

Staff Orientation Record: Person-Specific

Employee name: Henna Danner

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: Vincent Fornili

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. Staff will help him check his mail every THS shift. And determine which mail is most important and creating a filing system
Outcome 2: Staff will support Vincent in finding a social community activity of his choice
Outcome 3: Staff will give Vincent transportation as needed to access the community

Which outcome do you think will come easiest to you to support? Why?
 Outcome 2, because it can be fun getting involved in the community and helping someone be proactive

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

Helping Vincent with a filing system, because I am good at organization but it could be challenging keeping it organized as we progress

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, explain briefly:</p>	
<p>Can this person use dangerous items or equipment?</p> <p>Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, explain briefly:</p> <p><i>downed by staff</i></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>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <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.

<p>Assessment Area</p> <p>Does the person need/want support?</p> <p>If yes, how should you provide support?</p>	<p>N/A</p>	
<p>Allergies:</p>	<p>N/A</p>	
<p>Seizures:</p>	<p>yes</p>	<p>Remind Vincent of PER'S Device</p>
<p>Choking:</p>	<p>N/A</p>	
<p>Special Dietary Needs:</p>	<p>N/A</p>	
<p>Chronic Medical Conditions</p>	<p>NO</p>	
<p>Self-Administration of Medication or Treatment Orders:</p>	<p>yes</p>	<p>Remind Vincent of his meds and help to set a reminder on his phone</p>
<p>Preventative Screening:</p>	<p>NO</p>	
<p>Medical and Dental Appointments:</p>	<p>NO</p>	



Other health and medical needs (state specific needs):	NIA	
Risk of falling (state specific need):	NIA	
Mobility issues (include specific issue):	NIA	
Regulating water temperature:	NIA	
Community survival skill:	NIA	
Water safety skills:	NIA	
Sensory disabilities:	NO	
Other personal safety needs (state specific need):	NIA	
Self-injurious behavior (state behavior):	Yes	Redirect Vincent from hitting Bites or other objects
Physical Aggression/conduct (state behavior):	NO	
Verbal/emotional aggression (state behavior):	Yes	Staff will help Vincent in identifying strategies to help regulate his aggression
Property destruction (state behavior):	Yes	Redirect Vincent and find a quiet place to breath
Suicidal ideation, thoughts, or attempts:	NIA	
Criminal or unlawful behavior:	NIA	
Mental or emotional health symptoms and crises (state diagnosis):	Yes	assist Vincent with scheduling medical appointments as needed, Redirect
Unauthorized or unexplained absence from program:	NIA	
An act or situation involving a person that requires the program to call 911, law enforcement or	NIA	

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

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?	Yes	No
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	Yes	No
If yes, how will you minimize the risk of abuse?		
Self-Abuse		
Is the individual susceptible to abuse in this area?	Yes	No
If yes, how will you minimize the risk of abuse?		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	Yes	No
If yes, how will you minimize the risk of abuse?		

If yes, how will you minimize the risk of financial exploitation? *Staff will ensure that during all transactions, if maltreatment, will intervene*

Positive Support Strategies

When this individual is frustrated, they can express it in these ways: *Verbal / Emotional aggression / Sometimes physical aggression*

Supporting this individual in these ways will help them feel less frustrated: *Staff providing solutions and strategies to cope with frustrations*

Supporting this individual in these ways will make them feel more frustrated: *Staff not providing space when needed*

Signatures of Employee and Supervisor
For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
<i>Henna Dammen</i>	<i>[Handwritten Signature]</i>	<i>2/6/25</i>
Supervisor Name	Supervisor Signature	Date
<i>Jessica Dudas</i>	<i>[Handwritten Signature]</i>	<i>2/6/25</i>

eSignatures of Employee and Supervisor
For Use if Completed Using an Electronic Copy

Employee eSignature and Date
 *2/6/25*

Supervisor eSignature and Date




Staff Orientation Record: Person-Specific

Employee name: Henna Dammen

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.**

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Person Served: Glen Froehlig

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: <u>Engaging in the community ; Free activities</u>
Outcome 2: <u>Staff will go with Glen to appointments and help him set them up</u>
Outcome 3: <u>Staff will accompany Glen in his hobbies ; Amateur Radio</u>

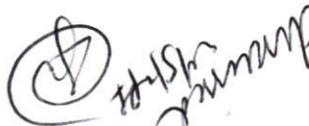
Which outcome do you think will come easiest to you to support? Why?
helping Glen set up and go to appointments. I am good at time management and helping with anxiety

Which outcome may be challenging for you to support? Why?
nothing seems challenging for me to support Glen

Assessment Area	Does the person need/want support?	If yes, how should you provide support?
Allergies:	NO	
Seizures:	NO	
Choking:	NO	
Special Dietary Needs:	NO	
Chronic Medical Conditions	yes	Doesn't want support
Self-Administration of Medication or Treatment Orders:	yes	Doesn't need support, has an in home nurse
Preventative Screening:	NO	
Medical and Dental Appointments:	yes	Staff will help clean setup and go to appointments

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.

Self-Management Assessment (SMA)

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:
Can this person use dangerous items or equipment?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>During visits</i>  If yes, explain briefly:
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:

	NIA	Other health and medical needs (state specific needs):
Doesn't want support with this	yes	Risk of falling (state specific need):
Doesn't want support with this	yes	Mobility issues (include specific issue):
Given can self-manage this	yes	Regulating water temperature:
Wants support accessing the community	NO	Community survival skill:
Doesn't want support	yes	Water safety skills:
	NIA	Sensory disabilities:
	NIA	Other personal safety needs (state specific need):
	NO	Self-injurious behavior (state behavior):
	NO	Physical Aggression/conduct (state behavior):
	NO	Verbal/emotional aggression (state behavior):
	NO	Property destruction (state behavior):
	NO	Suicidal ideation, thoughts, or attempts:
	NO	Criminal or unlawful behavior:
Doesn't want support in this area	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

Sexual Abuse		
Is the individual susceptible to abuse in this area?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, how will you minimize the risk of abuse?		
Self-Abuse		
Is the individual susceptible to abuse in this area?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, how will you minimize the risk of abuse?		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, how will you minimize the risk of abuse?		

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Individual Abuse Prevention Plan (IAPP)

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



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: *anxious*

Supporting this individual in these ways will help them feel less frustrated:
grounding and self soothing techniques

Supporting this individual in these ways will make them feel more frustrated:
overwhelmed and not having assistance

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
<i>Henna Dammen</i>	<i>Henna Dammen</i>	<i>2/16/25</i>
Supervisor Name	Supervisor Signature	Date
<i>Jessica Dudas</i>	<i>Jessica Dudas</i>	<i>2/16/25</i>

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

Henna Dammen

2/16/25

Supervisor eSignature and Date

Jessica Dudas

2/16/25

Staff Orientation Record: Person-Specific

Employee name: Henna Dammen

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

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Person Served: Dylan Dreifke

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: Staff will support Dylan with cooking home-cooked meals and gathering the necessary ingredients - grocery shopping
Outcome 2: Staff will help Dylan in establishing a weekly routine to manage household chores and tasks
Outcome 3: Helping Dylan with transportation to achieve his outcomes and goals

Which outcome do you think will come easiest to you to support? Why? helping Dylan with cooking home cooked meals! because I

enjoy cooking and grocery shopping

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

Establishing a weekly routine seems a bit

challenging but doable. Because of us working

to find a routine to stick to

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, explain briefly:</p>	
<p>Can this person use dangerous items or equipment?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain briefly: anything can be dangerous; use caution</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><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <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:	N/A	
Seizures:	N/A	
Choking:	N/A	
Special Dietary Needs:	NO	has meals delivered to him by his mom
Chronic Medical Conditions	NO	Staff be aware of Dylan's medical conditions
Self-Administration of Medication or Treatment Orders:	yes	THIS staff is not assigned to support Dylan with this
Preventative Screening:	yes	Dylan needs help coming and sending to go to preventative screenings
Medical and Dental Appointments:	yes	Staff will look over calendar to support Dylan with appointments

	NIA	Other health and medical needs (state specific needs):
Staff to be aware of dylan's mobility needs. Staff can help dylan when a fall occurrence no injuries	yes	Risk of falling (state specific need):
Staff to support Dylan with his mobility and help when falls	yes	Mobility issues (include specific issue):
	NO	Regulating water temperature:
Staff to remind him to carry his backpack and access to community	yes	Community survival skill:
Doesn't enjoy swimming	no	Water safety skills:
Staff to be aware of his limited communication, make sure device is charged	yes	Sensory disabilities:
	NIA	Other personal safety needs (state specific need):
Staff be aware of dylan's mobility needs and assist when needed	yes	Self-injurious behavior (state behavior):
	no	Physical Aggression/conduct (state behavior):
	no	Verbal/emotional aggression (state behavior):
	no	Property destruction (state behavior):
	no	Suicidal ideation, thoughts, or attempts:
	no	Criminal or unlawful behavior:
Dylan reports he doesn't have any mental health issues	no	Mental or emotional health symptoms and crises (state diagnosis):
	NIA	Unauthorized or unexplained absence from program:
	NIA	An act or situation involving a person that requires the program to call 911, law enforcement or

Sexual Abuse		
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? Staff will utilize natural techniques and teaching opportunities due to mental disabilities		
Physical Abuse		
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? Remind Dylan to always have his changed smart phone for any safety risks		
Self-Abuse		
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? Communicate direct concerns to Dylan's guardian		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No

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Individual Abuse Prevention Plan (IAPP)

fire department:	NIA	Other symptom or behavior (be specific):	NIA
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If yes, how will you minimize the risk of financial exploitation? Offer verbal guidance and report any suspected maltreatment

Positive Support Strategies

When this individual is frustrated, they can express it in these ways: Possibly communicating through his device his frustrations - nothing reported in addendum

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

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

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
Henna Dammen		2/6/25
Supervisor Name	Supervisor Signature	Date
Jessica Dudas		2/6/25

eSignatures of Employee and Supervisor

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Employee eSignature and Date

Supervisor eSignature and Date

Staff Orientation Record: Person-Specific

Employee name: Henna Dammien

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

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Person Served: ~~Cathy Brier~~ Catherine Brier

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: supporting with in-house cleaning, organizing, and meal prep
Outcome 2: Health, wellness, and safety: staff assisting with meal prep appointments every 1HS shift
Outcome 3: Community Participation: Staff will assist in Cathy choosing a community activity at least once a week

Which outcome do you think will come easiest to you to support? Why?
Household tasks, because I enjoy doing those tasks

Which outcome may be challenging for you to support? Why?
Morning appears challenging, all seem very interesting in participating with

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, explain briefly:</p>	
<p>Can this person use dangerous items or equipment?</p> <p><i>discuss w/ staff</i></p> <p>Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, explain briefly: <i>lives in a 55+ community</i></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>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <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.

<p>Assessment Area</p>	<p>Does the person need/want support?</p>	<p>If yes, how should you provide support?</p>
<p>Allergies:</p>	<p>N/A</p>	
<p>Seizures:</p>	<p>N/A</p>	
<p>Choking:</p>	<p>N/A</p>	
<p>Special Dietary Needs:</p>	<p>N/A</p>	
<p>Chronic Medical Conditions</p>	<p>Yes</p>	<p>THIS STAFF WILL BE AWARE OF CHRONIC MEDICAL CONDITIONS. SUPPORT WHEN NEEDED</p>
<p>Self-Administration of Medication or Treatment Orders:</p>	<p>NO</p>	
<p>Preventative Screening:</p>	<p>Yes</p>	<p>Encouraging Cathy to set up her preventative screenings</p>
<p>Medical and Dental Appointments:</p>	<p>Yes</p>	<p>Assisting Cathy setting up and going to appointments</p>



Other health and medical needs (state specific needs):	NIA	
Risk of falling (state specific need):	no yes	Staff will support carry out in the community to offer support on slippery surfaces
Mobility issues (include specific issue):	no	
Regulating water temperature:	NIA	
Community survival skill:	NIA	
Water safety skills:	NIA	
Sensory disabilities:	NIA	
Other personal safety needs (state specific need):	NIA	
Self-injurious behavior (state behavior):	NIA	
Physical Aggression/conduct (state behavior):	NIA	
Verbal/emotional aggression (state behavior):	NIA	
Property destruction (state behavior):	NIA	
Suicidal ideation, thoughts, or attempts:	NIA	
Criminal or unlawful behavior:	NIA	
Mental or emotional health symptoms and crises (state diagnosis):	yes	anxiety and depression; staff to have frequent check ins and remind of coping skills
Unauthorized or unexplained absence from program:	NIA	
An act or situation involving a person that requires the program to call 911, law enforcement or	NIA	

Sexual Abuse		
Is the individual susceptible to abuse in this area?	Yes	<input type="radio"/> No
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	Yes	<input type="radio"/> No
If yes, how will you minimize the risk of abuse?		
Self-Abuse		
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?		
Financial Exploitation		
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? <i>Frequent check ins and reminder of coping skills</i>		

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Individual Abuse Prevention Plan (IAPP)

fire department:	N/A	Other symptom or behavior (be specific):
	N/A	



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: *Flustered or overwhelmed - nothing stated, seems to have more internalized affects from depression and anxiety*

Supporting this individual in these ways will help them feel less frustrated: *Reminder of coping skills and frequent coping skills*

Supporting this individual in these ways will make them feel more frustrated: *not actively listening*

Signatures of Employee and Supervisor

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Employee Name	Employee Signature	Date
<i>Henna Dammen</i>	<i>Henna Dammen</i>	<i>2/6/25</i>
Supervisor Name	Supervisor Signature	Date
<i>Jessica Dudas</i>	<i>Jessica Dudas</i>	<i>2/6/25</i>

eSignatures of Employee and Supervisor

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Employee eSignature and Date

Henna Dammen

2/6/25

Supervisor eSignature and Date

Jessica Dudas

2/6/25