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Staff Orientation Record: Person-Specific

Employee name: Avery Overlie

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: Nicole Weinberg

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:
Outcome 2:
Outcome 3:

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

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

Does this person have a rights restriction in place in order to provide for their health/safety?	☐ Yes ☐ No If yes, explain briefly:
Can this person use dangerous items or equipment?	☐ Yes ☐ 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?	☐ Yes ☐ No If yes, explain briefly:

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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:		
Seizures:		
Choking:		
Special Dietary Needs:		
Chronic Medical Conditions		
Self-Administration of Medication or Treatment Orders:		
Preventative Screening:		
Medical and Dental Appointments:		
Other health and medical needs (state specific needs):		
Risk of falling (state specific need):		
Mobility issues (include specific issue):		
Regulating water temperature:		
Community survival skill:		
Water safety skills:		
Sensory disabilities:		

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Other personal safety needs (state specific need):		
Self-injurious behavior (state behavior):		
Physical Aggression/conduct (state behavior):		
Verbal/emotional aggression (state behavior):		
Property destruction (state behavior):		
Suicidal ideation, thoughts, or attempts:		
Criminal or unlawful behavior:		
Mental or emotional health symptoms and crises (state diagnosis):		
Unauthorized or unexplained absence from program:		
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:		
Other symptom or behavior (be specific):		

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Individual Abuse Prevention Plan (IAPP)

The plan shall include a statement of measures that will be taken to minimize the risk of abuse to the vulnerable adult when the individual assessment required in section 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan. The measures shall include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan shall document this determination.

Sexual Abuse		
Is the individual susceptible to abuse in this area?	☐ 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? Be aware of Nicole's trauma history and use trauma-informed practices.		

Self-Abuse		
Is the individual susceptible to abuse in this area?	☐ Yes	☐ No
If yes, how will you minimize the risk of abuse? Be aware of Nicole's ARFID and support her food intake.		

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Financial Exploitation		
Is the individual susceptible to abuse in this area?	☐ Yes	☐ 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:
Supporting this individual in these ways will help them feel **less** frustrated:
Supporting this individual in these ways will make them feel **more** frustrated:

Signatures by Employee and Supervisor		
Employee Name Printed	**Employee Signature**	**Date**
Avery Overlie	Signed by: *Avery Overlie* —69996248FFD1403...	2/14/2025
Jamila Whitlock	Signed by: *Jamila Whitlock* —05A908D1BF6D4FC...	2/14/2025

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