Staff: Cynthia Bry

Date: 1.8.21

PAI

Service Recipient: H. Brough

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☒ "Victim" history exists ☐ Other:	☒ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☒ Other: May not report seizures	☒ Inability to handle financial matters ☐ Other:

Outcome #1 N/A

Outcome #2 N/A

Technology Use: Phone, I-Pad, Computer

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Cry out or muffled cry. Pursed lips - left side of body - rapid jerky. Usually last 45 secs to 2 min.

Seizure PRN ☐ No ☒ Yes Location: med shelf.

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :

Verbal prompts to encourage to eat an appropriate portion at lunch.

Chronic Medical Conditions ☐ No ☒ Yes – List:

Tinnitus

Medication Administration/Treatment Orders ☒ No ☒ Yes – Describe Equipment/Supports :

If needed, staff will hand Hannah medication.

Specific Health & Medical Needs ☐ No ☒ Yes – List: May feel off balance due to tinnitus.

Hannah will ask staff for support if off balance.

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☒ No ☐ Yes

Sensory Disabilities ☒ No ☒ Yes – List: Tinnitus

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:

Staff will model appropriate Stranger Safety + Social Skills.
Staff will be w/ Hannah in Community.

Important To: Family, I-Pad - games/music, Telephone.

Important For: Help H. to stay focused when working. Set clear expectations. Socialize

Likes: Shopping, dining out, family + friends, making money.

Dislikes: Arguing, not involved in decisions, feeling unheard.

Describe Communication Style:

Verbal

Staff: Cynthia Bury

Date: Jan 8, 21

PAH

Service Recipient: S. Flammer

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Try new things in community. Participate one new activity per month.

Outcome #2 Will pick a journaling prompt every day.

Technology Use: ~~N/A~~ I-phone, Computer, I-Pad

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
Verbal - does not like pork/gelatin items. Staff will let her know if these items are in her meal.

Chronic Medical Conditions ☒ No ☒ Yes – List: Autism, fragile x chromosome.

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :

Specific Health & Medical Needs ☒ No ☐ Yes – List:

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
May wander to fast and not pay attention - Verbal prompts to slow down.
☐ Support straps/belts needed

☒ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☒ No ☐ Yes Staff will model safe stranger & pedestrain skills

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
Talking with staff.

Important To: Have friendly people around me. Disney movies. Money/Work

Important For: People to guide & help me be successful. People to be nice & respectful.

Likes: Workers, friends, mom & Dad. Community outtings. Good weather

Dislikes: Bad weather. Closed in spaces. Change in schedule w/out knowing.

Describe Communication Style: Verbal

Staff: Cynthia Riley

Date: 1.8.21

PAI

Service Recipient: J. Gaxsbers

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Attend PAI 4 days a week.

Outcome #2 Community experience 2X a month.

Technology Use: phone, I pad, computer,

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☐ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports :

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☒ Yes – Describe Equipment/Supports :

If needed, staff will ~~administer~~ hand Jason medication.

Specific Health & Medical Needs ☒ No ☐ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☒ No ☐ Yes

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:

Important To: Pop every day.
Change in life, Going to work.

Important For: People to listen to me. Reminders to wear glasses & Verbal cues for street safety. hearing aids.

Likes: Heavy metal music, Video games. making money.

Dislikes: Being ordered around.

Describe Communication Style: Verbal

Staff: Cynthia Bray

Date: 1.8.21

PAI

Service Recipient: M. Johnson

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☐ Yes ☒ No	Physical Abuse ☐ Yes ☒ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Mark will read a social story about slow eating before lunch.

Outcome #2 Will pick a community activity different from previous month.

Technology Use: IPad, Phone

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☐ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Bite size pieces. Verbal prompts to slow down.

Chronic Medical Conditions ☒ No ☒ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
If needed, staff will hand mark Meds.

Specific Health & Medical Needs ☒ No ☐ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☒ No ☐ Yes

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:

Important To: Live w/ parents. Work opportunities.

Important For: Routine. Choice between 2 activities. Interaction w/ people. Staying busy.

Likes: Mall walking, Work, rootbeer & cookies.

Dislikes: People too close to him. Bored.

Describe Communication Style:

Verbal

Staff: Cynthia Ruiz

Date: 1.8.21

PAI

Service Recipient: J. King

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality	☒ Inability to identify dangerous situations	☐ Dresses inappropriately	☒ Inability to handle financial matters
☐ Likely to seek/cooperate in an abusive situation	☒ Lack of community orientation skills	☐ Refuses to eat	☐ Other:
☒ Inability to be assertive	☐ Inappropriate interactions with others	☒ Inability to care for self-help needs	
☐ Other:	☒ Inability to deal with aggressive persons	☒ Lack of self-preservation/ safety skills	
	☐ Verbally/physically abusive to others	☐ Engages in self-injurious behaviors	
	☐ "Victim" history exists	☐ Neglects/refuses to take medications	
	☐ Other:	☐ Other:	

Outcome #1 Participate in Weekly Social Skills.

Outcome #2 participate in volunteer opportunities 4x per month.

Technology Use: I-phone, I-Pad

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Hay fever, Cats, Chocolate, Strawberries, Oranges

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe : Can tell staff when seizure. Rigid left side backpack

Seizure PRN ☐ No ☒ Yes Location: Med Cabinet

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Bite Size, help cutting food.

Chronic Medical Conditions ☐ No ☒ Yes – List: Low body temp. May increase seizure activity if not at a safe body temp.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Staff will hand Jada her medication.

Specific Health & Medical Needs ☐ No ☐ Yes – List:

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: one person pivot from wheel chair to toilet.

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☒ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☒ No ☐ Yes Staff will be w/ Jada in community.

Sensory Disabilities ☐ No ☒ Yes – List: Loss of hearing in left ear. Glasses. Hand Splint (left)

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:

Important To: pleasing others, staying busy, social opportunities.

Important For: Social activities planned. maintaining weight. Good health.

Likes: Joking w/ peers + staff. Helping others, cards + board games.

Dislikes: Being sick.

Describe Communication Style: Verbal

Staff: Cynthia Brey

Date: 1.8.21

PAI

Service Recipient: H. Nguyen

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Maintain appropriate physical boundries w/peers + staff.

Outcome #2 Weekly fitness class.

Technology Use: I-Pad, phone, I-Pad

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☒ Yes – List: shellfish

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports :

Chronic Medical Conditions ☒ No ☒ Yes – List: Type 2 Diabetes

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :

Staff will hand Ha medication when needed + daily for diabetes.

Specific Health & Medical Needs ☒ No ☐ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☒ No ☐ Yes

Sensory Disabilities ☐ No ☒ Yes – List: eye glasses, hearing lost in left ear.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Talk with Staff.

Important To: Family, working, Dining out.

Important For: Allow process - do not rush. Maintaining healthy diet.

Likes: music, Work, social gatherings. ASL classes.

Dislikes: Not feeling well. staff not understanding what she is saying.

Describe Communication Style:

ASL, Verbal

Staff: Cindy Bry

Date: 1.12.21

PAI

Service Recipient: B. Stewart

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☒ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Raise hand when needs work material.

Outcome #2 Participate in 1 community activity per month.

Technology Use: N/A

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: N/A

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Verbal prompts to eat slowly. Small bite size pieces. Low sodium & phosphorous diet. Limited amts. of fluid.

Chronic Medical Conditions ☐ No ☒ Yes – List: Kidney disease, renal failure, cerebral palsy.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Staff will assist Bob with medication.

Specific Health & Medical Needs ☐ No ☐ Yes – List:

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: manual Wheelchair. Help with seatbelt for W. chair.

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☒ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☒ No ☐ Yes Staff will be with Bob at all times.

Sensory Disabilities ☐ No ☒ Yes – List: Legally blind; hearing lost in both ears.

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: When upset may run his wheelchair into others. Power struggles with staff when not feeling well or upset.

Important To: Working dog Bently; Staying busy & active.

Important For: Physical supports during day. Following his diet & attend dialysis appts.

Likes: Work on wood projects, fishing, dog Bently.

Dislikes: Bossy people, lazy staff, being rushed.

Describe Communication Style: Verbal