Staff: Anna Pratt

Date: 11/18/21

PAI

Service Recipient: Sabrina Brower

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: Sulfa medications	**Epi Pen/Treatment** ☒ No ☐ Yes Location:
Seizures ☐ No ☐ Yes – Describe: N/A	**Seizure PRN** ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports: reminders to slow down

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

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports: staff will administer medications

Specific Health & Medical Needs ☒ No ☐ Yes – List: partial assistance w/ cares

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports		
N/A ☐ 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: N/A

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

Important To: Mom, grandma, electronics, staying busy & active	**Important For:** community activities, assisting staff increasing coping skills
Likes: sleeping in, drinking pop, hanging out w/ boyfriend	**Dislikes:** being told no, loosing phone privalages, brushing teeth/hair, cleaning

Describe Communication Style: verbal

Staff: Anna Pratt

Date: 11/18/21

PAI

Service Recipient: Lyric Dampier

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: NKA

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes Location:

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

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

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

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: N/A

☐ 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: N/A

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: Ask to talk 1:1, go for a walk listen to music, work on word searches

Important To: getting a job in the community working on social skills, family & friends

Important For: constructive feed back, frequent check ins, family support, community interaction

Likes: shopping, hanging out w/ friends, routine helping others

Dislikes: changes to schedule, conflict w/ peers, not understanding social situations

Describe Communication Style: verbal

Staff: Anna Pratt

Date: 11/16/21

PAI

Service Recipient: Nathan Dott

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 complete chosen morning routine

Outcome #2 Pick & participate in 1 community outing per month

Technology Use: ipad: play games, listen to music

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: NKA

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes Location:

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

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

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : staff will administer medications

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: N/A

☐ 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: N/A

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

Important To: family, video games, listening to the radio, going out to eat

Important For: staying safe & healthy, participating in the community

Likes: shopping for clothes, going out to eat, chicken nuggets, ice cream

Dislikes: fruits & vegetables, being told what to do, when people scream

Describe Communication Style: Verbal

Staff: Anna Pratt

Date: 11/18/21

PAI

Service Recipient: Brittany Geisenhof

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 will write down/recite her home phone # + address

Outcome #2 practice money skills by completing money worksheets each month

Technology Use: —

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: NKA

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes Location:

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

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

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : staff will administer medications

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: N/A

☐ 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: N/A

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

Important To: going out to eats, swimming, facetiming w/ family

Important For: participating in community outings, being aware of surroundings

Likes: going out to eat, going to the mall, country music

Dislikes: vegetables, extreme temperatures, barking dogs, being told what to do

Describe Communication Style: verbal w/ gestures & symbols

Staff: Anna Pratt

Date: 11/18/21

PAI

Service Recipient: Daniel Geisenhof

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 Daniel will maintain appropriate physical boundaries w/ peers

Outcome #2 will make good role models & maintain a positive attitude

Technology Use: Cell phone: texts, calls, face time; iPod: music

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: NKA

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe: N/A

Seizure PRN ☐ No ☐ Yes Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List: Asthma

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

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: N/A

☐ 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: N/A

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

Important To: getting a job in the community, swimming, basketball

Important For: opportunities for work & class, time/space/trusted person to talk to

Likes: WWE, church, making spending money, playing videogames w/ friends

Dislikes: Vegetables, particularly tomatoes, being argued with

Describe Communication Style: Verbal

Staff: Anna Pratt

Date: 11/18/21

PAI

Service Recipient: Matthew Hutchinson

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: NKA

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports : reminders to slow down

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

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : staff will administer medications

Specific Health & Medical Needs ☒ No ☐ Yes – List: partial cares assistance w/ BMs

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: N/A

☐ 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: sensitive to noise, may rock or jump up & down when overstimulated

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

Important To: phone, family, routine	Important For: family, staying active in the community, communication device
Likes: computer, roller coasters, trains, swimming, MOA, YMCA, shopping, sleeping	Dislikes: getting his hands wet, loud noises, changes to routine

Describe Communication Style: limited verbal communication device

Staff: Hanna Johnson

Date: 11/18/21

Service Recipient: Anna Pratt

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 chose & participate in 1 outing per month

Outcome #2 practice money skills by completing a money counting ~~worksheet~~ each morning

Technology Use: assistance to use for rec/education

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: Ciprofloxacin & Cephalexin

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes Location:

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

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

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

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

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

N/A

☐ 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: N/A

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

N/A

Important To: art projects, bowling, hanging out w/ friends & family

Important For: access to work, appropriate supports for employment opportunities

Likes: animals, hanging out w/ friends & family, fishing, bowling, music, pizza

Dislikes: Aggressive / argumentative people, asparagus, cream of corn

Describe Communication Style: Verbal

Staff: Anna Pratt

Date: 11/18/21

PAI

Service Recipient: #. Debbie Leo

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 Plan & participate in 3 community activities per month	**Outcome #2** participate in volunteer opportunity through PAI 2x month
Technology Use: iPad; music	

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: NKA	**Epi Pen/Treatment** ☐ No ☐ Yes Location:
Seizures ☐ No ☐ Yes – Describe: N/A	**Seizure PRN** ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports: Assist to cut food when requested

Chronic Medical Conditions ☒ No ☐ Yes – List: incontinence

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

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports N/A ☐ 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: N/A

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: verbal encouragement & redirection to preferred activity

Important To: friends & family, eating breakfast, stuffed animals, music	**Important For:** healthy diet choices, getting enough sleep, spending time w/ ppl she cares @
Likes: Breakfast, movies, going out to eat, being w/ friends	**Dislikes:** chaos, conflict, arguments, loud noises

Describe Communication Style: verbal

Staff: Anna Pratt

Date: 11/18/21

PAH

Service Recipient: Toby LePage

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 Toby will greet a peer upon arrival 1x week

Outcome #2 2x month chose on activity to attend

Technology Use: iPad's movies & TV

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: NKA

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes Location:

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

Chronic Medical Conditions ☑ No ☐ Yes – List: constipation & hypothyroidism

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : staff will administer medication

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

N/A

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

flat footed - allow extra 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

Sensory Disabilities ☒ No ☐ Yes – List: glasses

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

N/A

Important To: being active, swimming, yoga, family & friends

Important For: opportunities to volunteer, staying physically active, contributing to the community

Likes: movies/TV, video games, music, root beer, cheeseburgers, spending time w/ family/friends

Dislikes: olives, fruit, big crowds, noisy environments, getting his hands dirty

Describe Communication Style: Verbal

Staff: Anna Pratt

Date: 11/18/21

PAI

Service Recipient: Angel McQuiston

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 Practice money skills

Outcome #2 invite peer to have lunch w/ her

Technology Use: iPad | email

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: Penicillin & Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports : reminders to slow down

Chronic Medical Conditions ☐ No ☒ Yes – List: ADHD, Migraines, Asthma, Laryngomalacia

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

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

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

N/A

☐ 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: sensitive to noise

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

Important To: spending time w/ Family, shopping, being social

Important For: Chores, time to process, making money

Likes: Shopping, music, fashion, being helpful learning new things, joking around

Dislikes: too much noise, loud people crowds long car rides, expectations that are not explained

Describe Communication Style: Verbal

Staff: Anna Pratt

Date: 11/18/21

Service Recipient: Sarah Poulsen

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 try to do in-house work for 1 hour per pay period w/ 2 verbal cues

Outcome #2 chose a friend to eat lunch with

Technology Use: iPad

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: Glycopyrolate, Tamiflu

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe: Epilepsy

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports: bite sized pieces, reminders to slow down

Chronic Medical Conditions ☒ No ☐ Yes – List: constipation, osteopenia

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

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

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports
Offer assistance for short walks
Wheelchair for long distance
☐ 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: Strabismus, Sensitive to noise

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

Important To: cooking class, pet therapy, music class, quiet environment, consistency, having choices

Important For: The opportunity to work, routine, time to process, making choices

Likes: jigsaw puzzles, watching TV, church, music, going out to eat

Dislikes: Hot dish, her food touching, crowds, loud noises, latex balloons, traffic jams

Describe Communication Style: verbal

Staff: Anna Pratt

Date: 11/18/21

PAI

Service Recipient: Nick Seng

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: NKA

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☒ Yes – Describe Equipment/Supports :
Celiac assist to chose foods w/o gluten

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

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : staff will administer medication

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports
N/A
☐ 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: glasses & hearing aids

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

Important To:	Important For:
Family, being a good brother, chosen staying active	gluten free diet, working towards community employment
Likes: playing sports, going to the dog park, going to the zoo, volunteering	**Dislikes:** getting up early, being bossed around Dr. appointments

Describe Communication Style: Verbal

Staff: Anna Pratt

Date: 11/18/21

PAI

Service Recipient: Andy St. Martin

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 complete a worksheet to help improve money skills 1x week

Outcome #2 participate in community outing that outing of his choice 1x month

Technology Use: iPad + Clicmbook! math games

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: NKA

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes Location:

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

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

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

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: N/A

☐ 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: sensitive to tuch & noise

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

Important To: Sense of responsibility, routine, break space, opportunities to try new things

Important For: independence, quiet break space, assistance w/ communicating

Likes: going to valley fair/MOA/science museum volunteering, movies, swimming, thrift stores

Dislikes: being forced to try new things, when others touch his stuff, loud people

Describe Communication Style: Verbal