

Person Supported Competency

Person: Charity Crosby Staff: Leith Horton

Location: W-9115 Date: 1/04/24

1. What outcomes/goals does the person have? (IPP/BIPP)
Charity will declutter by throwing away 1 item per week.
Charity will increase her organization by going through mail once a week.
Charity will increase the cleanliness of her home.

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

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

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

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

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

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

(IAPP-SMA)
8. Diagnoses: Asthma, chronic Obstructive Pulmonary Disorder,
Bipolar Affective Disorder, ADHD, PTSD, Fibromyalgia, Rheumatoid
Arthritis
(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? No one
(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? Look for competitive employment

(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? Ambudsman
(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? _____

(CSSP-A)

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

(IAPP-SMA)

19. How does person like their services provided? Reman Stration 1:1
not much reading

(CSSP-A)

20. Does person have allergies? Yes or No. What are they? Aspirin, milk
of Magnesium, Loraz

(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? Does not monitor

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

(BIPP)

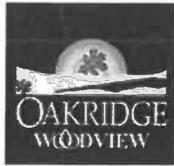
23. Does the person have a risk of physical abuse? Yes or No. If yes, what risks?
Victim

(IAPP-SMA)

24. Who is responsible for providing household reports and documentation to the county? Charity Cosby

(CSSP-A)

25. What are person's medical needs? None



(IAPP-SMA)

26. What are person's safety needs? Risk of falling

(IAPP-SMA)

27. What technology does person use? TV

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.

clearing and keeping her on task in a nice manner.

Staff Signature

A handwritten signature in cursive script, appearing to read "J. Stewart", written over a horizontal line.

