



Person Supported Competency

Person: Stephen Ayers Staff: Austin Thornton

Location: W-SWS Date: 2/8/24

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

Increase homemaking skills by cleaning.
Increase meal preparing skills
Increase budgeting techniques.

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

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

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

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

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

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

(IAPP-SMA)

8. Diagnoses: Anxiety, ADHD and Autism.

(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? 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? _____

(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? Inability to handle financial matters.

(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? _____

(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? _____

(IAPP-SMA)

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

(CSSP-A)

25. What are person's medical needs? Self administration of medication



preventative screening, medical and dental appointments

(IAPP-SMA)

26. What are person's safety needs?

Sensory disabilities

(IAPP-SMA)

27. What technology does person use?

N/A

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

N/A

(Progress Report and CSSP-A)

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

Making sure to not violate by going in room and bathroom.

Staff Signature

