Staff: AnnAlberg

Date: 8/19/20

PAI

Service Recipient: Lynn

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: NA

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 :
not here

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 General reminders

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
She doesn't get along w/ peers She has a drama (high school)

Important To: Job Friend Family

Important For: Frequent visits Family Community

Likes: Shopping Being help

Dislikes: Conflict w/ peers

Describe Communication Style:
Verbal

Staff: Ann A

Date: 8/19

PAH

Service Recipient: Fred

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: Ranitidine Seasonal

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes
Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes Talk fast help translate

Sensory Disabilities ☒ No ☐ Yes – List:

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

Important To:	Important For:
Schedul Health	Medical needs, Self termination, Interpersonal relation
Likes: Fishing work camping trips	**Dislikes:** Reading anxious schedule changes

Describe Communication Style:
Verbal

Staff: DESTINY

Date: 8/19/21

PAI

Service Recipient: LD

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: 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 :

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 : NOT @ PAI

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 REMINDERS

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: yelling, fighting, doesn't like feedback in front of peers.

Important To: job in community, friends, family

Important For: staff check ins, family support, community

Likes: shopping, hanging out, helping

Dislikes: changes to schedule, conflicts

Describe Communication Style: Verbal

Staff: DESTINY

Date: 8/19/21

PAH

Service Recipient: RFD

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: N/A

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: RANITIDIN, SEASONAL

Epi Pen/Treatment ☑ No ☐ Yes
Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☑ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : GERD, low-sodium

Chronic Medical Conditions ☑ No ☐ Yes – List: knee replacement

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
KNEES
☐ 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: ISOLATES, ENCOURAGEMENT, ANXIETY

Important To: KNOWING SCHEDULE, HEALTHY, INDEPENDENCE

Important For: SELF-DETERMINATION, NEEDS SET UP, INTERPERSONAL SKILLS

Likes: FISHING, CAMPING, TRIPS, WORK.

Dislikes: ANXIOUS, SCHEDULE CHANGES

Describe Communication Style: VERBAL

Staff: Lori Bauernfeind

Date: 8/19/21

PAI

Service Recipient: L.D. Lyric

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: NA

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 : Not At PAI

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 General reminders

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Doesn't get along with peers. Drama Does not like feed back in front of peers.

Important To: Job in community Friends + Family

Important For: Going out in com Frequent checkins w/ staff

Likes: Shopping, Hanging out w/ Friends

Dislikes: Change in Schedule conflicts

Describe Communication Style: Verbal

Staff: Lori Bauernfeind

Date: 8/19/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Fred R.D. Dean

T. W. Th.

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: NA

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Ranitidine / Seasonal allergies

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Gerd

Chronic Medical Conditions ☒ No ☐ Yes – List:

Knee replaced

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 – Help with interpersonal relationship

Sensory Disabilities ☒ No ☐ Yes – List:

Hearing aids, Glasses

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

isolates - anxiety - if you don't answer

Important To:	Important For:
Knowing his schedule	working on Interpersonal relationship Self determination, medical help
Likes:	**Dislikes:**
Fishing, Camping, Trips + working	Feeling anxious, Schedule Changes

Describe Communication Style:

Verbal

Staff: Austin Boffeddy

Date: 8/19/21

Service Recipient: Lydia D

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2

Technology Use:

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

Does the person require support in this area?

Allergies ☑ No ☐ Yes – List:	**Epi Pen/Treatment** ☑ No ☐ Yes Location:
Seizures ☑ No ☐ Yes – Describe :	**Seizure PRN** ☑ No ☐ Yes Location:
Choking/Specialized Dietary Needs ☑ No ☐ Yes – Describe Equipment/Supports :	
Chronic Medical Conditions ☑ No ☐ Yes – List:	
Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports : None here.	
Specific Health & Medical Needs ☑ No ☐ Yes – List:	

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

Community & Water Safety Skills ☐ No ☑ Yes

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: Yelling, fighting, throwing self on floor, private parts.

Important To: Job in community, friends and family.	**Important For:** frequent check ins with staff, going out in community.
Likes: Shopping, hanging out with friends.	**Dislikes:** Schedule change, arguing.

Describe Communication Style: Verbal.

Staff: Andrew Bottenberg

Date: 8/14/21

PAI

Service Recipient: Fred Dean

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: Benadryl, seasonal allergies.

Epi Pen/Treatment ☑ No ☐ Yes
Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☑ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : OT, Thickened fluids, low calorie diet.

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☑ Yes

Sensory Disabilities ☑ No ☐ Yes – List: Glasses

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: Isolate, encouragement for outings, Anxiety.

Important To: Set schedules, independence, staying healthy.	Important For: working on personal relationships, self determination, medical needs.
Likes: Fishing, camping, trips, working.	Dislikes: Schedule changes, feeling anxious.

Describe Communication Style: Verbal.

Staff: Dayna

Date: 8/23/21

PAI

Service Recipient: Lynic D

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2

Technology Use:

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☐ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes
Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

none @ PAI

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 General reminders

Sensory Disabilities ☐ No ☐ Yes – List:

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

no feedback in front of others

Important To:	Important For:
Job in community, friends + family	check in, support, going in community
Likes:	**Dislikes:**
Shopping, hanging out w/ friends	conflicts

Describe Communication Style:

Verbal

Staff: Lynn

Date: 8/23/21

PAH

Service Recipient: Fred D

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: Ranitidine + Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Gerd low Sodium diet

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☒ No ☐ Yes – List:

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

Encourage to go out

Important To:	Important For:
Knowing schedule, Staying healthy	Self determination + assistance with meds
Likes:	**Dislikes:**
fishing, camping, walking	feeling anxious, schedule change

Describe Communication Style:

Verbal

Staff: Isabelle C.

Date 08-19-21

Service Recipient: Lyric D *under 25*

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1

Outcome #2

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 :

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 : Not @ PAI

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 General reminders ex. street safety

Sensory Disabilities ☐ No ☐ Yes – List:

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

yelling, arguing with Peers

-She doesn't like feedback in front of Peers

Important To: Job in the Community, friends & family

Important For: check-in, staff support, commun.

Likes: shopping, hanging out, music

Dislikes: conflict w/ peers & changes to her schedule

Describe Communication Style:

Verbal

Staff: Isabelle Cooper

Date: 08-19-21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Fred - Dean Robert (doesn't go by)

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☐ Yes ☒ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☐ Likely to seek/cooperate in an abusive situation ☐ Inability to be assertive ☐ Other:	☐ 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: history of gambling

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

Technology Use:

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

Does the person require support in this area?

Allergies ☒ No ☒ Yes – List: Ranitidine & Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☒ Yes – Describe Equipment/Supports : Gird, low sodium

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports: knees - doesn't need support

☐ 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 talks really fast, inter personal relationships

Sensory Disabilities ☒ No ☐ Yes – List: wears glasses, supposed to wear hearing aids

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: needs encouragement going out in the community anxiety.

Important To: Knowing schedule, Indepence, Health

Important For: Working on inter personal rel. Medical help, Self-determination

Likes: Camping, fishing, trips, & working

Dislikes: Anxiety & schedule changes

Describe Communication Style: Verbal

*Very Independent

Staff: Nicci Gangl

Date: 8/19/21

PAI

Service Recipient: Lyric D.

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2

Technology Use:

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes
Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
None here @ PAI

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 General Reminders

Sensory Disabilities ☒ No ☐ Yes – List:

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

Important To:	Important For:
Abbott Community, Friends, family	Check in, Support, Going out in community
Likes:	**Dislikes:**
Shopping + hanging out w/friends	Conflicts

Describe Communication Style:
Verbal

Staff: Nicci Bangl

Date: 8/19/21

PAI

Service Recipient: Fred D.

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: Ranitidine + Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Gerd- Low sodium diet

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☒ No ☐ Yes – List:

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

Encourage to go out

Important To:

Knowing Schedule, Staying Healthy

Important For:

Self Determination + Assistance w/ Medical needs

Likes:

Fishing, Camping, Working

Dislikes:

Feeling anxious + Schedule Changes

Describe Communication Style:

Verbal

Staff: Dayna

Date: _____

PAI

Service Recipient: Lyric D

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: 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 :

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 :
Not @ PAI

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 General reminder

Sensory Disabilities ☑ No ☐ Yes – List:

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

Important To:	Important For:
Job in the Community, friends, fam.	checking in w/staff, being in
Likes:	**Dislikes:**
Shopping, friends, helping others	Conflict w/ peers

Describe Communication Style:
Verbal

Staff: Dayna

Date: _____

PAH

Service Recipient: Fred D

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: N/A

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: ranitidine, seasonal

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe: Has GERD, low sodium diet

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☑ No ☐ Yes – Describe Equipment/Supports : Has GERD / low sodium diet

Chronic Medical Conditions ☐ No ☒ Yes – List: Both knees replaced

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 Talks fast, inter personal relationships

Sensory Disabilities ☑ No ☐ Yes – List: Wears glasses, wears hearing aids but doesn't wear them

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

Important To:	Important For:
knowing schedule, safety	Self determination, interpersonal relationships
Likes: fishing, camping, vacation	**Dislikes:** schedul changes

Describe Communication Style: Verbal

Staff: Jesse Haug

Date: 8-19-21

PAI

Service Recipient: Lyric D

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:

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 : Not here

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 reminders

Sensory Disabilities ☑ No ☐ Yes – List:

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

Guidence w/ social interations / take her to side to talk

Important To: work in comm. friends fam	**Important For:** check in w/ staff Fam. support community
Likes: shopping hanging helping others	**Dislikes:** schedule changes conflics w/ peers

Describe Communication Style:

verbal

Staff: Jesse Haug

Date: 8-19-21

Service Recipient: Fred D (Robert)

PAH

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	

Technology Use:

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Ranitidine seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

No help from staff

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes staff can sometimes help communicate

Sensory Disabilities ☒ No ☐ Yes – List:

glasses (wont wear hearing aids)

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

Important To:	Important For:
~~traveling~~ schedule independence Health	Med help self determination interpersonal relations
Likes: fishing camping working	**Dislikes:** Anxiety schedule changes

Describe Communication Style:

talks fast verbal

Staff: Courtney Kelly

Date: 8/19/2021

PAI

Service Recipient: Lynic D

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: NA

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 : But not @ PAI

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 general reminders

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
- inconsistent interactions w/ peers, may yell, throw body on floor, threatening body poses & face (discuss in private, take a break)

Important To: working in community some day, friends & family

Important For: frequent check ins, family support, community integrations

Likes: shopping, friends, helping others

Dislikes: changes to schedule, conflict w/ peers

Describe Communication Style:
Verbal

Staff: Courtney Kelly

Date: 8/19/2021

PAI

Service Recipient: Fred Dean

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 NA

Outcome #2 NA

Technology Use: NA

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: seasonal, ranitidine - no supports

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☒ Yes – Describe Equipment/Supports :
no supports needed → GERD (trouble swallowing, low sodium diet (hypertension)

Chronic Medical Conditions ☒ No ☒ Yes – List:
Both knees replaced, knows limitations

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 sometimes needs help communicating, interpersonal relationships

Sensory Disabilities ☒ No ☒ Yes – List:
no supports needed → glasses, hearing loss but doesn't wear them

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
encouragement to get out in community, help reducing anxiety (answering calls, telling him his schedule)

Important To: Knowing schedule, independence, staying healthy

Important For: self determination, assistance w/ medical, interpersonal relationships

Likes: fishing, camping, trips, working

Dislikes: feeling anxious, schedule changes

Describe Communication Style:
verbal

Staff: Justyn Kotel

Date: 6/19/21

PAI

Service Recipient: Lyric D

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: NA

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 :
none @ PAI

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 General Reminders

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
- Doesn't get along w/ peers very well
- private conversations

Important To: Community, job, friends, family

Important For: Checking w/ staff, community

Likes: Shopping, friends, [redacted], Helping others

Dislikes: Conflicts w/ peers

Describe Communication Style:
Verbal

Staff: Justyn Kriel

Date: 8/19/21

Service Recipient: Fred D

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:	NA		

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Ranitidine + seasonal allergies		**Epi Pen/Treatment** ☑ No ☐ Yes Location:
Seizures ☑ No ☐ Yes – Describe :		**Seizure PRN** ☑ No ☐ Yes Location:
Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : Low sodium diet		
Chronic Medical Conditions ☑ No ☐ Yes – List:		
Medication Administration/Treatment Orders ☑ No ☐ Yes – Describe Equipment/Supports :		
Specific Health & Medical Needs ☑ No ☐ Yes – List:		
Mobility Supports Fall Risk ☑ No ☐ Yes – Describe primary mobility & supports ☐ Support straps/belts needed	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo
Community & Water Safety Skills ☐ No ☑ Yes Talking too fast and private info		
Sensory Disabilities ☑ No ☐ Yes – List: glasses hearing aids		
Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: anxiety		
Important To: Schedule, independence, healthy	**Important For:** medical assistance, self determination	
Likes: fishing, camping, trips, working	**Dislikes:** anxiety, schedule changes	
Describe Communication Style: Verbal		

Staff: Dawn Nelson

Date: 8/19/21

PAI

Service Recipient: Lyric D.

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	

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 :

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 :
Non @ PAI

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 Reminders while in community

Sensory Disabilities ☒ No ☐ Yes – List:
Yelling, fighting w/peers - does not get along with her peers - Correct her in private -

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

Important To:	Important For:
Jobs in community, friends, family	frequent check in w/ staff family, out in community
Likes: shopping, friends, help	**Dislikes:** schedule change, conflict w/peers

Describe Communication Style:
verbal

Staff: Dawn Nelson

Date: 8/19/21

Service Recipient: Fred D.

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: Ranitidine, Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Has GERD, low sodium diet

Chronic Medical Conditions ☒ No ☐ Yes – List: (Both knees replaced)

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 Talks fast, interpersonal relationship,

Sensory Disabilities ☒ No ☐ Yes – List: wears glasses, wears hearing aids but won't wear them most of the time

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Tends to Isolate, anxiety,

Important To: Knowing schedule, ndep.	Important For: self determination, interpersonal relationship
Likes: fishing, camping, vacation, working	**Dislikes:** Feeling anxious, schedule changes

Describe Communication Style: verbal

Staff: Monti P.

Date: 08-19-21

PAT

Service Recipient: L.D

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2

Technology Use:

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

Does the person require support in this area?

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

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

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

Non At PAT

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

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

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☒ No ☐ Yes – List:

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

Important To: Job in community friends and family	**Important For:** family support, community, staff
Likes: Shopping, friend	**Dislikes:** Changes to schedule Conflict w/peer

Describe Communication Style:

Verbal

Staff: _____ Service Recipient: R F D

Date: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2

Technology Use:

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Ranitidine, Seasonal Allergies

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☑ No ☐ Yes Location:

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

Low sodium diet, Grou

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☒ No ☐ Yes – List:

Does wear glasses and hearing aid

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

Isolate Stay at home, Agitated

Important To: Know, Caring, Independent	Important For: Self determined, Working on interpersonal realship
Likes: fishing, camping, trips, work	**Dislikes:** feeling anxious, schedule changes, feelings

Describe Communication Style:

Verbal

Staff: Michelle Stover

Date: 8/19/21

PAI

Service Recipient: Lyric D.

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 :

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 : not @ PAI

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 general reminders

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: takes breaks when upset gets along w/ peers - drama (high school)

Important To: Job in the community friends + family

Important For: frequent checks in at shop family support community

Likes: shopping, friends, keeping busy

Dislikes: change in schedule conflict w/ peers

Describe Communication Style: Verbal

Staff: Michelle Storr

Date: 8/19/21

PAI

Service Recipient: Fred - Dean Robert

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: ranitidine, seasonal allergy

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☑ No ☑ Yes – Describe Equipment/Supports : GERD – low sodium but does not need support

Chronic Medical Conditions ☑ No ☐ Yes – List: knee replaced

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 communication

Sensory Disabilities ☑ No ☐ Yes – List: glasses, hearing aid but does not wear them

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: self isolation, anxiety, medical neuro[illegible]

Important To: Morning schedule, independent, [illegible]

Important For: self determination, interpersonal relationships

Likes: fishing, camping, working, trips

Dislikes: [illegible], schedule change

Describe Communication Style: verbal

Staff: Erica W

Date: 6-19-21

PAI

Service Recipient: Tyrac

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: 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 :

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 : Not taking med at PAI

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 Reminder's

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: doesn't get along with Peer's, No feed back infront of Peer's/take breaks

Important To:	Important For:
Job in the comming	check in's / fam Support
Likes:	**Dislikes:**
Shopping / friends	Changes to Shedule that

Describe Communication Style:

Verbal

Staff: Erica

Date: ____________

Service Recipient: Fred Dean

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 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: Ranitidine / Seonal

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes
Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:
Knee Replacement

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 talks fast

Sensory Disabilities ☒ No ☐ Yes – List:
Wear's glasses

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

Important To:
Knowing Sheddule

Important For:
Self administer , med help

Likes:
fishing , wandering

Dislikes:
Shedule changes

Describe Communication Style:
Verbal