

Person Supported Competency

Person: Sam Strub Staff: Austin Thornton

Location: W-5165 Date: 1/01/24

1. What outcomes/goals does the person have? (IPP/BIPP)
Increase her ability to appropriately handle situational problems and emergencies.
Increase her ability to participate in a life skill task

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

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

4. Does the person have a guardian/legal representative? Yes or No
Who? Cathy Frick
(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 at a time
(IAPP-SMA)

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

7. Does the person have a risk of sexual abuse? Yes or No. If yes, what risks?
lack of understanding of sexuality, inability to be assertive, likely to seek or cooperate in an abusive situation.
(IAPP-SMA)

8. Diagnoses: Mild MR

(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? Thom Sebes
(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? _____

(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? _____

(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? staff demonstrations, 1:1 staff interaction

(CSSP-A)

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

(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?

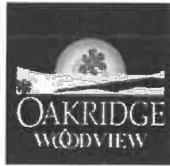
Inability to identify potentially dangerous situations
Inability to deal with verbally/physically aggressive partners

(IAPP-SMA)

24. Who is responsible for providing household reports and documentation to the county? ~~Wadena~~ No one

(CSSP-A)

25. What are person's medical needs? Allergies, medical and dental app.



(IAPP-SMA)

26. What are person's safety needs? Community survival skills, water safety skills, freezing temperature safety, sensory disabilities

(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.

Encouraging places to go.

Staff Signature

