Staff: Cindy Bm

Date: 3.5.21

PAI

Service Recipient: D. Haworth

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	Outcome #2

Technology Use: Tablet

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: mold

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe : Call 911

Seizure PRN ☒ No ☐ Yes Location:

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

Chronic Medical Conditions ☐ No ☒ Yes – List:
Sensitive to sunlight. Legally blind Cerebral palsy

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
Staff will administer Medication when needed.

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
AFO shoes. Verbally point out obstacles & Uneven terrain to Reb.
☐ 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 present when washing hands + Community.

Sensory Disabilities ☐ No ☒ Yes – List:
Legally blind, Wears glasses.

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

Important To:	Important For:
Family, exploring Community.	Try new/part activities. Gather info to make informed decisions.
Likes: Arts + Crafts, bowling, visit family.	**Dislikes:**

Describe Communication Style:
Verbal

Staff: Cindy Bray

Date: 3.5.21

PAI

Service Recipient: Tiffany Kraemer

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 Read 10 to 15 mins. during "down" time. Ask questions at Person Centered Check at PA.

Outcome #2

Technology Use: Cell Phone, 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 : No milk

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Staff will assist w/ 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 Staff will be w/ Tiffany in Community + water.

Sensory Disabilities ☒ No ☐ Yes – List:

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

Important To: Spend time w/ family + friends. Her dogs + Nieces.

Important For: Work, community outings. make choices.

Likes: movies, trying new things, going for walks.

Dislikes: Negativity, Rude Peers.

Describe Communication Style: Verbal

Staff: _____ Service Recipient: B. Mercer

Date: 3-3-21

PAI

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
Work on money skill

Outcome #2
Work on educational college w/ staff assist.

Technology Use: I-Pad, Cell 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 :
Call 911, not by Parents

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
Staff will help cut food when needed.

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
Staff will hand Medication to B. when needed.

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 Staff reminders for life jacket. Staff support in community.

Sensory Disabilities ☐ No ☒ Yes – List:
Wears glasses, reminder to clean glasses.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
1:1 when upset to process feelings. May pick at skin / lips -
Time alone to de-escalate. Staff will find something to occupy hrs

Important To:
I-pad Work.
Parents

Important For: set schedule
Positive encouragement
Be patient w/ B. Provide choices

Likes:
Travel w/ family, puzzles, going on walks. shopping

Dislikes:
When friendships do not work out.
Being pushed to do something.

Describe Communication Style:
Verbal

Staff: Cindy/Amy

Date: 3.5.21

PAI

Service Recipient: A. Sanita

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

Check in w/staff in am. to discuss patient's.

Outcome #2

Technology Use: tablet, cell 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 :

Chronic Medical Conditions ☐ No ☒ Yes – List: Migraines

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

Staff supports.

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:

Staff will remind A. to make healthy choices regarding scratching + picking at skin irritations.

Important To:

family (Dad), friends.

Important For:

Routine, make own choices, exercise

Likes:

movies, community outings, fishing

Dislikes:

Conflict w/ peers.

Describe Communication Style:

Verbal

Staff: Cindy Bray

Date: 3.5.21

PAI

Service Recipient: Cindy Bray

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

Personally hand money to cashier.

Outcome #2

Counting money each morning.

Technology Use: No

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe : Call 911 - has not had one in several yrs.

Seizure PRN ☒ No ☐ Yes Location:

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

Staff will assist w/ cutting food when needed.

Chronic Medical Conditions ☐ No ☒ Yes – List:

Cerebral Palsy - muscle stiffness, may need to deep breathe to relax.

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

Help w/ L hand brace + secure straps.

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

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

Electric wheelchair.

☒ Support straps/belts needed Kerbuckle + toilet securechest belt

☐ 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 always be w/ Hung in Community.

Sensory Disabilities ☐ No ☒ Yes – List:

Staff will help clean glasses.

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

Staff will ask Hung if he would like to go somewhere quiet to talk. When upset do deep breathing exercise.

Important To:

Friendships, working to make $$

Important For: Work

Physical supports to live healthy + safe.

Likes:

working, book club, musics - Twins baseball.

Dislikes: People yelling. Not taking time to listen.

Describe Communication Style:

Verbal

Staff: _____ Service Recipient: [redacted] L. Scherrer

Date: _____

PAI

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 Put lunchbox + belongings away.

Outcome #2 Participate in Community Activity 1x/mth.

Technology Use: Cell phone, 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: Verbal reminder to slow down eating/drinking.

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 using meds. Staff will administer medication.

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: may be distracted and need a hand to steady self on uneven surfaces

☐ 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 within arm's reach at all times.

Sensory Disabilities ☐ No ☒ Yes – List: Hearing aids & glasses.

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

Important To: Working, Shopping, Personal belongings

Important For: Job opportunities, being active community involvement

Likes: music / dance, out for coffee, socializing

Dislikes: Doing laundry, when peers yell/angry

Describe Communication Style: Verbal

Staff: Cindy Bray

Date: 3.8.21

PAI

Service Recipient: E. Fisher

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: False Reporting	☒ 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 Writing mom's phone # 1x a day.

Outcome #2 Pick & participate in community activity.

Technology Use: I-pad, Cell phone

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Seasonal + Diary. **Epi Pen/Treatment** ☐ No ☐ Yes Location: N/A

Seizures ☐ No ☐ Yes – Describe : **Seizure PRN** ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : One soda per day, no dairy, Verbal prompts to slow down when eating & make healthy choices.

Chronic Medical Conditions ☐ No ☒ Yes – List: Sinus

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : If needed, PAI will administer meds.

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Staff may offer a hand on slippery surfaces.
☐ 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/ Elisa at all times.

Sensory Disabilities ☐ No ☒ Yes – List: glasses, may need help cleaning glasses.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: When upset she may need to talk one on one or a room to regroup.

Important To:	Important For:
Mother, staff at PAI, her dog + work.	
Likes: Music, sleeping, bowling, shopping	**Dislikes:** Been yelled at. Peers bother her around, new people,

Describe Communication Style: Verbal

Staff: _____ Service Recipient: _____

Date: _____

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		**Outcome #2**	
Technology Use:			

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 :		
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:	**Important For:**	
Likes:	**Dislikes:**	
Describe Communication Style:		