



Staff Orientation Record: Person-Specific

Employee name: Avery Overlie

Supervisor name: Jamila Whitlock

Date: 3/14/25

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 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: Michael Bonilla

Support Plan-Addendum (SPA)

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 assist them with the outcome effectively.

<u>Outcome 1:</u> Household Management: Michael would like support filling out paperwork and going through his mail. MHS can assist by prompting Michael and assisting in paperwork.
<u>Outcome 2:</u> Community Participation: Michael would like to access the community. MHS can provide transportation.
<u>Outcome 3:</u> Adaptive Skills: Michael would like to identify and use more coping skills. MHS can provide coping skills and scenarios of when he may need to use them.

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



	If yes, explain briefly:
Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or restraint to position them due to a physical disability?	<p>Yes</p> <p>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 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	
Chronic Medical Conditions	No	
Risk of falling (state-specific need):	No	
Mobility issues (include specific issues):	No	
Community survival skill:	No	
Water safety skills:	No	
Self-injurious behavior (state behavior):	No	
Property destruction (state behavior):	No	
Suicidal ideation, thoughts, or attempts:	No	
Mental or emotional health symptoms and crises (state	Yes	Staff will be aware of his mental health conditions and provide appropriate support and coping skills.



diagnosis):		
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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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		
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? Michael and staff will identify situations that may become verbally or physically aggressive.		
Self-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? Staff will provide regular check-ins and keep communication.		
Financial Exploitation		
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 financial exploitation?		



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Positive Support Strategies

When this individual is frustrated, they can express it in these ways: Michael can verbally express frustration
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Supporting this individual in these ways will help them feel less frustrated: Providing options, being patient, and showing interest in Michael's interests can make him feel less frustrated.
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Supporting this individual in these ways will make them feel more frustrated: Not supporting Michael can make him more frustrated.
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