



Person Supported Competency

Person: Joseph Vor Staff: Allan Knutson

Location: SILS Date: March 2024

1. What outcomes/goals does the person have? (IPP/BIPP)

Joe will work on relationship and socialization skills
Joe will improve his money management by doing personal needs & meat shopping.
Joe will work on his organizational & cleaning skills

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

3. Who is the person's case manager? Laura Indieke
(SRI Cover Sheet)

4. Does the person have a guardian/legal representative? Yes or No
Who? _____
(SRI Cover Sheet)

5. Does the person have any alone time in the home? Yes or No
If yes, how much? 24 hr
(IAPP-SMA)

6. Does the person have any alone time in the community? Yes or No
If yes, how much? 24 hr
(IAPP-SMA)

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

(IAPP-SMA)

8. Diagnoses: Mild to moderate DD

(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? Joe chose not to look for work

(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? _____

(CSSP-A)

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

(IAPP-SMA)

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

(CSSP-A)

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

(IAPP-SMA)

19. How does person like their services provided? Verbal, hands on learning, encouragement + prompting

(CSSP-A)

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

(IAPP-SMA) (SRI Cover Sheet)

21. What county is the person from? Todd

(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

(IAPP-SMA)

24. Who is responsible for providing household reports and documentation to the county? Rachelle Vu

(CSSP-A)

25. What are person's medical needs? Special dietary needs



Chronic medical condition, self-administration of
meds/treatment orders, preventative screening, medical/dental
appointments
(IAPP-SMA)

26. What are person's safety needs? None

(IAPP-SMA)

27. What technology does person use? None

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

(Progress Report and CSSP-A)

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

Getting him out of the house to be around
other people besides his mom & dad.

[Signature]
Staff Signature

