Staff: Ann Alberg

Date: 7/29/21

PAI

Service Recipient: [redacted] D.L.

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 N/A

Outcome #2 N/A

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Dust

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: Susoc's Autoimmune. Mental Health Rad Anxiety

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : None Here

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

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

☐ 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 She need support ne Boundries

Sensory Disabilities ☐ No ☐ Yes – List: Vision redirectable distraction

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

Important To: people relationship

Important For: Stay healthy

Likes: making money growing outdoors Chocolate Crafts Animal Gardening

Dislikes: waiting when mom says no Stuff Crust pizza

Describe Communication Style: Verbal

Staff: DESTINY

Date: 7/29/21

PAI

Service Recipient: DAWN L

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 N/A

Outcome #2 N/A

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: DUST

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: SUSAC'S DISEASE BIPOLAR MENTAL HEALTH RAD

Medication Administration/Treatment Orders ☑ No ☐ Yes – Describe Equipment/Supports : @ Home

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

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

☐ 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 BOUNDARIES MALES

Sensory Disabilities ☐ No ☑ Yes – List: VISION (refuses to wear glasses)

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

Important To: People, Relationships

Important For: Healthy

Likes: MONEY, GROWING (OWN APARTMENT), CHOCOLATE, CRAFTS, ANIMALS, GARDENING

Dislikes: WAITING, MUM SAYS NO, PACKERS, STUFFED CRUST PIZZA.

Describe Communication Style: Verbal

Staff: Lori Bauernfeind

Date: 7/29/21

PAI

Service Recipient: D. L.

MT THF

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
NA	NA

Technology Use: NA

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Dust

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: Mental Health

Susac's disease – Auto Amune –

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

Non at PAI

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

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

Balance issues

☐ 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 Reactive Attatchment disorder Boundries

Sensory Disabilities ☐ No ☐ Yes – List:

Vision - has glasses but wont wear

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

Very redirectable distraction

Important To: People / relationships

Important For: Stay healthy

Likes: Making Money Choc. / Crafts gardening, Animals growing to get her own Apt.

Dislikes: Waiting, When Mom says No, The Packers. Stuffed Crust Pizza

Describe Communication Style:

Verbal

Staff: Linda Champagne

Date: 7-29-21

PAI

Service Recipient: Dawn Pine

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
NA	NA

Technology Use: NA

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: dust

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: mental Health

SUSAC's . Balance - vision

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

no meds @ PAI

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

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

Balance

☐ 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 needs support

Sensory Disabilities ☐ No ☐ Yes – List:

vision - refuses to wear glasses

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

redirect

Important To: people relationships

Important For: to stay healthy

Likes: Making money
growing to get out of house
knoc. crafts - animals gardening

Dislikes: waiting mom says no
Packers is stubborn as rust
Pimples

Describe Communication Style:

Verbal

Staff: Isabelle Cooper MT, Nicci

Date: 7-29-21

PAI

Service Recipient: Dawn Line

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 N/A **Outcome #2** N/A

Technology Use:

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Dust

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: Susac's disease & Mental Health R.A.D., bi-Polar, Anxiety

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : not at PAI

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: balance due to Susac's

☐ 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 Boundaries, Can't ~~Read~~ left alone with males

Sensory Disabilities ☐ No ☒ Yes – List: Vision, refuses to wear glasses

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: re-directable, distractions

Important To: People, relationships

Important For: stay healthy & Stable

Likes: making money, growing to be independent, chocolate, crafts, animals, gardening

Dislikes: Waiting, mom says no, Packers, Stuffed Crusted Pizza

Describe Communication Style: Verbal

Staff: Nicci Gangl

Date: 7/29/2020

PAT

Where People with Disabilities Connect with the Community and the World

Service Recipient: Dawn Cone

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 n/a

Outcome #2 n/a

Technology Use: n/a

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Dust

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:

Susac's - Mental Health

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

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

no meds at PAT

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

Balance

☐ 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:

Vision

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

Important To: People, Relationships

Important For: Stay Healthy

Likes: Chocolate, Crafts, gardening, Making Money, Going to be independent

Dislikes: Waiting, when mom says no, The packers, stuff crust pizza

Describe Communication Style: Verbal

Staff: Dayna Gordon

Date: 7/29/2021

PAI

Service Recipient: Dawn Line

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
N/A	N/A

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Dust,

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: Sjsac's disease - auto immune disease vision, balance issues, strokes, head aches, boils, memory issues

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Not @ PAI

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: balance b/c of Sjsac's.

☐ 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 terrible boundaries

Sensory Disabilities ☐ No ☒ Yes – List: Vision but refuses to wear glasses

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Uses to take a break, talk, redirection or distraction.

Important To: people, relationships,

Important For: Stay healthy.

Likes: Making Money, Get out of the house, chocolate, crafts, animals, gardening

Dislikes: -waiting -when mom says no. -Packers - Stuffed Crust pizza

Describe Communication Style: Verbal

Staff: Jesse Haug

Date: 7-29-21

Service Recipient: Dawn Line

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
N/A	N/A

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Dust

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:

Susac's disease Mental Health

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

No Meds @ PAI

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

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

balance issues

☐ 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 Needs support / boundries w/ Meds

Sensory Disabilities ☐ No ☒ Yes – List:

vision

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

very redirectable of behaiviors / distraction works well

Important To: People & relationships

Important For: stay Healthy

Likes: $ growing to be independent animals chocolate crafts gardening

Dislikes: waiting Mom says No Packers team stuffed crust pizza

Describe Communication Style:

verbal

Staff: Justyn Koziel

Date: 7/29/21

PAI

Service Recipient: Dawn Line

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 NA

Outcome #2 NA

Technology Use: NA

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Dust

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: Sugars, mental health, RAD, anxiety

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports :
none at PAI

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
balance due to Susacs

☐ 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 bad boundaries

Sensory Disabilities ☐ No ☑ Yes – List: vision - refuses glasses

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

Important To: people, relationships

Important For: Stay healthy

Likes: making money, growing to get out of house, chocolate, crafts, animals, gardening

Dislikes: waking, mom says no, packers, stuffed crust pizza

Describe Communication Style:
Verbal

Staff: Corney Kelly

Date: 7/29/2021

PAI

Service Recipient: Dawn L

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 N/A

Outcome #2 N/A

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Dust

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: SUSAC's autoimmune disease – vision, sensory, balance, mental health

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : not @ PAI

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: balance (SUSAC's) no assistance currently

☐ 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 bad boundaries (attachment disorders), cannot be left alone w/ male staff

Sensory Disabilities ☐ No ☒ Yes – List: vision – does not wear prescribed glasses, redirectable

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: redirectable w/ support, redirection works well

Important To: people/relationships

Important For: stay healthy

Likes: making money, growing to live alone/be more independent, chocolate, crafts, animals, gardening

Dislikes: waiting, when mom says no, the Packers, stuffed crust pizza

Describe Communication Style: Verbal

Staff: Dawn Nelson

Date: 7/29/21

Service Recipient: Dawn Cline

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 N/A	**Outcome #2** N/A
Technology Use: N/A	

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Dust

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: Susac's Disease, mental health

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : None at PAI

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Balance due to Susac's

☐ 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 support needed - attaches to anything/everything (boundaries)

Sensory Disabilities ☐ No ☒ Yes – List: vision, refuses to wear glasses

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: very redirectable, eyes to take a break, distraction works good

Important To:	Important For:
people, relationships	stay healthy
Likes: making money, growing together apart, chocolate, crafts animals gardening	**Dislikes:** waiting, when mom says 'NO' - GB Packers stuffed crust pizza

Describe Communication Style: verbal

Staff: Michelle Stover

Date: 7/29/21

PAI

Service Recipient: Dawn Line

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 N/A

Outcome #2 N/A

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: dust

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: SUSAC's Auto immune disease mental health

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports : none @ PAI

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: balance

☐ 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 no boundaries

Sensory Disabilities ☐ No ☑ Yes – List: vision - refuses glasses

Self-Management of Behaviors ☑ No ☑ Yes – Describe supports: redirectable - respectful approach distraction

Important To: People, Relationships

Important For: Stay healthy

Likes: # over again! chocolate crafts gardening

Dislikes: Waiting, Mom Sayings, the Packers, Stuffed crusted Pizza

Describe Communication Style: Verbal

Staff: Monti

Date: 7/29/21

PAI

Service Recipient: D L

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
N/A	N/A

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Dust

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:

Sysac disease, mental Health, rad

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

No meds at PAI

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

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

lack of Balance, Susac disease

☐ 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 boundaries

Sensory Disabilities ☐ No ☒ Yes – List:

refuse to wear glasses

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

redirectable

Important To: people and relationship

Important For: Stay healthy

Likes: Making money, growing so she can get out Chocolate, craft, gardening

Dislikes: waiting, man say no, Packer stuff crust pizza

Describe Communication Style:

Verbal