



## Staff Orientation Record: Person-Specific

**Employee name:** Suhaib Hussein

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

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. ***Complete this form for all persons served to whom the staff person will be providing direct contact services.***

Staff will review Support Plan, Support Plan Addendum, Self Management Assessment, and Individual Abuse Prevention Plan at orientation, and ongoing as plans are updated. Staff will review to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person. Other topics as determined necessary according to the person's Service and Support Plan or identified by the company will be outlined as needed.

**Person Served:** Matthew Munz

### 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: Help attend Matthew to his volunteering.

Outcome 2: Help make healthier food choices once per week.

Outcome 3: NA



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

Helping make healthier food choices. Because it's easy and I can help facilitate with words.

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

Attending the volunteer meetings. It's hard to know which events he wants to attend and where he wants to go.

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p> <p>No does not require rights restriction.</p>	<ul style="list-style-type: none"><li>• Yes</li><li>• <b>No</b></li></ul> <p>If yes, explain briefly:</p>
<p>Can this person use dangerous items or equipment?</p> <p>No does not use dangerous items.</p>	<ul style="list-style-type: none"><li>• Yes</li><li>• <b>No</b></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>• <b>No</b></li></ul> <p>If yes, explain briefly:</p>



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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	NA
Seizures:	No	NA
Choking:	No	NA
Special Dietary Needs:	NA	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):	No	
Risk of falling (state specific need):	No	
Mobility issues (include specific issue):	No	



Regulating water temperature:	No	
Community survival skill:	Yes	Just be there for him and make sure im aware where he is and how I can help them.
Water safety skills:	No	
Sensory disabilities:	No	
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):	Yes	He gets agitated pretty easily, I can introduce him to calming strategies.
Property destruction (state behavior):	No	
Suicidal ideation, thoughts, or attempts:	No	
Criminal or unlawful behavior:	No	
Mental or emotional health symptoms and crises (state diagnosis):	Yes	Just be there for him and teach him new skills and make sure that Im aware of his emotion in big group events and leave or stay in those events depending on how he feels.
Unauthorized or unexplained absence from program:	No	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	No	
Other symptom or behavior (be specific):	No	



### 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?  Teach Matthew about healthy boundaries but if i suspect of something, I instantly get in between.		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse?  Teach Matthew about healthy boundaries but get if i notice something I will stop the situation get in between.		



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**Self-Abuse**

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

Can help teach matthew about self boundaries and make sure to always get in between it if matthew is in a situation thats not good for him.

**Financial Exploitation**

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

I cant get inbetween any of matthew spending but I will report financial exploitation if I see it.

**Positive Support Strategies**

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

He may become more verbal, like rasing his voice. He may also withdrawal become more fidgety and he may have mood changes.

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

Help them by doing calming strategies, empowering his decision making and giving him a sense of control, helping him in skill development and communication.



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

Making them go to environment were their losing, imposing strict routines, lack of communication, disregarding health needs.

### Signatures by Employee and Supervisor

Employee Name Printed	Employee Signature	Date
Suhaib Hussein	Suhaib Hussein <small>Signed by:</small> <i>Suhaib Hussein</i> DA1F03E88A3648A...	2/13/2025

Reviewed by: Casey Hinck Date: 02/13/2025

Signed by:  
*Casey Hinck*  
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