A-F

Staff: Amer

Date: 4/15/21

PAI

Service Recipient: Abenezer Fida

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2
NA	NA

Technology Use: lab top XBOX I pad Cell TV

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 : epilepsy

Seizure PRN ☐ No ☒ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
Cut up Bite size

Chronic Medical Conditions ☐ No ☒ Yes – List:
S

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Rt side disability
☐ Support straps/belts needed

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

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Support

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
history of verbal aggression running from family

Important To: Family XBox art Draw workout

Important For: structure Social opp. Being heard working independant Choices

Likes: XBOX Art Drawing marvel French Fie Cheetahs Sunkist

Dislikes: Forced to clothing mis understood

Describe Communication Style:
Verbal Soft spoken

Staff: DestinyB

Date: 4/15/22

PAI

Service Recipient: Abenezer FIDA

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2
N/A	N/A

Technology Use: Laptop, xbox, MP3, iPad, TV, cellphone

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: epilepsy DRUG Seizures

Seizure PRN ☐ No ☑ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: Staff present for Bite size seizure activity.

Chronic Medical Conditions ☐ No ☑ Yes – List: seizure disorder

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

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
- Right sided damage from seizures
- Unsteady gait

☐ Support straps/belts needed

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

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: History of verbal/physical aggression. History of running from parents

Important To: Family, xbox/videogames, Art, working out.

Important For: Structure, social opportunities, working, independence, Being heard, given options

Likes: xbox/videogames, Art, working out, cheetahs

Dislikes: Forced to do things, being misunderstood.

Describe Communication Style: Verbal.

A. F.

Staff: Lori Bauernfeind

Service Recipient: Abenezer Fida

Date: 4/15/21

PAI

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2
NA	NA

Technology Use: Laptop - IPad, Cellphone

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 : Epilepsy Drop Seizer

Seizure PRN ☐ No ☒ Yes
Location: \

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
Seizer Food cut to bite size pieces

Chronic Medical Conditions ☐ No ☒ Yes – List:
Seizer

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Right side damage
unsteady gate

☐ 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 in sight at all times

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: history of aggression
Running from home - eloping

Important To: Family Xbox Video games Sunlist, Draw Workout, Potatoes, space

Important For: Stretcher, Social opp' choices Working, Independent, being heard

Likes: Xbox Cheetas, working out Internet, Video games

Dislikes: Cartoons or animated music Rock music, being misunderstood

Describe Communication Style:
Verbal

Staff: Linda Champagne

Date: 4-15-21

PAH

Service Recipient: AFida

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 NA

Outcome #2 NA

Technology Use: laptop, X box, IPAD, TV

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: & Pilipsey drop seizures

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: in sight at all times cut foods at home

Chronic Medical Conditions ☐ No ☒ Yes – List:

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: damage on R side watch for objects

☐ 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 in sight at times

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: running from home
Verbal aggression - when upset

Important To: X box video games family draws - workout

Important For: structure need working social independent-choices

Likes: X box internet cheetahs marvels Dr. Seuss

Dislikes: cartoons misunderstood

Describe Communication Style: Verbal

Staff: Isabelle Cooper

Date: 04-15-21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: ABenezer Fida

(remote services) *3 days a week when back*

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 N/A

Outcome #2 N/A

Technology Use: Laptop is learning, mp3, TV, Cell & x box

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 : Epilepsy

Seizure PRN ☐ No ☒ Yes Location: onsite

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : due to epilepsy, drop seizures Prone to choking, needs food to be cut into bite sized.

Chronic Medical Conditions ☐ No ☒ Yes – List: Epilepsy Seizure disorder

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

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

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

(r) of body damaged from drop seizures, has unsteady gait

☐ Support straps/belts needed

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

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes due to seizures

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: aggressive, verbal, kicking, punching, yelling & history of running away

Important To: family, x box / video games, art, working out

Important For: structure, social opportunities, working, being heard, options, independent

Likes: x box, internet, art, cheetahs, My Video games, drawing, space, sun kissed, Thor, marker, fries

Dislikes: Cartoons, rock music, being forced to do things, misunderstood

Describe Communication Style:

Verbal

Staff: Jay Fehrman

Date: 4-15-21

PAH

Service Recipient: Ahnezel

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 N/A

Outcome #2 N/A

Technology Use: laptop, Xbox, iPad, cell phone

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

Does the person require support in this area?

Allergies ☑ No ☐ Yes – List:

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe : protocol

Seizure PRN ☐ No ☑ Yes Location:

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

Chronic Medical Conditions ☐ No ☑ Yes – List: Seizure disorder

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: right side/unsteady gait

☐ Support straps/belts needed

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

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: history of getting aggressive, running from home

Important To: family, xbox, art/drawing, working out

Important For: structure, social opportunities, being heard, wellness, being independent

Likes: xbox, video games, drawing, creatures; Thor, finish fries

Dislikes: when misunderstood

Describe Communication Style: verbal

Staff: Nicci Gangl

Date: 4/15/21

PAH

Service Recipient: Abenezer Fida

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 n/a

Outcome #2 n/a

Technology Use: Laptop, Xbox, MP3 Player, Cell Phone, IPAD

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 :
Epilipsy

Seizure PRN ☐ No ☒ Yes
Location:

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

Chronic Medical Conditions ☐ No ☒ Yes – List:
Seizure Disorder

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

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

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

☐ Support straps/belts needed

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

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
- Verbal aggression - Runs away
- Throwing objects

Important To:
Family, Video Games, Draw, Workout

Important For: Being Independent, Choices, Structure, Social Opp., Working

Likes:
Xbox, Internet, Art

Dislikes:
Force to do stuff, Misunderstood

Describe Communication Style:
Verbal

Staff: Payne Gordon

Date: 4/15/2021

PAI

Service Recipient: Abenezer Fida

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 N/A

Outcome #2 N/A

Technology Use: Laptop, I pad, TV, MP3, XBOX, Cell phone,

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe : Seizure Disorder, protocal and PRN.

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Staff present while eating for Seizure activity + Making Sure food is cut.

Chronic Medical Conditions ☐ No ☒ Yes – List: Seizure disorder

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Seizure Protocal + PRN

Specific Health & Medical Needs ☐ No ☒ Yes – List: Seizure disorder, epilepsy.

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
lack of use of R Side of body + Unsteady gate.

☐ 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 in sight @ all times per seizures

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: May get aggresive, verbal or run if/when upset, has in the past from parents.

Important To: Family, xbox, drawing, working out,

Important For: Structure, social, opportunities Work, Independence to be heard and given choices.

Likes: XBox, video, music, browsing the internet, Art, drawing, working out, cheetahs.

Dislikes: Being forced to do things, not being understood.

Describe Communication Style: Verbal

Staff: Cortney Kelly

Date: 4/26/2021

PAI

Service Recipient: Abenezer 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:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 N/A

Outcome #2 N/A

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☑ No ☐ Yes – List:

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe : epilepsy, drop seizures

Seizure PRN ☐ No ☑ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : Bite size diet, staff present

Chronic Medical Conditions ☐ No ☒ Yes – List: seizure disorder

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

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
- Right side damage from seizures
- unsteady gait

☐ Support straps/belts needed

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

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
- History of eloping
- verbal/physical aggression

Important To: Family, xbox/video games, art, working out

Important For: Structure, social opportunities, working, independence

Likes: xbox, video games, art, working out

Dislikes: Forced to do things, being misunderstood

Describe Communication Style: Verbal

Staff: Justyn Kriel

Date: 4/15/21

PAI

Service Recipient: Abenezer Fida

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 NA

Outcome #2 NA

Technology Use: Laptop, xbox, ipad, tv, cellphone

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 : epilepsy

Seizure PRN ☐ No ☑ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports :
Staff present, food cut into bite sized pieces

Chronic Medical Conditions ☐ No ☑ Yes – List:
seizure disorder

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

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
Right side weak from seizures/unsteady gait

☐ Support straps/belts needed

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

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
Verbal/physical aggression
running

Important To: family, xbox, art, working out

Important For: Structure, social opportunities, working, independance, being heard

Likes: xbox, family, working out

Dislikes: Forced to do things, misunderstood

Describe Communication Style:
Verbal

Staff: Dawn Nelson

Date: 4/15/21

PAI

Service Recipient: Abenezer Fida

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 N/A

Outcome #2 N/A

Technology Use: laptop, xbox, mp3, ipad, tv, cellphone

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 disorder, epilepsy

Seizure PRN ☒ No ☒ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
epilepsy - staff needs to be present at all time, bi

Chronic Medical Conditions ☐ No ☒ Yes – List:
seizure disorder, epilepsy

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
seizure PRN on site

Specific Health & Medical Needs ☐ No ☒ Yes – List:
seizure disorder, epilepsy

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
right side body lots of damage from seizures,
☐ 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 in site at all times

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
has history or aggression, history of running

Important To:
family, Xbox, video games, Art, drawing
Work out

Important For:
structure, skill opportunities, working
being independent being heard, given options

Likes:
Xbox, Art, browsing internet, marvels,
frenchfries, space, sunkist

Dislikes:
forced to do things, being misunderstood

Describe Communication Style:
Verbal

Staff: Monti Patrick

Date: 4/15/21

Service Recipient: AF

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2
N/A	N/A

Technology Use: Laptop, XBox, IPAD, cellphone

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 :
Epilepsy

Seizure PRN ☐ No ☒ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports :
Cut up Food Bite Size

Chronic Medical Conditions ☐ No ☒ Yes – List:
Because of Seizure disorder

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
Seizure PRN on site

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

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

☐ 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 In sitrat all time

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
verbal aggression, running, throwing things

Important To: Family, XBox, Draw and workout

Important For: Structure, Social, working, Independent, be heard, choices

Likes: XBox, Internet, workouts, Cheetahs

Dislikes: Confusion, Animate, being misunderstand

Describe Communication Style:
Verbal

Staff: Michelle Stover

Date: 4/15/21

PAI

Service Recipient: AF

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 n/A

Outcome #2 n/A

Technology Use: laptop - X-box IPad T.V. cellphone

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 : Remote Seizure only now

Seizure PRN ☐ No ☑ Yes Location:

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

drop Seizure - needs to be in sight at all times

Chronic Medical Conditions ☐ No ☑ Yes – List:

Epilepsy

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

Seizure PRN on sight (rules here)

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

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

Right side has alot of damage

☐ 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 Seizure - in sight all time

Sensory Disabilities ☒ No ☐ Yes – List:

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

history of aggression - Verbal, physical, running away

Important To: family, (every weekend) X-Box, ART Workouts

Important For: Structure, social opp. working

Likes: X-Box, Internet, Art, Workouts, THOR, Chutas

Dislikes: when forced to do things, being heard, misunderstood, chow, opp

Describe Communication Style: Verbal

Staff: Anna Wrich

Date: 4/15/2021

PAI

Service Recipient: Abenezer fida

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2
NA	NA

Technology Use: Laptop. xbox mp3 iPad. TV. cell Phone

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

Does the person require support in this area?

Allergies ☑ No ☐ Yes – List:

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: epilepsy.

Seizure PRN ☐ No ☑ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: epilepsy - drop ~~siet~~ seizures food needs to be cut - bite size

Chronic Medical Conditions ☐ No ☑ Yes – List: seizure disorder

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports: PRN on site. needs supports

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: right side body has damage. unsteady gait

☐ Support straps/belts needed

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

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes in sight at all times

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: History of aggression. Verbal hitting kicking throwing etc. running away.

Important To: fam. xbox. art, draw workout

Important For: structure. social oppor. working. independent. choices

Likes: internet, xbox, cheetahs, marvel, fries, space, Planes

Dislikes: being forced. being misunderstood. Rock music

Describe Communication Style: Verbal

Staff: Erica

Date: April/15/21

PAI

Service Recipient: Abenezer fida

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2
N/A	N/A

Technology Use: laptop / xbox / IPad / Cell Phone

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☐ No ☒ Yes – Describe : epalepsie

Seizure PRN ☐ No ☒ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : in sight at all time Make Sure it's cut

Chronic Medical Conditions ☐ No ☒ Yes – List: Seizure disorder

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

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

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: aggressive, running away

Important To: family, xbox, Art, Work out

Important For: Structure / working / being heard

Likes: Video games, Cheeta, Thor, french fries,

Dislikes: Cartoons, forced to do Something, missunderstood

Describe Communication Style:

Verbal