, how will you minimize the risk of abuse? <del>Review/discuss personal safety/problem-solving using real world examples.</del>		
<b>Physical Abuse</b>		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No
If yes, how will you minimize the risk of abuse? <del>Review/discuss personal safety/problem-solving using real world examples.</del>		
<b>Self-Abuse</b>		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No
If yes, how will you minimize the risk of abuse? <del>Review/discuss personal safety/problem-solving using real world examples.</del> Remind her of safety precautions when using stove, etc. Staff will place warning labels/tactile reminders on heat sources. Redirect		
<b>Financial Exploitation</b>		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No



If yes, how will you minimize the risk of financial exploitation? *Be aware of her lack of understanding. identify real world examples as they arise, discuss responsible spending. Kim has a rep. payee.*

**Positive Support Strategies** *in doc storage - list*

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

Supporting this individual in these ways will help them feel **less** frustrated: *It appears that letting Kim complete her thoughts/words w/o help or rushing, let her lead convo. & give advice so/so.*

Supporting this individual in these ways will make them feel **more** frustrated: *It appears that interrupting her, not letting her speak or make her own choices*

### Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
Rachel Hsiao	<i>[Signature]</i>	02/06/25
Supervisor Name	Supervisor Signature	Date
Hunter Guevar	<i>[Signature]</i>	2/6/2025

### eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

*[Signature]*



Supervisor eSignature and Date

*[Signature]*





### Staff Orientation Record: Person-Specific

Employee name: Rachel Hsiao

Program name: BrightPath LLC. Home & Community-Based Services

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Person Served: Lorna Nichols

### 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.

Purpose is to help Lorna remain physically healthy

Purpose is to help Lorna access community

Outcome 1: Lorna will improve physical health by taking community walks at least 1/week & practicing simple exercise routine. 75% consistency Attend medical appts. with her & monitor follow ups
Outcome 2: Explore & engage in a hobby of her choice on a weekly basis, 75% consistency. Help her find resources such as tutorials/budget costs
Outcome 3:

Which outcome do you think will come easiest to you to support? Why?  
I think the improving health via walking will be easier as walking is my favorite activity.

Which outcome may be challenging for you to support? Why?  
The other outcome is also easy as I enjoy this as well.



Does this person have a rights restriction in place in order to provide for their health/safety?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
Can this person use dangerous items or equipment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	N/A	
Choking:	N/A	
Special Dietary Needs:	No	
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):	N/A	
Risk of falling (state specific need):	yes	Remind to use walker/electric scooter, take breaks if needed
Mobility issues (include specific issue):	yes	Remind to use walker/scooter & take breaks if needed
Regulating water temperature:	N/A	
Community survival skill:	NO	
Water safety skills:	NO	
Sensory disabilities:	NO	
Other personal safety needs (state specific need):	N/A	
Self-injurious behavior (state behavior):	N/A	
Physical Aggression/conduct (state behavior):	N/A	
Verbal/emotional aggression (state behavior):	N/A	
Property destruction (state behavior):	N/A	
Suicidal ideation, thoughts, or attempts:	N/A	
Criminal or unlawful behavior:	N/A	
Mental or emotional health symptoms and crises (state diagnosis):	N/A	
Unauthorized or unexplained absence from program:	N/A	
An act or situation involving a person that requires the program to call 911, law enforcement or	N/A	



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

<b>Sexual Abuse</b>		
Is the individual susceptible to abuse in this area?	Yes	<input checked="" type="radio"/> No
If yes, how will you minimize the risk of abuse?		
<b>Physical Abuse</b>		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No
If yes, how will you minimize the risk of abuse? ID safe places, develop strategies to avoid conflicts, de-escalation / communication techniques.		
<b>Self-Abuse</b>		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No
If yes, how will you minimize the risk of abuse? <del>Overestimates physical abilities</del> Help her develop awareness of her physical limitations, recognize her warning signs		
<b>Financial Exploitation</b>		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No



If yes, how will you minimize the risk of financial exploitation? *We do not offer financial support but staff will assist in recognizing/avoiding scams*

**Positive Support Strategies**

When this individual is frustrated, they can express it in these ways: *There is not much info on things that frustrate Lorna.*

Supporting this individual in these ways will help them feel less frustrated: *Understanding that being kind, patient, & understanding will help Lorna feel her best.*

Supporting this individual in these ways will make them feel more frustrated: *I infer that being unkind/disrespectful to her or James would be upsetting.*

**Signatures of Employee and Supervisor**

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
<i>Rachel Hsiao</i>	<i>[Signature]</i>	<i>02/06/25</i>
Supervisor Name	Supervisor Signature	Date
<i>Hunter Guerra</i>	<i>[Signature]</i>	<i>2/6/2025</i>

**eSignatures of Employee and Supervisor**

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

*[eSignature]*

Supervisor eSignature and Date

*[eSignature]*



### Staff Orientation Record: Person-Specific

Employee name: Rachel Hsiao

Program name: BrightPath LLC. Home & Community-Based Services

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Person Served: James Nichols

### 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>Outcome 1: James will call/schedule appointments &amp; write them on calendar or phone. Will set reminders &amp; call to schedule transport &amp; attend at least 2 or more appts each month 75%. Teach him to <del>schedule</del> organize appts. Purpose is to help him remember appts.</p>
<p>Outcome 2: James will choose a community activity of his choice related to his hobby &amp; attend these at least once/week for 75%. Teach skills to organize the daily activities he likes to participate in.</p>
<p>Outcome 3: ↑ Purpose is to keep him active in community.</p>

Which outcome do you think will come easiest to you to support? Why?  
I think scheduling appts will be easier because I have helped many people w/ this over the years

Which outcome may be challenging for you to support? Why?  
The other outcome may be more challenging just because the community can sometimes be more stressful than making calls.



Does this person have a rights restriction in place in order to provide for their health/safety?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
Can this person use dangerous items or equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly:
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	NO	
Choking:	N/A	
Special Dietary Needs:	N/A	
Chronic Medical Conditions	NO	
Self-Administration of Medication or Treatment Orders:	NO	
Preventative Screening:	Yes	support w/ calls, scheduling, setting reminders
Medical and Dental Appointments:	Yes	support w/ calls, scheduling, setting reminders



Other health and medical needs (state specific needs):	N/A	
Risk of falling (state specific need):	NO	
Mobility issues (include specific issue):	NO	
Regulating water temperature:	N/A	
Community survival skill:	NO	
Water safety skills:	NO	
Sensory disabilities:	YES	communicate w/ providers to trouble shoot issues w/ hearing aids & schedule ENT appts.
Other personal safety needs (state specific need):	N/A	
Self-injurious behavior (state behavior):	N/A	
Physical Aggression/conduct (state behavior):	N/A	
Verbal/emotional aggression (state behavior):	N/A	
Property destruction (state behavior):	N/A	
Suicidal ideation, thoughts, or attempts:	N/A	
Criminal or unlawful behavior:	N/A	
Mental or emotional health symptoms and crises (state diagnosis):	YES	assist w/ problem solving about things to get him out of house. encourage to be w/ people he enjoys
Unauthorized or unexplained absence from program:	N/A	
An act or situation involving a person that requires the program to call 911, law enforcement or	N/A	



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

<b>Sexual Abuse</b>		
Is the individual susceptible to abuse in this area?	Yes	<input checked="" type="radio"/> No
If yes, how will you minimize the risk of abuse?		
<b>Physical Abuse</b>		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No
If yes, how will you minimize the risk of abuse? <i>HELP recognize unsafe situations. can include role play scenarios</i>		
<b>Self-Abuse</b>		
Is the individual susceptible to abuse in this area?	Yes	<input checked="" type="radio"/> No
If yes, how will you minimize the risk of abuse?		
<b>Financial Exploitation</b>		
Is the individual susceptible to abuse in this area?	Yes	<input checked="" type="radio"/> No

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

**Positive Support Strategies**

When this individual is frustrated, they can express it in these ways: *There does not seem to be much info on ~~what~~ how he expresses frustration.*

Supporting this individual in these ways will help them feel less frustrated: *Help him get out in the community, being kind & listening*

Supporting this individual in these ways will make them feel more frustrated: *It appears that being unkind ~~is not letting him go~~ or impatient or disrespectful would make him frustrated*

**Signatures of Employee and Supervisor**

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Employee Name	Employee Signature	Date
Rachel Hsiao	<i>[Handwritten Signature]</i>	02/06/25
Supervisor Name	Supervisor Signature	Date
Hunter Guerne	<i>[Handwritten Signature]</i>	2/6/2025

**eSignatures of Employee and Supervisor**

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

*[Handwritten Signature]*



Supervisor eSignature and Date

*[Handwritten Signature]*



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Employee name: Rachel Hsiao

Program name: BrightPath LLC. Home & Community-Based Services

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Person Served: Jessica Rupert

### 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.

*Outcomes*

<p>Outcome 1: Jess will meal plan prep once/week for 75%. The purpose is to help her be independent w/ meals. I can assist by helping her brainstorm menu ideas, take her to store</p>
<p>Outcome 2: Jess will choose a community of her choice to participate in <del>at</del>, once/week for 75%. Purpose is to help her access community. Brainstorm activities, assist w/ transport.</p>
<p>Outcome 3:</p>

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

I think Outcome #1 will be easier because I like doing this myself at home.

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

I think outcome #2 will be challenging because the community can be a large source of stress



Does this person have a rights restriction in place in order to provide for their health/safety?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
Can this person use dangerous items or equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly:
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	NO	
Choking:	NO	
Special Dietary Needs:	<del>NO</del> NO	
Chronic Medical Conditions	yes	est. a daily routine, set healthy boundaries help recognize triggers
Self-Administration of Medication or Treatment Orders:	NO	
Preventative Screening:	NO	
Medical and Dental Appointments:	NO	



Other health and medical needs (state specific needs):	N/A	
Risk of falling (state specific need):	YES	encourage balance training, mitigate risks, use med equipment
Mobility issues (include specific issue):	YES	↑
Regulating water temperature:	NO	
Community survival skill:	NO	
Water safety skills:	NO	
Sensory disabilities:	NO <sup>or</sup> N/A	
Other personal safety needs (state specific need):	N/A	
Self-injurious behavior (state behavior):	NO	
Physical Aggression/conduct (state behavior):	NO	
Verbal/emotional aggression (state behavior):	YES	remind to use DBT
Property destruction (state behavior):	NO	
Suicidal ideation, thoughts, or attempts:	NO	
Criminal or unlawful behavior:	<del>NO</del> N/A	
Mental or emotional health symptoms and crises (state diagnosis):	YES	keep lookout for warning signs, remind to use DBT, provide safe environment
Unauthorized or unexplained absence from program:	N/A	
An act or situation involving a person that requires the program to call 911, law enforcement or	N/A	



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

<b>Sexual Abuse</b>		
Is the individual susceptible to abuse in this area?	Yes	<input checked="" type="radio"/> No
If yes, how will you minimize the risk of abuse?		
<b>Physical Abuse</b>		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No
If yes, how will you minimize the risk of abuse? <i>Develop safety plans, practice scenarios, roleplay</i>		
<b>Self-Abuse</b>		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No
If yes, how will you minimize the risk of abuse? <i>Monitor eating habits, provide healthy choices, provide gentle support</i>		
<b>Financial Exploitation</b>		
Is the individual susceptible to abuse in this area?	Yes	<input checked="" type="radio"/> No



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

**Positive Support Strategies**

When this individual is frustrated, they can express it in these ways: Agitation, ~~verbal~~ yelling, freezing up

Supporting this individual in these ways will help them feel less frustrated: Remind her of her progress, remind of DBT, gentle redirection

Supporting this individual in these ways will make them feel more frustrated: Dont acknowledge her progress, not prompting to use DBT

**Signatures of Employee and Supervisor**

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Supervisor Name	Supervisor Signature	Date
Hunter Gweone		2/6/2025

**eSignatures of Employee and Supervisor**

For Use if Completed Using an Electronic Copy

Employee eSignature and Date



Supervisor eSignature and Date

