Person Supported Competency

Person: David Reece Staff: Austin Thornton

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

1. What outcomes/goals does the person have? (IPP/BIPP)
   Increase cooking skills, increase shopping and money management, increase interaction in hobbies and crafts
2. Documentation on goals is optional? True or False (IPP/BIPP)
3. Who is the person's case manager? Kirstin Robers
   (SRI Cover Sheet)
4. Does the person have a guardian/legal representative? (Yes) or No
   Who? Tina and Craig Reece
   (SRI Cover Sheet)
5. Does the person have any alone time in the home? Yes or (No)
   If yes, how much? 0
   (IAPP-SMA)
6. Does the person have any alone time in the community? (Yes) or No
   If yes, how much? 20 minutes at a time
   (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? ~~[illegible]~~ Himself
    (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? Workforce Center

(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? 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

(IAPP-SMA)

19. How does person like their services provided? Demonstration, verbal prompts, 1:1

(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? Verbally and physically Abusive to others
Inability to identify potentially dangerous situations
Lack of Community orientation skills

(IAPP-SMA)

24. Who is responsible for providing household reports and documentation to the county? Tina and Craig Reese

(CSSP-A)

25. What are person's medical needs? None

(IAPP-SMA)

26. What are person's safety needs? Community Survival Skills freezing temperatures safety

(IAPP-SMA)

27. What technology does person use? Cell phone

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.

Physically and verbally Abusive Risks and safety needs. Getting him to do Stuff, arts and craft, Swiming, DQ

Staff Signature