Staff: Kathryn Stein

Date: 1/19/21

Service Recipient: Ryan Mitchell

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<br>☒ Likely to seek/cooperate in an abusive situation<br>☒ Inability to be assertive<br>☐ Other: | ☒ Inability to identify dangerous situations<br>☒ Lack of community orientation skills<br>☒ Inappropriate interactions with others<br>☒ Inability to deal with aggressive persons<br>☒ Verbally/physically abusive to others<br>☐ "Victim" history exists<br>☐ Other: | ☐ Dresses inappropriately<br>☐ Refuses to eat<br>☒ Inability to care for self-help needs<br>☒ Lack of self-preservation/ safety skills<br>☐ Engages in self-injurious behaviors<br>☐ Neglects/refuses to take medications<br>☐ Other: | ☒ Inability to handle financial matters<br>☐ Other: |

**Outcome #1** _____ **Outcome #2** _____

**Technology Use:** cellphone for leisure, 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 :

**Seizure PRN** ☒ No ☐ Yes Location:

**Choking/Specialized Dietary Needs** ☐ No ☐ Yes – Describe Equipment/Supports :
Promopting make healthy choices

**Chronic Medical Conditions** ☒ No ☐ Yes – List:
often nose bleeds

**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 Staff stay within visual range

**Sensory Disabilities** ☐ No ☐ Yes – List: help redirect to quiet space/use headphones
becomes over stimulated with some environments.

**Self-Management of Behaviors** ☐ No ☒ Yes – Describe supports:
will throw things/property destruction

**Important To:** family, independence, choice making, being included.

**Important For:** participates in groups, quiet spot for regulations, maintaining appropriate boundaries, time to process

**Likes:** latch hook, arts and crafts, games, shopping, going to movies

**Dislikes:** being ignored, not being included.

**Describe Communication Style:**
verbal, expressive

Staff: Ang pratt

Date: 1/19/21

PAI

Service Recipient: Ryan Mitchell

**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<br>☒ Likely to seek/cooperate in an abusive situation<br>☒ Inability to be assertive<br>☐ Other: | ☒ Inability to identify dangerous situations<br>☒ Lack of community orientation skills<br>☒ Inappropriate interactions with others<br>☒ Inability to deal with aggressive persons<br>☒ Verbally/physically abusive to others<br>☐ "Victim" history exists<br>☐ Other: | ☐ Dresses inappropriately<br>☐ Refuses to eat<br>☒ Inability to care for self-help needs<br>☒ Lack of self-preservation/ safety skills<br>☐ Engages in self-injurious behaviors<br>☐ Neglects/refuses to take medications<br>☐ Other: | ☒ Inability to handle financial matters<br>☐ Other: |

| Outcome #1 | Outcome #2 |
|---|---|
| | |

**Technology Use:** Cell phone for games to regulate 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 :

**Seizure PRN** ☐ No ☐ Yes
Location:

**Choking/Specialized Dietary Needs** ☐ No ☒ Yes – Describe Equipment/Supports : prompt to make healthy food choices in the community

**Chronic Medical Conditions** ☒ No ☐ Yes – List:

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

**Specific Health & Medical Needs** ☐ No ☒ Yes – List: nose bleeds (reminders to wash hands & face)

**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 may wander (verbal prompt)

**Sensory Disabilities** ☐ No ☒ Yes – List: noise prompt to use head phones, redirect to quieter area

**Self-Management of Behaviors** ☐ No ☒ Yes – Describe supports: throwing objects when overwhelmed prompt to use headphones & self-regulations skills

**Important To:** family, independence, choices, being included

**Important For:** participation, a quiet spot, appropriate work-place boundries, time to finish thoughts

**Likes:** latch hook, arts & crafts, nintendo wii, shoping

**Dislikes:** being ignored, not being included

**Describe Communication Style:** Verbal

Staff: [illegible]

Date: 1-19-21

PAI

Service Recipient: Ryan Mitchell

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<br>☑ Likely to seek/cooperate in an abusive situation<br>☑ Inability to be assertive<br>☐ Other: | ☑ Inability to identify dangerous situations<br>☑ Lack of community orientation skills<br>☑ Inappropriate interactions with others<br>☑ Inability to deal with aggressive persons<br>☑ Verbally/physically abusive to others<br>☐ "Victim" history exists<br>☐ Other: | ☐ Dresses inappropriately<br>☐ Refuses to eat<br>☑ Inability to care for self-help needs<br>☑ Lack of self-preservation/ safety skills<br>☐ Engages in self-injurious behaviors<br>☐ Neglects/refuses to take medications<br>☐ Other: | ☐ Inability to handle financial matters<br>☐ Other: |

| Outcome #1 | Outcome #2 |
|---|---|
| | |

**Technology Use:** 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 : | **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:

Nose Bleeds.

| | | |
|---|---|---|
| **Mobility Supports Fall Risk** ☑ No ☐ Yes – Describe primary mobility & supports<br>☐ Support straps/belts needed | ☐ Verbal Cues<br>☐ Physical Assistance<br>☐ Posey / Gait Belt<br>☐ Walker | ☐ 2 Person Hoyer # staff in cares room: ____<br>☐ 1 Person Hoyer / Track<br>☐ Arjo |

**Community & Water Safety Skills** ☐ No ☐ Yes

**Sensory Disabilities** ☐ No ☑ Yes – List:

over stim. w/ noisy envir.

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

brings head phones

| | |
|---|---|
| **Important To:** being included<br>family / choice making / | **Important For:** short communication participation / Quiet Spot / Boundaries |
| **Likes:**<br>Latch hook / Arts & crafts / WII / movies / shopping | **Dislikes:**<br>Being ignored; not included |

**Describe Communication Style:**

Verbal

Staff: John

Date: 1-19-21

PAI

Service Recipient: Ryan Mitchell

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<br>☐ Likely to seek/cooperate in an abusive situation<br>☐ Inability to be assertive<br>☐ Other: | ☐ Inability to identify dangerous situations<br>☒ Lack of community orientation skills<br>☒ Inappropriate interactions with others<br>☒ Inability to deal with aggressive persons<br>☒ Verbally/physically abusive to others<br>☐ "Victim" history exists<br>☐ Other: | ☐ Dresses inappropriately<br>☐ Refuses to eat<br>☒ Inability to care for self-help needs<br>☒ Lack of self-preservation/ safety skills<br>☐ Engages in self-injurious behaviors<br>☐ Neglects/refuses to take medications<br>☐ Other: | ☒ Inability to handle financial matters<br>☐ Other: |

| Outcome #1 | Outcome #2 |
|---|---|
| | |

**Technology Use:** Own cell phone & I pad devices.

## 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 :

Observe only

**Chronic Medical Conditions** ☒ No ☐ Yes – List:

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

**Specific Health & Medical Needs** ☐ No ☒ Yes – List: Nose bleeding issues. prompts to wash-clean.

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

supervise.

☐ 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: Over stimulated in loud environments can get overwhelmed and throw objects.

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

Prompt/Redirect to a quiet area. (Head phones)

**Important To:** Family, Independence Being included. Having choices.

**Important For:** participating with peers Maintaining boundries.

**Likes:** Latch Hook & Yarn crafts. Wii Games, Shopping. Movies

**Dislikes:** Being Ignored and not being included.

**Describe Communication Style:**

Verbal.

Staff: Dave Turner

Date: 01.19.2021

PAI

Service Recipient: Ryan Mitchell

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<br>☒ Likely to seek/cooperate in an abusive situation<br>☒ Inability to be assertive<br>☐ Other: | ☒ Inability to identify dangerous situations<br>☒ Lack of community orientation skills<br>☒ Inappropriate interactions with others<br>☒ Inability to deal with aggressive persons<br>☒ Verbally/physically abusive to others<br>☐ "Victim" history exists<br>☐ Other: | ☐ Dresses inappropriately<br>☐ Refuses to eat<br>☒ Inability to care for self-help needs<br>☒ Lack of self-preservation/ safety skills<br>☐ Engages in self-injurious behaviors<br>☐ Neglects/refuses to take medications<br>☐ Other: | ☒ Inability to handle financial matters<br>☐ Other: |

| Outcome #1 | Outcome #2 |
|---|---|
| | |

Technology Use: Cell phone, I-PAD,

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

Does the person require support in this area?

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

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

Make healthy food choices in community, No choking

Chronic Medical Conditions ☐ No ☒ Yes – List:

Nose bleeds often,

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

No MEDICATIONS

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

Nose bleeds

| Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports | | |
|---|---|---|
| ☐ Support straps/belts needed Staff will keep him in eyesight. | ☒ Verbal Cues<br>☐ Physical Assistance<br>☐ Posey / Gait Belt<br>☐ Walker | ☐ 2 Person Hoyer # staff in cares room: ____<br>☐ 1 Person Hoyer / Track<br>☐ Arjo |

Community & Water Safety Skills ☐ No ☐ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Ca

- Over stimulated with loud noises, prompt to quiet area, headphones.

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

Throwing things - out home 911 protocol.

Property destruction, thrown items - redirect with headphones, breathing

| Important To: | Important For: |
|---|---|
| Family, Independence, Choices, being included | Workplace boundaries, Participation, Having a quiet area, give Time to process. |
| Likes: Watch hockey, Wii, Shopping, Movies. | Dislikes: Being ignored or included |

Describe Communication Style:

Verbal.

Staff: Jordan Thaffer

Date: 1/19/21

PAI

Service Recipient: Ryan Mitchell

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<br>☒ Likely to seek/cooperate in an abusive situation<br>☒ Inability to be assertive<br>☐ Other: | ☒ Inability to identify dangerous situations<br>☒ Lack of community orientation skills<br>☒ Inappropriate interactions with others<br>☒ Inability to deal with aggressive persons<br>☒ Verbally/physically abusive to others<br>☐ "Victim" history exists<br>☐ Other: | ☐ Dresses inappropriately<br>☐ Refuses to eat<br>☒ Inability to care for self-help needs<br>☒ Lack of self-preservation/ safety skills<br>☐ Engages in self-injurious behaviors<br>☐ Neglects/refuses to take medications<br>☐ Other: | ☒ Inability to handle financial matters<br>☐ Other: |

| Outcome #1 | Outcome #2 |
|---|---|
| | |

**Technology Use:** 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 :

**Seizure PRN** ☒ No ☐ Yes
Location:

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

Prompting to make healthy choices in community

**Chronic Medical Conditions** ☐ No ☐ Yes – List:

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

no meds

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

nose bleeds

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

independent

☐ 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 in visual range in community

**Sensory Disabilities** ☐ No ☒ Yes – List:

noisy environments - redirect to quieter area, offer headphones

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

Throws things when overwhelmed - 911 protocol when things get thrown

| Important To: | Important For: |
|---|---|
| family, independence, choice making, being included | participates, quiet spot, workplace boundaries, time to finish thoughts before answering |
| **Likes:** Latch hook, Nintendo, wii, shopping, going to movies | **Dislikes:** being ignored, not feeling included |

**Describe Communication Style:**

Verbal

Staff: Chelsie

Date: 1/19/24

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Ryan Mitchell

## 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<br>☒ Likely to seek/cooperate in an abusive situation<br>☒ Inability to be assertive<br>☐ Other: | ☒ Inability to identify dangerous situations<br>☒ Lack of community orientation skills<br>☐ Inappropriate interactions with others<br>☒ Inability to deal with aggressive persons<br>☒ Verbally/physically abusive to others<br>☐ "Victim" history exists<br>☐ Other: | ☐ Dresses inappropriately<br>☐ Refuses to eat<br>☒ Inability to care for self-help needs<br>☒ Lack of self-preservation/ safety skills<br>☐ Engages in self-injurious behaviors<br>☐ Neglects/refuses to take medications<br>☐ Other: | ☐ Inability to handle financial matters<br>☐ Other: |

| Outcome #1 | Outcome #2 |
|---|---|
| | |

Technology Use: 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<br>Location: |
| Seizures ☒ No ☐ Yes – Describe : | Seizure PRN ☐ No ☐ Yes<br>Location: |

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

Prompting healthy food in community

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

Community & Water Safety Skills ☐ No ☒ Yes Visional range

Sensory Disabilities ☐ No ☒ Yes – List: over stimulated in noise enviorments

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: just throw things?

| Important To: | Important For: |
|---|---|
| Family, Choose making, Independant, Group participates, quiet spot, Time to finish thoughts | |
| **Likes:** | **Dislikes:** |
| latch hook, nintendo wee, movies, shopping | Being ignored, not feeling included |

Describe Communication Style:

Verbal.

Staff: Nikki Kereluk

Date: 1/19/21

PAI

Service Recipient: Ryan Mitchell

•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<br>☒ Likely to seek/cooperate in an abusive situation<br>☒ Inability to be assertive<br>☐ Other: | ☒ Inability to identify dangerous situations<br>☒ Lack of community orientation skills<br>☒ Inappropriate interactions with others<br>☒ Inability to deal with aggressive persons<br>☒ Verbally/physically abusive to others<br>☐ "Victim" history exists<br>☐ Other: | ☐ Dresses inappropriately<br>☐ Refuses to eat<br>☒ Inability to care for self-help needs<br>☒ Lack of self-preservation/ safety skills<br>☐ Engages in self-injurious behaviors<br>☐ Neglects/refuses to take medications<br>☐ Other: | ☒ Inability to handle financial matters<br>☐ Other: |

| Outcome #1 | Outcome #2 |
|---|---|
| | |

**Technology Use:** own phone=games, self-regulation, 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: —

**Seizure PRN** ☒ No ☐ Yes
Location:

**Choking/Specialized Dietary Needs** ☒ No ☐ Yes – Describe Equipment/Supports:
encourage healthy options in community

**Chronic Medical Conditions** ☒ No ☐ Yes – List:

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

**Specific Health & Medical Needs** ☒ No ☐ Yes – List: Nose Bleeds - remind to wash up

**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 Stay in visual range

**Sensory Disabilities** ☐ No ☒ Yes – List: overstimulated w/ noisey environments - prompts to quiet area + use headphones.

**Self-Management of Behaviors** ☐ No ☒ Yes – Describe supports: (behaviors @ home) throws objects. 911 protocol w/ aggression at home

| Important To: family, independence, choices, being included | Important For: participates, quiet spot, appropriate workplace boundaries time to finish thoughts after "2" |
|---|---|
| Likes: latch hook, nintendo wii, movies, shopping. | Dislikes: being ignored, not feeling included |

**Describe Communication Style:** Verbal

Staff: Zach Weinmann

Date: 1-19-21

PAH

Service Recipient: Ryan Mitchell

**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<br>☒ Likely to seek/cooperate in an abusive situation<br>☒ Inability to be assertive<br>☐ Other: | ☒ Inability to identify dangerous situations<br>☒ Lack of community orientation skills<br>☒ Inappropriate interactions with others<br>☒ Inability to deal with aggressive persons<br>☒ Verbally/physically abusive to others<br>☐ "Victim" history exists<br>☐ Other: | ☐ Dresses inappropriately<br>☐ Refuses to eat<br>☒ Inability to care for self-help needs<br>☒ Lack of self-preservation/ safety skills<br>☐ Engages in self-injurious behaviors<br>☐ Neglects/refuses to take medications<br>☐ Other: | ☒ Inability to handle financial matters<br>☐ Other: |

| Outcome #1 | Outcome #2 |
|---|---|
| — | — |

**Technology Use:** Uses 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 :

**Seizure PRN** ☒ No ☐ Yes Location:

**Choking/Specialized Dietary Needs** ☒ No ☐ Yes – Describe Equipment/Supports : Prompt to make healthy food choices

**Chronic Medical Conditions** ☐ No ☐ Yes – List: Nose bleeds

**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: overstimulated by Noisey environments. Redirect to quiet area.

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

| Important To: Fam, independence choice making being included, (Invite) | Important For: Participate with quiet space appropriate boundaries. Time to process |
|---|---|
| Likes: Latchhook, Arts & crafts, Nintendo Wii shopping | Dislikes: Being ignored/ Not included. |

**Describe Communication Style:** Verbal