Staff: Renée Schmidt

Service Recipient: Megan T

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: Unable to report	☐ 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 Will engage in activity w/staff

Outcome #2 group exercise 1x week

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Cefdinir

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: history of seizures

Seizure PRN ☐ No ☑ Yes Location: in Room

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports: Small bites eat slowly 1400-1600 a day calorie limit

Chronic Medical Conditions ☐ No ☐ Yes – List: depression, exotropia, myopia, tuberous sclerosis Wolff Parkinsons syndrom

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports: PRN given by staff

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: Yak tracks on ice only

☐ 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 demostrate saftey skills Supervision

Sensory Disabilities ☐ No ☐ Yes – List: minimize stimulation offer activities or quiet places

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

Important To: family, outings observing others

Important For: independence choices cardio activites

Likes: horse rides, horses, music animals outdoor concerts

Dislikes: really hot / cold food blueberries doing thing she does like

Describe Communication Style: non-verbal

Staff: Renee Schmidt

Date: 11/18/21

PAI

Service Recipient: Britney S-F

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: Unable to report	☑ 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 Will engage in self care tasks

Outcome #2 Paying for item when in community

Technology Use: N/A

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: Seizure like episodes

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports: Food Cut up into bite size pieces / offer 1 item at a time reminders to eat slowly

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

Watch her surrounding

☐ 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 Model Comm. Safety Teach Pedestrian Safety Supervision

Sensory Disabilities ☐ No ☑ Yes – List: minimize stimulation

offer walks

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

Walk to Calm down Space if needed

"Hands to yourself"

Important To: peers, nail polish outings routine, lip gloss

Important For: Independance making decisions & routine

Likes: Nail Polish Dancing Shopping

Dislikes: Being told NO, Not Watching TV Keep her room clean

Describe Communication Style:

non Verbal Some ASL, Vocalizations

Staff: Renee Schmidt

Date: 11/18/21

Service Recipient: Max T

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: Unable to report	☑ 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 assisting w/ pay for items in the community

Technology Use: Computer

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 : tonic-clonic seizures

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports : cut food to bite size eat slowly pace himself

Chronic Medical Conditions ☑ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : PRN Given by staff

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: safe environment around him walks on tippy toes!

☐ 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 walk alongside safety skills

Sensory Disabilities ☐ No ☐ Yes – List: uses earbuds sometimes manipulative

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

Important To: Toys, books music walks trains

Important For: walk saftey encourge to participate

Likes: Toys animals book bikes outings horse rides

Dislikes: loud noises loud places

Describe Communication Style:

non-verbal - short phrases

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:		

Staff: Rey Curagrou

Date: 11/17/21

PAI

Service Recipient: Megan Traxel

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: unable to report	☒ 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 engage in prefered activity with staff

Outcome #2 group exercise once a week

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: cefdinir, seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: history of seizures

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports: Verbal reminder to eat slow 1400-1600 calerie diet

Chronic Medical Conditions ☐ No ☒ Yes – List: depression, exotrupia, maopia, tuberosious Wolff, parkensen

not on site medication

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports yaktrax in the winter time

☐ 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 model teach pacific train safety, stay by her

Sensory Disabilities ☐ No ☒ Yes – List: minimize stimulation

offer different space if over stimulated

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

Important To: family, outings, observing others,

Important For: independance, choices, cardiovascular

Likes: horses, horseback riding, animals music, outdoor concerts.

Dislikes: hot or cold food, blueberry during things she doesn't like

Describe Communication Style: Non-verbal, facial expressions

Staff: Rey Ceragioli

Date: 4/22/21

Service Recipient: John McCoy

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:		

Staff: Rey Ceragioli

Date: 11/17/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Max Tead

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: unable to report	☒ 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 assisting in developing pay ing in the community	Outcome #2
Technology Use: Computer	

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: tonic clonic seizures seizure protical	Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: help him eat slow, cut up large pieces of food

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports		
make environment safe	☒ Verbal Cues ☒ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo
☐ Support straps/belts needed		

Community & Water Safety Skills ☐ No ☒ Yes walk along side Max when out in the community

Sensory Disabilities ☐ No ☒ Yes – List: ear buds, miniputive item.

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

Important To: toys, books, music, walks, trains.	Important For: walking safety, increase to participate
Likes: toys, books, music, walks, trains riding his bike, riding horses	Dislikes: loud noises, loud places,

Describe Communication Style: Verbal (short phrases) non-Verbal

Staff: Rey Curagioni

Date: 11/17/21

PAH

Service Recipient: Britney S-F

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: unable to report	☒ 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 engage in self care tasks

Outcome #2 paying for items in the community

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 : ~~not sure~~ history of seizure like episodes

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : bite sized, offer one item at time, verbal reminder to slow down

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: remind her of her surroundings

☐ 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 model (teach) demenstrate saftey

Sensory Disabilities ☐ No ☒ Yes – List: mimimize stimulation, offer a walk

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Give her space, walk in the hallway, verbal prompts

Important To: peers, painting her nails, routins, Chapstick, outings

Important For: making decisions, independance routins,

Likes: dancing, nail polish, "girly things" shopping

Dislikes: "No", keeping her room cleaned, watching T.V.

Describe Communication Style: non-verbal, some ASL, vocalizations

Staff: John Gebhardt

Date: 11-17-21

PAI

Service Recipient: Max Teed

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
	Assisting & Paying For items

Technology Use: Occasional computer use

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: Tonic Clonic (Protocal)

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
Eat slowly, cut food up for him

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Make sure areas are safe.
☐ Support straps/belts needed Verbal & Physical Assist

☒ 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 Walk along close to his side

Sensory Disabilities ☐ No ☒ Yes – List: Sometimes uses ear plugs.
has animal figit toys.

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

Important To:	Important For:
Toys, books, walks, trains, animals	Participating in Groups,
Likes:	**Dislikes:**
Participating. Riding his bike. Horses.	Loud Noises & Places,

Describe Communication Style: Expressions.
Mostly non verbal.

Staff: John Gebhardt

Date: 11/17/21

PAH

Service Recipient: Megan Traxler

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 Engage in preffered activity with staff.

Outcome #2 Do a group Exercise

Technology Use: none

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: cefdinir

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe : History of seizures.

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Prompts to eat slow. Take small bites. 1400 to 1600 cal./Daily

Chronic Medical Conditions ☐ No ☒ Yes – List: Tublerous Sclerosis, Wolffs Parkinsons Syndrome

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Admin by staff.

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

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports: Wears Yak Trax on shoes in winter. Use verbal cues + assistance.
☐ 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 Stay with her

Sensory Disabilities ☐ No ☒ Yes – List: offer her a different option if she is overstimulated.

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

Important To: Family, outings Observing others

Important For: Independence, Having choices

Likes: Horses - Riding Horses Music + concerts, Parks

Dislikes: Hot or Cold Food. Blue berries

Describe Communication Style: Non Verbal, Facial Expressions

Staff: John Gebhardt

Date: 11/17/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Brittany Shafer

Reviewed by: _____

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: Unable to report	☒ 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 Engage in self care Tasks

Outcome #2 Paying for items in the community.

Technology Use: NONE

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: Un known. Possible History.

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
Bite size foods, 1 piece at a time, Eat Slow,

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
Administered by staff.

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

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
Give her verbal cues and offer physical assistance

☐ Support straps/belts needed

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

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes Community modeling safety.

Sensory Disabilities ☐ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
Keep hands to herself, offer her to walk when over stimulated.

Important To: peers, routines, lip gloss, outings

Important For: Independence Routines

Likes: Dancing, Nails Polished Shopping

Dislikes: Being told "No", TV, Cleaning her room

Describe Communication Style: Verbal and signs ASL.

Staff: _____ **Service Recipient:** _____

Date: _____ Reviewed by: _____

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:	

Fall Risk/Mobility Supports ☐ No ☐ Yes – Describe primary mobility & supports ☐ Support straps/belts needed	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker ☐ Arjo	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Manual Lift # staff _____
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:	

Staff: Nikki Kerelak

Date: 11/17/21

PAI

Service Recipient: Megan T

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: unable to report	☒ 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 will engage in activity w/ staff

Outcome #2 group exercise 1x/week

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: cefdinir.

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: history of seizures

Seizure PRN ☐ No ☒ Yes Location: in room

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: prompts small bites/eat slowly calorie limit: 1400-1600/day

Chronic Medical Conditions ☐ No ☒ Yes – List: depression, exotropia, myopia, tuberous sclerosis Wolff parkinsons syndrom

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: PRN given by staff

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports yaktracks on ice and not inside

☐ 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 supervision, demonstrate safety skills

Sensory Disabilities ☐ No ☒ Yes – List: minimize stimulation → offer activities or quiet place

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

Important To: family, outings, observing others

Important For: independence, choices, cardio activity

Likes: horse riding, horses, music, animals, outdoor concerts

Dislikes: really hot/cold food, blueberries, doing things she doesn't like

Describe Communication Style: non-verbal

Staff: Nikki Kerelak

Date: 11/17/21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Max T.

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: unable to report	☒ 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 assisting w/ paying for items in the community

Technology Use: computer

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: tonic clonic seizures

Seizure PRN ☐ No ☒ Yes Location: in room

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: pace himself, cut food, "eat slowly"

Chronic Medical Conditions ☒ No ☐ Yes – List: —

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: PRN given by staff

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: safe environment around him

☐ 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 walk alongside, safety skills

Sensory Disabilities ☐ No ☒ Yes – List: use earbuds sometimes, manipulatives,

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

Important To: Toys, books, music, walks, trains

Important For: walk safely, encourage to participate

Likes: toys, animals, books, bikes, outings, horse riding

Dislikes: loud noises, loud places

Describe Communication Style: non-verbal, short phrases

Staff: Nikki Kereluk

Date: 11/17/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Britney S.F.

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: unable to report	☒ 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
will engage in self-care tasks	paying for items in community

Technology Use: N/A

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: seizure-like episodes

Seizure PRN ☒ No ☐ Yes
Location: —

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
bite size/ offer 1 item @ a time/slowly

Chronic Medical Conditions ☒ No ☐ Yes – List:
—

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: not @ PAI (but by staff)

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
look where she's going
☐ 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 supervision / model/teach pedestrian safety

Sensory Disabilities ☐ No ☒ Yes – List: minimize stimulation, offer walks,

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: space if needed, take a walk to ~~desk~~ calm down, "hands to yourself"

Important To:	Important For:
peers, nail polish, routines, lip gloss, outings	making decisions, independence, routines
Likes: dancing, nail polish, shopping,	**Dislikes:** being told "No", keeping her room clean, not watching TV

Describe Communication Style:
non-verbal, some ASL, vocalizations

Staff: Nikki Kerekuk

Date: 11/17/21

Service Recipient: _____

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:		

Staff: Chelsie

Date: 11/10/21

PAI

Service Recipient: Megan T

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: Unable to report	☒ 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
engage in activity with staff	Group exercise once A week

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Cefdinir,	Epi Pen/Treatment ☒ No ☐ Yes Location:
Seizures ☐ No ☒ Yes – Describe :	Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Small bites, eat slow

Calorie - 1400 - 1600 A Day

Chronic Medical Conditions ☐ No ☒ Yes – List: Depression, exotropia, myopia, tuberioustrisus wolff, parkinsins

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports		
Yaktrax, I ☐ 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 Model safety, predir safety, stay by her

Sensory Disabilities ☐ No ☒ Yes – List: Minimize stimulation, offer different place

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

Important To: Family, outings, observing others	Important For: Independence, choices, exercise.
Likes: Horse back riding, mosic, animals, Concerts	Dislikes: Hot/cold food, blueberries, Doing things she don't like.

Describe Communication Style:

non-verbal

Staff: Chelsie

Date: 11/17e/21

PAH

Service Recipient: Max

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: Unable to Report	☒ 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
	Assisting for paying with items in community

Technology Use: ~~Not~~ Use computer

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 : Tonic Clonic Seizures	Seizure PRN ☐ No ☒ Yes Location:
Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : pace self, Cut food up eat slowly	
Chronic Medical Conditions ☒ No ☐ Yes – List:	
Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Given by staff	
Specific Health & Medical Needs ☒ No ☐ Yes – List:	

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports		
Trip over things, Safe enviorment	☒ Verbal Cues ☒ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo
☐ Support straps/belts needed		

Community & Water Safety Skills ☐ No ☒ Yes walk along side,	
Sensory Disabilities ☐ No ☒ Yes – List: use earbuds, multipulative,	
Self-Management of Behaviors ☒ No ☐ Yes – Describe supports:	
Important To: Toys, Books, Music, Walks Trains	Important For: Walk Safely, encourage to Participate,
Likes: Toys, Books, Riding bike outings, riding horses	Dislikes: loud voices, loud noises
Describe Communication Style: non-verbal	

Staff: Chelsie

Date: 11/17/21

PAI

Service Recipient: Brittany SF

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: Unable to Report	☒ 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
engage self care task	Paying for items on outings

Technology Use: N/A

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: ? has had seizures like episodes	Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Bite size, 1 item at a time remind to slow down

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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 model safety, look Teach around, staff assist

Sensory Disabilities ☐ No ☒ Yes – List: minimize stimulation, offer walking

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Space, walk with her. verbal prompts

Important To: peers, painting nails, routines Chapstick, lip gloss	Important For: making decisions, independence routines, outings
Likes: Dance, nail polish, Girly things, shopping	Dislikes: being told no, room cleaned watching TV.

Describe Communication Style:

non-verbal

Staff: Chelsie

Date: 11/17/25

Service Recipient: John

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:		

Staff: Dennis Mac

Date: 11/17/21

PAI

Service Recipient: Max Teed

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: unable to report	☒ 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
	Assisting with paying for items in community

Technology Use: occasionally use computer

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 : tonic clonic seizures

Seizure PRN ☐ No ☒ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
Help pace himself, remind to eat slowly

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
make sure environment is safe.
☐ 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 walk along side max in community, keep hand on him in escalator

Sensory Disabilities ☐ No ☒ Yes – List: use ear buds, give him fidget / manipulative

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

Important To:	Important For:
toys, books, music, walks, trains	help him walk safely, encourage to participate
Likes: toys, animals, books, riding bike, outings, riding horses,	**Dislikes:** loud noises / places,

Describe Communication Style:
~~Verbal~~ short phrases, prefers to be non-verbal

Staff: Dennis/Name

Date: 11/17/21

PAH

Service Recipient: John McCoy

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:		

Staff: Denise Moore

Date: 11/17/21

PAI

Service Recipient: Megan Trainer

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: unable to report	☒ 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 Megan will engage in preferred activity with staff

Outcome #2 Engage in group exercise once per week.

Technology Use: none

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: cefdinir, seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe :

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : prompt to take small bites, eat slow calorie limit 1400-1600 day

Chronic Medical Conditions ☐ No ☒ Yes – List: depression, exotropia, miaopia, tuberis sclerosis, parkinson syndrome, wolff

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: stay by her, abtsax under, take off before coming in to building

☐ 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 model safety pedestrian

Sensory Disabilities ☐ No ☒ Yes – List: minimize stimulation, offer different areas

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

Important To: family, outings, observing others,

Important For: independence, choices, cardio-exercise

Likes: horses, riding horse, music, animals, outdoor concerts

Dislikes: really hot/cold food, blue berries, doing things she doesn't like

Describe Communication Style: non verbal, facial expressions

Staff: Dennis Mora

Date: 11/17/21

PAI

Service Recipient: Britney Schafer-Frazier

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: unable to report	☒ 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
self care cast (laundry) etc,	payng for items in community

Technology Use: none

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: has had seizure hbe episodes

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: bite sized, offer 1 item at a time, remind to slow down,

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: med given by staff

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: look / watch out for things in her way

☐ 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 model, teach demonstrate pedistrians safety

Sensory Disabilities ☒ No ☐ Yes – List: minimize stimulation, offer walk for over stimulation

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: help her deescalate, verbal prompts

Important To: pars, painted nails, [illegible] tick tocs

Important For: making decisions, independence, routines

Likes: dancing, nail polish, girly things shopping

Dislikes: told no, keep room clean, not watch tv.

Describe Communication Style: non verbal, sign, vocalization

Staff: Dan P.

Date: 11/17/21

PAI

Service Recipient: Meghan T.

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
engage in activity with staff	Group participation

Technology Use: none

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Cefdinir

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe : hx of seizures

Seizure PRN ☐ No ☑ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : Prompts to take small bites calorie limit of 1400-1600 daily

Chronic Medical Conditions ☐ No ☑ Yes – List: Depression, exotropia, myopia, tuberous sclerosis, wolff parkinsons

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

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

Mobility Supports Fall Risk ☑ No ☐ Yes – Describe primary mobility & supports: wears yack tracks in winter

☐ 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 Model and demonstrate pedestrian safety

Sensory Disabilities ☐ No ☑ Yes – List: Minimize stimulation

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

Important To:	Important For:
family, outings, observing others.	Independance, choices, exercise
Likes: horseback riding, music, animals, outdoor concerts	**Dislikes:** too Hot or Cold food, Blueberries

Describe Communication Style: nonverbal

Staff: Dan P.

Date: 11/17/21

PAI

Service Recipient: Max

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
	Assist paying for items in community

Technology Use: Occasionally uses computer

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 : History of tonic clonic seizures

Seizure PRN ☐ No ☑ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports :
Reminders to pace himself cut up into bite size pieces

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
Make sure environment is safe
☐ 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 Walk with him in community

Sensory Disabilities ☐ No ☑ Yes – List:
Uses ear buds - uses manipulatives

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

Important To:	Important For:
toys, books, music, walks, trains	walking safely, encourage to participate
Likes:	**Dislikes:**
toys, books, riding bike, horses	loud noises

Describe Communication Style:
mostly nonverbal

Staff: Dan P.

Date: 11/17/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Brittany F.

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
will engage in self care tasks	Paying for items in community

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: has had history of seizure like episodes

Seizure PRN ☑ No ☐ Yes Location:

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

bite size, one item at time, reminders to slow down

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

tell her to look out if things are in her way

☐ 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 model, teach, and demonstrate community safety

Sensory Disabilities ☑ No ☐ Yes – List:

Minimize stimuli, go for walk if to worked up

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

Give space if needed, Verbal prompts to keep hand

Important To:	Important For:
peers, nails painted, routines	Independence, routines
Likes:	**Dislikes:** watching TV
Dancing, nail polish, girly things	being told no, keeping room clean

Describe Communication Style:

Nonverbal and some signs

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:		

Staff: Anna Wrich

Date: 11/17/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Britney Schafer frazier

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: unable to report	☑ 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 will engage in age approp. self care

Outcome #2 Paying for items in community

Technology Use: ∅

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: has had seizure like episodes

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: bite size. offer one item at a time. remind to slow down

Chronic Medical Conditions ☑ No ☐ Yes – List:

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: tell her to look & to watch. where she is walking

☐ 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 model / teach community safety.

Sensory Disabilities ☐ No ☑ Yes – List: minimize stimulation. offer to take a walk.

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: give space. walk w/ her to deescalate. remind "hands to self"

Important To: Peers. Painting nails. routine. Lip gloss.

Important For: decisions. Independence. routine.

Likes: dancing. nail polish. girly things. shopping

Dislikes: "No" Keeping her room clean T.V.

Describe Communication Style:

non-verbal. vocalizations. few signs.

Staff: Anna Wrich

Date: 11/17/21

Service Recipient: Megan Traxler

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: unable to report	☑ 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 will engage in perferred activity w/staff.

Outcome #2 will participate in group exercise (1x week)

Technology Use: ∅

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: cefdinir, seasonal

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: History of seizure

Seizure PRN ☐ No ☑ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: Prompts to eat slow. Calorie limit 1400 - 1600

Chronic Medical Conditions ☐ No ☑ Yes – List: depression, exotropia, myopia, tuberis sclerosis Wolff - Parkinsons syndrome.

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports: given by staff.

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: Yak tracks on feet during transportation

☐ 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 model / teach community safety

Sensory Disabilities ☐ No ☑ Yes – List: minimize stimulation. can offer another area.

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

Important To: family. outings. observing.

Important For: independence. choices. exercise.

Likes: horses. music. Animals. outdoor concerts.

Dislikes: ~~to~~ to hot or to cold food. blueberries. Doing things she doesn't like.

Describe Communication Style: non-verbal. body lang. gestures

Staff: Anna Wrich

Date: 11/17/21

PAI

Service Recipient: Max Tead

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: unable to report	☑ 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 assist paying for items in community.

Technology Use: ☑ computer

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: history of tonic clonic.

Seizure PRN ☐ No ☑ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: help him pace himself. cut food up. reminders to slow down

Chronic Medical Conditions ☑ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports: given by staff.

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
make sure environment is safe.
guide elbow 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 walk a long side Max.

Sensory Disabilities ☐ No ☑ Yes – List: use ear buds on bus. uses manipulitive. -horse.

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

Important To: toys. books. music walks. trains.

Important For: walking safely. encourage to participate.

Likes: toys. books. bike riding. horses. outings.

Dislikes: Loud noise./ Places.

Describe Communication Style: short phrases.

Staff: Anna Wrich

Date: 11/17/21

Service Recipient: John McCoy

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:		

Staff: Suzie Gaines

Date: 11/16/21

Service Recipient: Megan T.

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 Megan will engage w/ staff

Outcome #2 1 1/week with choices. Group

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Cefdinir / Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe :

Seizure PRN ~~☐ No~~ ☑ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports :
- Small bites
- Slow down Chor. - 4/600

Chronic Medical Conditions ☐ No ☑ Yes – List:
depression, tubero
exotrola, Wolff Park S?

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: family, siblings, watching others,

Important For: Indep. Choices. Exercise

Likes: Horse back riding, music, flowers, animals. out door Concerts

Dislikes: Hot/ Cold food, blueberry, doing things she doesn't like.

Describe Communication Style:

Non-Verbal

Staff: Gaines, Steve

Date: 11/16/21

PAI

Service Recipient: Max

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 help paying for things out on outings.
Technology Use: Sometimes uses Computer	

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: Scarves	Epi Pen/Treatment ☒ No ☐ Yes Location:
Seizures ☐ No ☒ Yes – Describe : tonic	Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
- Slow down - to eat slow
- Cut food - up

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports		
• the docs + lit ☐ 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 Walk along side.

Sensory Disabilities ☐ No ☒ Yes – List:
- ear buds.
- fidge. (animal)

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

Important To: toys, books, music, walks, trains,	Important For: water safety, encouragement,
Likes: toys, books, riding bike, ride trains	Dislikes: loud noises, places,

Describe Communication Style:

Can talk - short.

Staff: Kathryn Stein

Date: 11/17/21

PAI

Service Recipient: Britney Shaffer-Frazier

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: unable to report	☒ 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 will engage in age appropriate self care tasks	Outcome #2 paying for items in the community
Technology Use: N/A	

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 : has had seizure-like episodes	Seizure PRN ☒ No ☐ Yes Location:	
Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : bite sized pieces, offer one item at a time, verbal "slow down"		
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 remind her to "look" "watch out" for obstacles ☐ 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 model, teach, demonstrate pedestrian safety		
Sensory Disabilities ☐ No ☒ Yes – List: minimize stimulation, offer a walk when overstimulated		
Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: give space, walk in hallway, verbal prompts to keep hands to herself		
Important To: peers, painting nails, routines, chapstick/lip gloss	Important For: decisions, independence, routines	
Likes: dances, nail polish, girly things, shopping	Dislikes: being told NO, keeping her room clean, watching tv	
Describe Communication Style: non verbal, some sign language		

Staff: Kathryn Stein

Date: 11/17/21

Service Recipient: ~~John McCoy~~

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:		

Staff: Nancy Snyder

Date: 11-17-21

PAI

Service Recipient: Britney Shafer Frazier

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: Unable to report	☑ 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
With Self Care Tasks	Paying for items in community

Technology Use: None

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 : NO - "Not sure" some seizure like episodes

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : Slow down reminders Bite size, offered 1 item at a time

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports "Look or watch out"

☐ 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 model, teach and demonstrate, pedistrian safety

Sensory Disabilities ☐ No ☑ Yes – List: Walk to calm down, Verbal prompts, Minimize stimulation

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: Give Space when needed. Walks

Important To:	Important For:
Chap stick, Peers, painting nails, routines	routines, routines, Making decisions, independence
Likes:	**Dislikes:**
shopping, dancing, nail polish, silly things	doesn't like TV, being told NO - keeping room clean

Describe Communication Style: non-verbal, some sign

Staff: Nancy Snyder

Date: 11-17-21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: ~~John McCoy~~

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:

Staff: Zach Weinmann

Service Recipient: Britney Shafer - Frazier

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: Report	☒ 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 . Engage Self care tasks	Outcome #2 . Pay for Items in Community
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 : Siezure - like episodes	Seizure PRN ☒ No ☐ Yes Location:
Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Eat slow, Bite sized, 1 item at a time.	
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 Model, teach, demonstrate	
Sensory Disabilities ☐ No ☒ Yes – List: Minimize Stimulation. Offer a walk	
Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Give space, Walk the hall, Hands to self,	
Important To: Peers, Nails Routine, Lip Gloss	Important For: Decisions Independence Routines,
Likes: Dancing Nails, "Girly" Shopping	Dislikes: Told No, Keeping her, Watching T.V.
Describe Communication Style: Non Verbal	

Staff: _____ Service Recipient: Megan Traxler

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: Report	☒ 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 Engage in preferred activity

Outcome #2 Group excercise 1x Per week

Technology Use: No

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Cefdinir Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe :

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports : Prompt to eat Slowly

1400 - 1600 Calories / day

Chronic Medical Conditions ☐ No ☒ Yes – List: Depression, exotropia, myopia, Tuberus Sclerosis WOLFF Parkinson's Syndrome

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 Yak Trax, Driver takes them off

☐ 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 Stay by her

Sensory Disabilities ☐ No ☒ Yes – List: Minimize stimulation

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

Important To: Fam, Outings, observing.

Important For: Independence, Choices, excercise

Likes: Horseback riding, Horses, Music Animals, outdoor Concerts

Dislikes: Really hot / cold food, Blueberries, Doing things she doesn't want

Describe Communication Style: Non - verbal

Staff: _____ Service Recipient: Max Tead

Date: _____

Where People with Disabilities Connect with the Community and the World

2, 2

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: Report	☒ 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
Assisting Paying for Items	

Technology Use: CPU

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: Tonic Clonic Siezures	Seizure PRN ☐ No ☒ Yes Location: Fridge
Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Pace himself, Cut food up, Eat Slowly,	
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 Environment is safe give hand ☐ 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 Walk alongside max in Community	
Sensory Disabilities ☐ No ☒ Yes – List: Use ear plugs, Manipulative,	
Self-Management of Behaviors ☒ No ☐ Yes – Describe supports:	
Important To: Toys Books Music Walks Trains	Important For: Help walk safely, encourage to Participate
Likes: Toys, Books, Riding his Bike, Horses,	Dislikes: Loud Noises / Places
Describe Communication Style: Short Phrases, Prefers to be nonverbal	

Staff: _____ Service Recipient: John McCoy

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:	

Staff: Dave Jr

Date: 11/17/21

PAI

Service Recipient: Britney Shafer-Frazier

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: unable to report	☒ 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

Britney will engage in self-care activities

Outcome #2

Britney will pay for items in community.

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 : Has had seizure-like episodes

Seizure PRN ☒ No ☐ Yes Location:

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

Food-bite size. Slow down verbal reminders

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 "WATCH OUT" verbal reminders

☒ 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 Model + teach + demonstrate pedestrian safety.

Sensory Disabilities ☐ No ☒ Yes – List:

Minimize stimulation, offer to go for walks

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

Give her space, walk with her, verbal prompts

Important To: Pets, Nails, Routines, lip gloss

Important For: Making decisions, independence, routines, outings

Likes: Dancing, nail polish, girl stuff, shopping.

Dislikes: Being told "no"! Keeping her room clean.

Describe Communication Style:

Non-verbal, some ASL

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:		

Staff: Andrea M

Date: 11-17-21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Redacted Brittney S.

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: unable report	☒ 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: engage in self-care task

Outcome #2: paying for items in community

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 :

Seizure PRN ☒ No ☐ Yes Location:

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

bite size, 1 item at time reminders to slow down

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

reminders to look.

☐ 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 model teach pedestrian safety

Sensory Disabilities ☐ No ☒ Yes – List:

minimize stim, offer to walk

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

give space when needed. walk w/her, verbal prompts

Important To: peers, painting nails, chapstick lipgloss

Important For: decisions, indepence routines

Likes: dancing nail polish shopping girly things

Dislikes: be told no keep room clean watching TV

Describe Communication Style:

non verbal / some signs

Staff: Andrea B

Date: 11-17-21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Meagan T.

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: unable to report	☒ 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 will engage in preferred activity/staff

Outcome #2 Group exercise once a week

Technology Use: no

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Cefdinil seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: History

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: small bites eat slow, chair 1400-1600 clause limit

Chronic Medical Conditions ☐ No ☐ Yes – List: depression xerophia, myopia, Hibersc wolf parken sys.

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: YakTrac

☐ 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 stay by her

Sensory Disabilities ☐ No ☐ Yes – List: minimize shinny

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

Important To: family, outings, watching others

Important For: independence choices. exercise

Likes: Horseback riding music animals out-door concerts

Dislikes: Hot/cold food blueberries doing things she doesn't like

Describe Communication Style: non verbal / facial expressions

Staff: Kathryn Stein

Date: 11/17/21

PAI

Service Recipient: Megan Traxler

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: unable to report	☒ 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 will engage in preferred activity with staff

Outcome #2 group exercise once a week

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: cefdinir, seasonal

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☐ No ☒ Yes – Describe :

Seizure PRN ☐ No ☒ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
Small bites, eat slow, Calorie limit 1,400 - 1,600 a day

Chronic Medical Conditions ☐ No ☒ Yes – List:
depression, exotropia, myopia, tuberosis sculosis, wolff parkinsons syndrome

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Yaktracks in winter take on and off all winter

☐ 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 model safety, Stay near her

Sensory Disabilities ☐ No ☒ Yes – List:
minimize stimulation, ~~etc~~ offer other activities

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

Important To: Family, outings, observing others,

Important For: independence, choices, exercise

Likes: horse back riding, music, animals, outdoor concerts

Dislikes: hot/cold Food, blueberries, doing things she doesn't like

Describe Communication Style:
non verbal, facial expressions

Staff: Kathryn Stein

Date: 11/17/21

PAI

Service Recipient: Max Tead

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: unable to reports	☒ 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

Outcome #2 assisting paying for items in the community

Technology Use: occasionally uses computer

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: tonic clonic seizure protocol

Seizure PRN ☐ No ☒ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
help him pace himself, cut up food, remind him to eat slowly

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
make sure enviroment is safe

☐ 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 walk alongside him in community, walk behind him on elevator escalator

Sensory Disabilities ☐ No ☒ Yes – List:
uses earbuds, give manipulative

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

Important To: toys, books, music, walks, trains

Important For: walk safely, encourage him to participate

Likes: toys, books, bike, outings, horses

Dislikes: loud noises, loud places,

Describe Communication Style:
short phrases, non verbal, sign language

Staff: Andrea M Service Recipient: Max Tead

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: Unable to Report	☒ 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 Assisting w/ paying for things in community

Technology Use: Sometimes

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 : History of tonic seizures

Seizure PRN ☐ No ☒ Yes Location:

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

Help pace, cut food. Reminders to eat slow

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

Safe environment

☐ 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 walk along aside

Sensory Disabilities ☐ No ☐ Yes – List:

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

ear buds, give him other items

Important To: Books, music, trains

Important For: walk safely, encourage to participant

Likes: Toys, Book, Bike, Horses, outings

Dislikes: loud noises/places

Describe Communication Style:

Short verbal sentence, prefer to be nonverbal

Staff: _____ Service Recipient: John Maccoy

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:		

Staff: Dave Tuiu

Date: 11/17/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Max S.

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: Unable	☒ 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
	Assisting with paying for items in community

Technology Use: Computer

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: Tonic-Clonic Seizures

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports: Help him pace self, cut food up, reminders to eat slow.

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed Make sure environment is safe.

☒ 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 Walk along side Max in community.

Sensory Disabilities ☐ No ☒ Yes – List:

Ear plugs – manipulatives – small animals

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

Important To: Toys, Books, Music, Walks, Trains	Important For: Walk safely, encourage to participate
Likes: Toys, Books, Bike Horses,	Dislikes: loud noises, loud places

Describe Communication Style:

Verbal but mostly non-verbal

Staff: Dave Tue

Date: 11/17/21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Megan Traveler

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: unable to report	☒ 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: Will engage in planned activity with staff/group Exercise once a week

Outcome #2:

Technology Use:

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: Cefdinir, seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: High, Y

Seizure PRN ☒ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Prompt to take small bites, 1400-1600 calories a day.

Chronic Medical Conditions ☐ No ☒ Yes – List: Depression, exotropia, Myopia, Tuberculosis, Wolff-parkinson

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Given by staff.

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Yak - Stapp

☐ 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 Stay by her

Sensory Disabilities ☐ No ☒ Yes – List: Minimized stimulation, like quiet space/room

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

Important To:	Important For:
Family Outings observing others	Independence, choices, Cardio exercise
Likes: horses, music, animals outdoor concerts	Dislikes: Really hot or cold food blueberries.

Describe Communication Style: NON-verbal

Staff: Nancy Snyder

Date: 11-17-24

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Max Tedd

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: unable to report	☑ 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
Max will	Assistant with paying for items in community.

Technology Use: computer sometimes

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: tonic-clonic seizures

Seizure PRN ☐ No ☑ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: help pace himself - cut up food, eat slowly reminders

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: Make sure environment is safe

☐ 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 walk beside in community, behind Max on escalator

Sensory Disabilities ☐ No ☑ Yes – List: use ear buds, fidget (animal)

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

Important To:	Important For:
toys, books, music, walks, trains	help him walk safely, encourage participation
Likes:	**Dislikes:**
toys, trains, books, bike, outings, horses	loud noises, loud places,

Describe Communication Style: Short phrases / mostly non-verbal

Staff: Nancy Snyder

Date: 11-17-21

Service Recipient: Megan Trakler

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: Unable to report	☑ 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
Engage in activity with staff

Outcome #2
Engage in group exercise once a week

Technology Use: None

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List:
Cefdinir, seasonal

Epi Pen/Treatment ☑ No ☐ Yes
Location:

Seizures ☐ No ☑ Yes – Describe :
History of seizures

Seizure PRN ☐ No ☑ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports :
small bites, eat slow prompts, 1400-1600 calories per day

Chronic Medical Conditions ☐ No ☑ Yes – List:
Depression, exotropia, Miopia, tuberous sclosis, Wolff parkinson syndrom

Medication Administration/Treatment Orders ☑ No ☐ Yes – Describe Equipment/Supports :
~~Med sheet at PMH~~ / Given by staff

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
yak tracks - outside only verbal cues physical assistance
☐ 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 Model, teach & demonstrate, stay by her

Sensory Disabilities ☐ No ☑ Yes – List:
offer different space if room is loud

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

Important To:	Important For:
Emily, clothes, observing others	independence, choices, exercise
Likes: outdoor concerts, Horseback riding, music, animals	**Dislikes:** doing things she doesn't like Hot or cold food, blueberries,

Describe Communication Style:
non-verbal

Staff: Gaines, Suzie

Date: 11/16/2021

PAI

Service Recipient: Britney

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
age (Self) Care tasks	Paying for things

Technology Use: N/A - 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 :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports :
- Slow down - One thing at a time.
- bite size.

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
Staff - 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 Look / Watch for things in the way

Sensory Disabilities ☒ No ☒ Yes – List:
Give Space / Walk in hallways / hands to Self.

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

Important To: peers, painting nails, lip gloss,

Important For: decids, Indepen; outings

Likes: nails painted, dancing; girly things Shopping.

Dislikes: being told no keeping room clean. Watching t. v.

Describe Communication Style:
Non-Verbal / Some Signs

Staff: Stacie, Gaines

Date: 11/17/2021

Service Recipient: John McCoy

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:	