



Person Supported Competency

Person: David Reece Staff: Shondel Turchin

Location: Madena SILS Date: 10-19-22

1. What outcomes/goals does the person have? (IPP/BIPP)
David will increase his cooking skills
David will increase his interaction in hobbies + crafts
David will increase his shopping + money management

2. Documentation on goals is optional? True or False (IPP/BIPP)

3. Who is the person's case manager? Kristin Roberts

(SRI Cover Sheet)

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

Who? Tina + Craig Reese

(SRI Cover Sheet)

5. Does the person have any alone time in the home? Yes or No

If yes, how much?

(IAPP-SMA)

6. Does the person have any alone time in the community? Yes or No

If yes, how much? 20 minutes

(IAPP-SMA)

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

(IAPP-SMA)

8. Diagnoses: Autism Spectrum Disorder / PDD

(SRI Cover Sheet)

9. Team meetings are held: Annually Semi-Annually Monthly As needed

(CSSP-A)

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

11. Who administers the person's medications? Self

(CSSP-A)

12. Oakridge opens and takes care of person's mail. True or False (CSSP-A)

13. Has an integrated work place been explored for this person? Yes or No
If yes, what were results? Work force center is helping

David work in the community with an aid

(CSSP-A)

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

15. Who made the (-20) rule/recommendation to follow? Ombudsman

(CSSP-A)

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

Dresses inappropriately, inability to care for self-help needs

(IAPP-SMA)

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

(CSSP-A)

18. Does the person have a risk of financial exploitation? Yes or No. If yes, what risks? Inability to handle financial matters, lacks understanding of financial matters

(IAPP-SMA)

19. How does person like their services provided? 1:1 interaction, verbally, visually, Encouragement

(CSSP-A)

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

(IAPP-SMA) (SRI Cover Sheet)

21. What county is the person from? Wadena

(SRI Cover Sheet)

22. Does the person have a behavior plan? Yes or No. If yes, what are the target behaviors? _____

What is desired alternate behavior? _____

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

(BIPP)

23. Does the person have a risk of physical abuse? Yes or No. If yes, what risks? _____

Inability to identify potentially dangerous situations, lack of community orientation skills, verbally/physically abusive to others

(IAPP-SMA)

24. Who is responsible for providing household reports and documentation to the county? Tina + Craig Rees - Guardian's

(CSSP-A)

25. What are person's medical needs? None



(IAPP-SMA)

26. What are person's safety needs? David will get coat/hat/mittens when reminded/promoted, if David becomes frustrated or over sensitive to noise/lights he may become aggressive (IAPP-SMA) to remove himself from those situations

27. What technology does person use? N/A

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

(Progress Report and CSSP-A)

Please list the things you think are most important when working with this person.

watch his body language
keep him interacted with hobbies/less distractions

Shendel Cuslin
Staff Signature

