



Person Supported Competency

Person: Joni Gail Schmidt Staff: Jackie Browne
 Location: Office Date: 3/9/21

1. What outcomes/goals does the person have?
 • Participate in @ least 80% of activities
 • Clean her room at least 2X per week
 • increase her interpersonal behaviors & coping skills to help become more independent
 • Exercise to improve her physical health.

2. Documentation on goals is optional? True or False
 3. Who is the person's case manager? Roxana Yliniemi Nelson
 4. Does the person have a guardian/legal representative? Yes or No
 Who? Andrea Bilinski, LSS

5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
Inability to be assertive. Also may not recognize abuse & therefore may not defend against it or report it.

6. Diagnoses: Schizoaffective disorder, COPD, Stage 4 kidney disease, hypercholesterolemia, essential hypertension, convulsions, edema, congenital hypothyroidism without goiter, osteoarthritis

7. Team meetings are held:
 Annually Semi-Annually Monthly As needed All of these

8. Documentation is for Oakridge records, no one else will see this. True or False
 9. Who administers person's medications? Oakridge staff

10. Oakridge opens and takes care of person's mail. True or False
 11. Has an integrated work place been explored for this person? Yes or No
 If yes, what were results? _____

12. Does person need to be kept home from work if it is (-20)? Yes or No
 13. Who made the (-20) rule/recommendation to follow? Office of the Ombudsman

14. Is person at risk for self abuse? Yes or No. If yes, what are the risks?
Lack of self preservation skills.

15. Does this person have any of their rights restricted? Yes or No. If yes, what are they?

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? inability to handle financial matters

17. How does person like their services provided? prefers calm, patient straight forward style of communication

18. Does person have allergies? Yes or No. What are they? penicillin, nickel

19. What county is the person from? Hubbard

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? isolate behavior, Refusing redirection
What is desired alternate behavior? participate in group activities, use relaxation strategies
Do they have coping skills to utilize? Yes or No. What are they? Watching tv, talking to mom, listening to music

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Inability to identify dangerous situations, verbally/physically abusive to others

22. Who is responsible for providing household reports and documentation to the county? Oakridge

23. What are person's medical needs? Seizure, choking, dietary

24. What are person's safety needs? none

25. What technology does person use? tv

Can it be used for monitoring the person? Yes or No If yes in what way? _____

After reading all identifying information about the person, please describe this person in your own words Joni is independent likes food but also likes to stay by herself



Staff Signature



Person Supported Competency

Person: Katie vanderBosch Staff: Jackie Strouwe

Location: Space Date: 3/9/22

1. What outcomes/goals does the person have?

- have positive interactions with housemate staff for at least 2 hours per day
- demonstrate independence by clean cleaning her room 2x per week
- shower at least 3 times per week

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Reina Irving + Kim Hinz

4. Does the person have a guardian/legal representative? Yes or No
Who? MH commitment through 2/24/2022

5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?

- Lack of understanding of sexuality. Likely to seek or cooperate in an abusive situation
- Inability to be assertive

6. Diagnoses: Schizoaffective & border-depressive type anxiety, epilepsy

7. Team meetings are held:
Annually Semi-Annually Monthly As needed All of these

8. Documentation is for Oakridge records, no one else will see this. True or False

9. Who administers person's medications? Staff

10. Oakridge opens and takes care of person's mail. True or False

11. Has an integrated work place been explored for this person? Yes or No
If yes, what were results? _____

12. Does person need to be kept home from work if it is (-20)? Yes or No

13. Who made the (-20) rule/recommendation to follow? office of the ombudsman

14. Is person at risk for self abuse? Yes or No. If yes, what are the risks?

- refuses to eat
- inability to care for self help needs
- engages in self injurious behaviors

15. Does this person have any of their rights restricted? Yes or No. If yes, what are they? _____

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? • inability to handle financial matters
• lacks understanding of financial matters

17. How does person like their services provided? Likes staff to talk to her in a calm, respectful manner. does not like to be asked repeatedly about things like showering

18. Does person have allergies? Yes or No. What are they? _____

19. What county is the person from? Rock Hill, SC

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? • Isolation behaviors.

What is desired alternate behavior? will use relaxation strategies & coping skills

Do they have coping skills to utilize? Yes or No. What are they?

Listening to music, ask someone to talk, play 10,000 or Jantze

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks?

• Lack of community orientation skills • Inappropriate interactions w/ others • Inability to deal verb/physically with aggressive persons • Verb/physically abusive to others

22. Who is responsible for providing household reports and documentation to the county? Car ridge

23. What are person's medical needs? Geriatric

24. What are person's safety needs? none

25. What technology does person use? cell phone, tv, ipod

Can it be used for monitoring the person? Yes or No. If yes in what way? _____

After reading all identifying information about the person, please describe this person in your own words Katie likes to be by herself & can get

down but also likes to play games & use her phone & iPad



Staff Signature



Person Supported Competency

Person: Sharon Laniece Staff: Jackie Struove
 Location: 3 Bruce Date: 3-9-22

1. What outcomes/goals does the person have?
 • Will participate in at least 80% of activities offered to her
 • Clean her room @ least 2 per week
 • Follow doctor's orders for water intake @ least 90% of the time
 • Increase interpersonal skills to help her become more independent
 • Reduce behaviors to 10 per month for 3 months

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Christine Loos

4. Does the person have a guardian/legal representative? Yes or No
 Who? No

5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
May not recognize abuse

6. Diagnoses: Schizophrenia, Polydipsia Catatonia
and comatose

7. Team meetings are held:
 Annually Semi-Annually Monthly As needed All of these

8. Documentation is for Oakridge records, no one else will see this. True or False

9. Who administers person's medications? Staff

10. Oakridge opens and takes care of person's mail. True or False

11. Has an integrated work place been explored for this person? Yes or No
 If yes, what were results? Not interested in working

12. Does person need to be kept home from work if it is (-20)? Yes or No

13. Who made the (-20) rule/recommendation to follow? Office of the Ombudsman

14. Is person at risk for self abuse? Yes or No. If yes, what are the risks?
lack of self preservation skills (ignores personal safety) neglects
or refuses to take med, or aware of severity of symptoms
fluid intake

15. Does this person have any of their rights restricted? Yes or No. If yes, what are they?
No

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? Giving away money, makes poor decisions when prioritizing wants + needs

17. How does person like their services provided? Prefers Calm, patient straight forward style of communication from staff

18. Does person have allergies? Yes or No. What are they? Sulfas

19. What county is the person from? Kandiyohi

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Isolative behaviors, Refusing redirection, negative opinions

What is desired alternate behavior? Interacting, Redirect, Positive opinions

Do they have coping skills to utilize? Yes or No. What are they?

Listening to relaxing music, Painting writing Crocheting

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Inability to deal with verbal physically aggressive people inappropriate interactions with others, history of injury need/or judgemental thing towards others

22. Who is responsible for providing household reports and documentation to the county? Carlyle

23. What are person's medical needs? Schizophrenia + Polydipsia

24. What are person's safety needs? None

25. What technology does person use? TV

Can it be used for monitoring the person? Yes or No. If yes in what way? _____

After reading all identifying information about the person, please describe this person in your own words Sharon likes to be by her self unless staff are with her. She will try to get more/less fluids than she can have a day. Sharon won't take meds unless directed by staff


Staff Signature