Staff: Cindy Brey

Date: Aug 6 '21

PAI

Service Recipient: B. Shelstad

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 Sort familiar items into categories.

Outcome #2 Money Skills

Technology Use: Computers, I Pad

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 : Cutting meat into bite size pieces.

Chronic Medical Conditions ☐ No ☑ Yes – List: Hx Urethral Prolapse

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports : No medication at PAI, Staff assist when needed.

Specific Health & Medical Needs ☐ No ☐ Yes – List: N/A

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 help navigate new areas.

Sensory Disabilities ☐ No ☑ Yes – List: Reminders to clean glasses.

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

Important To: To be Social, Work, People give her Personal Space.

Important For: Working at PSI, attend classes maintain independence

Likes: Cooking, Singing, music friends + family

Dislikes: Spicy food, alone at night Storms/ loud noises, People yelling

Describe Communication Style:

Verbal

Staff: _____ Service Recipient: A. Campos

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 Recite emotion/feeling words spanish/english **Outcome #2** Pick 1 outing/activity per month.

Technology Use: I-pad

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 : Call 911 and parents

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : may need help cutting certain foods.

Chronic Medical Conditions ☐ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports : Does not take at PAI, if needed staff will administer meds.

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
Other a hand on uneven surfaces
Verbal cues to use hand rails when available
☐ 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 Verbal prompts to follow street safety, staff at all times.

Sensory Disabilities ☐ No ☑ Yes – List:
glasses, PAI will contact parents if Alvaro is having vision problems.

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

Important To: family, workers, friends

Important For: Opportunities to work engage in community, supports healthy

Likes: music (spanish) dancing mexican food, working

Dislikes: may become anxious when starting a new job.

Describe Communication Style: Verbal

Staff: Cindy Bray

Date: 4.23.21

PAI

Service Recipient: K. Lammers

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 Review schedule each am w/staff.

Outcome #2 Yoga or stretching daily at PAI.

Technology Use: I-Pads, Cell phone

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Sulfa drugs & Wine

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 cues to slow down when drinking.

Chronic Medical Conditions ☐ No ☒ Yes – List: Short term memory loss, Ataxia

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Wheel Chair. / Unsteady Gait

☐ 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 with Katie at all times.

Sensory Disabilities ☐ No ☒ Yes – List: glasses

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

Important To: Work, Social w/ Peers maintaining independence.

Important For: Socialization. Gain independence. Community outings

Likes: Biking, mating brackets, hockey, exercise

Dislikes: loud / rude People Spicy food

Describe Communication Style: Verbal

Staff: _____ Service Recipient: B. Dobahal

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
Copy phone # 2 Verbal prompts

Outcome #2

Technology Use: Cell phone,

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

Chronic Medical Conditions ☐ No ☐ Yes – List: N/A

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports :
N/A - staff will administer medication when needed.

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Unstable
Staff assist on wet, slippery, icy 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 w/in visual range of Bill

Sensory Disabilities ☐ No ☑ Yes – List:
Glasses

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

Important To:
Positive attitude
Community outings, PAT Classes

Important For:
Gain / maintain independence
Part of a group

Likes: State fair, Pizza,
Comics, Classic rock music

Dislikes: Been teased
Rude people, feeling disrespected

Describe Communication Style:
Verbal

Staff: Cindy Boren

Date: 8.6.21

PAI

Service Recipient: D. 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
add at 45 day meeting	

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 : N/A

Seizure PRN ☐ No ☐ Yes Location:

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

Chronic Medical Conditions ☐ No ☑ Yes – List: Susac's syndrome impaired vision, inner ear issues

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports : If needed staff will administer meds. No meds at this time

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: may become dizzy & lose balance. Staff will watch for signs of unsteady 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 Staff accompanies individuals when in community.

Sensory Disabilities ☐ No ☒ Yes – List: Glasses

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Re-direct if upset, physical or verbal aggression. Offer area to take a break and talk with staff.

Important To:	Important For:
Likes: Add at 45 day meeting.	Dislikes:

Describe Communication Style: Verbal

Staff: Cindy Bray

Date: 8.16.21

PAI

Service Recipient: S. Boyd

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 Conversations.

Outcome #2 Sign self out for Community job

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: Sensitive to tomato Sauce, juice & Citrus juice

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 reminders not to take others food. Check lunch for "Salty" foods. Re-direct Soda Purchases/healthy

Chronic Medical Conditions ☐ No ☐ Yes – List: N/A

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports : NO medication at PAI – If needed Staff will assist.

Specific Health & Medical Needs ☐ No ☐ Yes – List: N/A

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/in auditory/visual range

Sensory Disabilities ☐ No ☒ Yes – List: glasses

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

Important To: Participate in Community, friends

Important For: Learning appropriate social interacting working in Community, independence

Likes: movies, music, Cleaning jobs

Dislikes: mall walking, Artist z job Being told what to do.

Describe Communication Style: Verbal