Staff: Suzie Gaines

Date: 10/10/2021

PAI

Service Recipient: Brian F. ~~Ryan~~

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1 Ryan will pick out movie, to watch. picking up room.

Outcome #2

Technology Use: 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:
· hypothyroidism · [redacted] · dysthymic
· hand time w/ B.M. · Gerd

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :
(at home)

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

Fall Risk/Mobility Supports ☒ No ☐ Yes – Describe primary mobility & supports
· Slow done

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☒ No ☐ Yes Model ~~Staff~~ Safety goal's

Sensory Disabilities ☒ No ☐ Yes – List:
Offer a break if needed

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

Important To: trans.
· own choices

Important For: · staff get to know him well
· encourage to make right choices

Likes: swimming, music, dancing, bowling, he's, Snake

Dislikes: being rushed, not having his things. transin.

Describe Communication Style: some words. non-verbal.

Staff: Susan Gaines

Date: 11/10/2021

PAH

Service Recipient: Sue F.

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1 Sue will go to another room, and join in the group

Outcome #2 Choose a friend and eat lunch with them.

Technology Use: 0

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 : food is blend. to eat slow, and chew. - Special Spoon. Spouted cup.

Chronic Medical Conditions ☐ No ☒ Yes – List:

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : Not here

Specific Health & Medical Needs ☐ No ☒ Yes – List: dry skin. Verbal - for not so much soap. the Wrist Weights. AFO's

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports: lap belt. Staff push wheel chair

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☐ Yes Model, Staff push wheel chair (W.C.)

Sensory Disabilities ☐ No ☒ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Grab people. "pull them closer" "[illegible]"

Important To: Choices, Claim, quite places. People that know her well.

Important For: Staff stick to Schedule. talk things out. ~~likes 0~~

Likes: getting hair, nails done. Shopping Music Coffee Brother "Dan"

Dislikes: Spinach, excress, Bad Weather, friends are gone / sick. Dentist / Doctor

Describe Communication Style: Verbal

Staff: ANDREA G

Date: 11-10-21

Service Recipient: SUE FOSS

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	**Physical Abuse** ☒ Yes ☐ No	**Self-Abuse** ☒ Yes ☐ No	**Financial Exploitation** ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other: unable to report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: unable to report	☒ 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**
visit another room & participate in group	choose a friend to eat lunch with

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 :
precede verbally reminder to eat slow & chew (aspiration) wrist weights / mother care spoon. spouted cup.

Chronic Medical Conditions ☐ No ☒ Yes – List:
gueld.

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

Specific Health & Medical Needs ☐ No ☒ Yes – List:
has dry skin. verbal reminders to not use a lot of soap. wear wrists weights AFOs

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
lap belt. verbal awareness

☒ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes model & demonstrate staff push chair

Sensory Disabilities ☐ No ☒ Yes – List:
VISION ISSUES (move items closer)

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
grabs. reminder to be gentle at times

Important To: Routines choices, decisions, calm environment	**Important For:** staff stick to her routines talk through transitions
Likes: Hair & nails done coffee, dan shopping, music her brother	**Dislikes:** Apples, spinach, overuse denist bad weather friend gone doctor

Describe Communication Style:
Verbal speaks a few words at a time

Staff: ANDREA G

Date: 11-10-21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Ryan F.

Reviewed by: _____

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1 choose a male to watch

Outcome #2 assist with cleaning

Technology Use: 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 :

ensure & coca-cola

Chronic Medical Conditions ☐ No ☒ Yes – List:

hypothyroidism. constipation. dysthymic disorder. gerd apoe dementia st

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

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

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

reminder to slow down

☐ Support straps/belts needed

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

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

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

Sensory Disabilities ☐ No ☐ Yes – List:

minimize stimulation in program areas

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

staff will redirect to new activity

Important To: routine. transitional things. make our changes

Important For: included to participate routines. staff know him well

Likes: swimming. movies dancing playing ties.

Dislikes: being rushed not having his items transition

Describe Communication Style:

non verbal.

Staff: Zach Weinmann

Service Recipient: Ryan

Date: _____

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2
Choose Movie	Assist w/ Tidying task

Technology Use: 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 :
Liquid diet

Chronic Medical Conditions ☐ No ☒ Yes – List: Hypothyroidism, Constipation, Dysthymic Disorder. GERD, Atopic dermitifis

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

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

Fall Risk/Mobility Supports ☒ No ☒ Yes – Describe primary mobility & supports
Slow down.
☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Minimize stimulation

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Staff intervene and redirect.

Important To: Routines, Family, Transitional rojects Make choices

Important For: Routine, staff get to know him well included and Participate

Likes: swimming, movies, dancing, bowling, Ties & Snake

Dislikes: Being rushed, Not having transitional objects. Transitions

Describe Communication Style:
Some words

Staff: Zach Weinmann

PAI

Service Recipient: Sue Foss

Date: _____

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	**Physical Abuse** ☒ Yes ☐ No	**Self-Abuse** ☒ Yes ☐ No	**Financial Exploitation** ☐ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: Report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: " "	☒ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☒ Other: " "	☒ Inability to handle financial matters ☒ Other: " "
Outcome #1 Visit another room 4 Group		**Outcome #2** Invite Friend 4 Lunch	
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 : Pureed, wrist weights, Eat Slowly, Spouted Cup, At risk 4 Aspiration

Chronic Medical Conditions ☐ No ☒ Yes – List: GerD

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Dry skin, wrist weights

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
X Lap belt fastened

☒ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes Model Safety. Staff push

Sensory Disabilities ☐ No ☒ Yes – List: Vision

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

Important To: Choice/decisions Calm, Quiet. Friends Routines

Important For: Staff stick to Routines Talk through frustrations.

Likes: Hair/Nails, shopping, music, coffee Dan

Dislikes: Asparagus, Spinach, exercise, Doctor Bad weather, Friends gone, Dentist

Describe Communication Style: Verbal

Staff: Dennis Mona

Date: 11/10/21

PAI

Service Recipient: Ryan Faurot

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 Choose a movie for the program room to watch

Outcome #2 assist with a task

Technology Use: ipad phone

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : can eat fine; drinks boost, pop, ice cream

Chronic Medical Conditions ☐ No ☒ Yes – List: hypothyroidism, constipation, dysthymic order (depression disorder) GERD, atopic dermatitis

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: verbal reminder to slow down

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes modeling community safety skills

Sensory Disabilities ☐ No ☒ Yes – List: staff will minimize stimulation in areas, ask him for breaks,

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

Important To: routines, transitional objects, make own choices

Important For: routines, staff get to know him, included, encouraged to partic

Likes: swimming, movies, dancing bowling, ties, toy snakes,

Dislikes: rushed, not having transitional objects, ~~transitions~~

Describe Communication Style: non verbal, facial gestures, fist bumps / elbows

Staff: Dennis Mona

Date: 11/10/21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Sue Fans

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 visit another room, participate in group.

Outcome #2 Choose a friend and invite to eat lunch with her.

Technology Use: none

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 : spouted cup aspiration risk puree food, verbal to eat slow and chew, wrist weights, mother care spoon

Chronic Medical Conditions ☐ No ☒ Yes – List: GERD

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: dry skin, not too much soap, afo's, wrist weights

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Lap belt fasten, verbal cues, buckle, physical assistance, grab bar restroom, staff help sue physical with chair

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☐ Yes model and demonstrate

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: model staff behavior, push wheelchair

Important To: routines calm quiet environment, likes ppl who know her well

Important For: stick to her routine likes getting her nails done, shopping

Likes: coffee, music, brother Dan

Dislikes: asparagus, spinach, exercise, absent friends, dentist, doctor, bad weather

Describe Communication Style: verbal

Staff: Dan

Date: 11/10/21

PAI

Service Recipient: Sue F

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2
Participates in group	Choose friend to have lunch with

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 :

Pureed food Verbal reminders to eat slowly - Mother Care spoon - Spouted cup

Chronic Medical Conditions ☐ No ☑ Yes – List:

GURD.

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

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

Dry skin wrist weights

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

lap belt fastened – transfer belt

☐ 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:

Vision issues at times

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

grabs at others when wants to be heard

Important To:	Important For:
make decisions, calm environment	Stick to routine, talk through frustrations
Likes: people who know her well and routines hair and nails done, shopping, music, coffee	**Dislikes:** when friends are absent asperegus, exercise, bad weather, Dr

Describe Communication Style:

Verbal but only few words at time

Staff: Dan P.

Date: 11/10/21

PAI

Service Recipient: Ryan F

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2
choose movie to watch	assist with tidying tasks

Technology Use: phone and 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 :

Boost

Chronic Medical Conditions ☐ No ☑ Yes – List:

hypothyroidism, constipation, dysthymic disorder, Gurd, Dermatitis

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 reminders to slow down

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

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

Community & Water Safety Skills ☐ No ☑ Yes Model safe behaviors

Sensory Disabilities ☐ No ☑ Yes – List:

minimize noise

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

Verbal reminders to not S.I.B.

Important To:	Important For:
routines, transitional objects, make own choices	is included and encouraged to participate routines, staff know him well

Likes:	Dislikes:
music, dancing, bowling	being rushed and transitions

Describe Communication Style:

mostly nonverbal

Staff: Rey Ceraglioli

Date: 11/10/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Ryan Fawcett

Reviewed by: _____

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1 choice a movie for the program room to watch

Outcome #2 tidying the room or space

Technology Use: 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 : booster and pop straw

Chronic Medical Conditions ☐ No ☒ Yes – List: hyperthyroidism, constipation, dysthymic disorder, gerd, atopicdermatis

managed outside of PAI

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

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

Fall Risk/Mobility Supports ☒ No ☐ Yes – Describe primary mobility & supports
Verbal reminders to slow down

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes safety skills,

Sensory Disabilities ☐ No ☒ Yes – List: staff will minimize stimulation in program or offer a break

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: staff will intervine and redirect to another activity

Important To: routins, transitional objects, make his own choices

Important For: routins, staff get to know him well, included and encourage to participate.

Likes: swimming, movies, dancing, bowling, tyjes, stuffed snake

Dislikes: being rushed, not having his transitional items and transitions

Describe Communication Style: Verbal and non-verbal. Facial expressions

Staff: Reg Ceragioli

Date: 11/16/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Sue F.

Reviewed by: _____

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1 will visit another room and participate in a group

Outcome #2 Choose a friend to have lunch with her

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 : food is pureed, verbal reminders to eat slow and chew

arm weights and mother care spoon, spouted cup

At risk of asperation

Chronic Medical Conditions ☐ No ☒ Yes – List: gerd,

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: dry skin, Verbal reminders not to use too much soap, stability support AFOS

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

lap belt is fasened, grab bar to and from chair

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes community safety, staff will push wheelchair

Sensory Disabilities ☐ No ☒ Yes – List: Vision issues (observe and help when needed)

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: grab people, remind with gentle hands

Important To: choices and decisions, calm quiet environments, people who know her well, routins.

Important For: Staff stick to her routins, talk through her frustrations.

Likes: hair and nails done, shopping, music, coffee, her brother Dan,

Dislikes: asparagus, spanish, exercise, bad weather, sick friend or are gone. Dentist and the doctor

Describe Communication Style: Verbal, very small sentences

Staff: Kathryn Stein

Date: 11/10/21

PAI

Service Recipient: Sue Foss

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1 will visit another room and join a group	**Outcome #2** Choose a friend and invite them to eat lunch with her
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 :
Pured, verbal reminders to eat slowly, wrist weights, uses mother care spoon uses a spouted cup, at risk for aspiration

Chronic Medical Conditions ☐ No ☒ Yes – List:
Gerd

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

Specific Health & Medical Needs ☐ No ☒ Yes – List:
dry skin, verbal reminders not to use too much soap
AFOS, wrist weights

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

Community & Water Safety Skills ☐ No ☐ Yes model and demonstrate, staff will push her wheelchair

Sensory Disabilities ☐ No ☒ Yes – List:
vision issues

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
will grab others remind her off gentle hands

Important To: choices, desicions, calm quiet enviroment, staff who know her well, routines	**Important For:** ~~staff~~ stick to her routines, talk through her frustrations
Likes: getting hair and nails done, shopping, music, coffee, brother Dan	**Dislikes:** Asparagus, spinach, exercise, bad weather, friends are gone, dentist, doctor

Describe Communication Style:
Verbal few words at a time

Staff: Kathryn Stein

Date: 11/10/21

PAI

Service Recipient: Ryan Favre

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1 will choose a movie for the program room to watch

Outcome #2 assisting with a tidying task

Technology Use: 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 :
drinks boost, ensure, pop, ice cream

Chronic Medical Conditions ☐ No ☒ Yes – List:
hypothyroidism, constipation, dysthymic disorder, Gerd, atopic dermitiois

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

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

Fall Risk/Mobility Supports ☒ No ☐ Yes – Describe primary mobility & supports
verbal reminder to slow down
☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes model Safety skills

Sensory Disabilities ☐ No ☒ Yes – List:
Staff will minimize stimulation in program areas

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

Important To: routines, transitional objects, choices

Important For: routines, staff get to know him, included and encouraged to participate

Likes: Swimming, movies, dancing, bowling, ties and stuffed snack, fist bumps

Dislikes: being rushed, not having transition objects, transitions

Describe Communication Style:
some verbal

Staff: Nicki Kerelink

Date: 11/10/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Sue F.

Reviewed by: _____

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	**Physical Abuse** ☒ Yes ☐ No	**Self-Abuse** ☒ Yes ☐ No	**Financial Exploitation** ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: cannot report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☒ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 visit another room + participate in a group.

Outcome #2 choose a friend to eat lunch w/

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 : pureed food, *at risk aspiration* "eat slowly" wrist weights, little spoon, spouted cup

Chronic Medical Conditions ☐ No ☒ Yes – List: GERD

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Dry skin, verbal reminder for too much soap. wrist weights for stability, ~~AFOs~~ AFOs

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

lap belt, pivot, transfer belt maybe,

☐ Support straps/belts needed grab bar

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

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

Community & Water Safety Skills ☐ No ☒ Yes Supervision, safety skills, push chair.

Sensory Disabilities ☐ No ☒ Yes – List: vision issues

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: grabs people → "gentle hands"

Important To: choices, decisions, calm environment, people who know her, routine

Important For: stick to routines, talk through frustrations

Likes: hair/nails done, shopping, music, coffee, brother Dan

Dislikes: asparagus, spinach, exercise, bad weather, friends absent, dentist, doctor

Describe Communication Style:

Verbal → short phrases

Staff: Nikki Kereluk

Date: 11/10/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Ryan F

Reviewed by: _____

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: cannot report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other:	☒ Dresses inappropriately ☒ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☒ Other:	☒ Inability to handle financial matters ☒ Other:

Outcome #1 Choose a movie for room to watch.

Outcome #2 assisting w/ a tidying task.

Technology Use: 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 : chooses not to eat "Ensure", Pop-t needs straw

Chronic Medical Conditions ☐ No ☒ Yes – List: hypothyroidism, constipation, dysthymic disorder, GERD, atopic dermatitis

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

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

Fall Risk/Mobility Supports ☒ No ☐ Yes – Describe primary mobility & supports — "slow down"

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes safety skills, supervision

Sensory Disabilities ☐ No ☒ Yes – List: minimize stimulation in program areas. offer break space

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Staff redirect if SIB.

Important To: routines, transitional objects, choices

Important For: routines, staff get to know him well, included, participation

Likes: swimming, movies, dancing, bowling, ties & stuffed snake

Dislikes: being rushed, no transitional objects, transitions

Describe Communication Style: mostly non-verbal, vocalizations, body language

Staff: Chelsie

Date: 11/10/21

PAI

Service Recipient: Sue Foss

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1
Sue will visit other room / Group

Outcome #2
Chose a friend and invite them to eat lunch with her.

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 : Risk for Aperation
Spouted cup. / mother care spoon / Wrist weights
Parade food / verbal reminders to eat slow.

Chronic Medical Conditions ☐ No ☒ Yes – List: Gurd,

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Dry skin, verbal reminders not to use to much soap.
Wrist Weights.

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
lap belt fastened
USES Grab bar
☒ 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 assist, model safety

Sensory Disabilities ☐ No ☒ Yes – List: Vision issues,

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: grab people (Gentle hands)
Yells At People

Important To: Routines
Choices, Decisions, calm & quiet People who Know her

Important For: Routines, talk threw Fustrations

Likes: Her brother Dan, Coffee
Hair and nails Done, Shopping, Music

Dislikes: Asparages, Spinach, exercise, Bad Weather, friends gone, Dentist, Dr.

Describe Communication Style:
Verbal

Staff: Chelsie

Date: 11/10/21

PAH

Service Recipient: Ryan Farve

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
Ryan choose a movie for program room	Assist with room task

Technology Use: Phone and 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 : Chooses not to but could. ensure and POP

Chronic Medical Conditions ☐ No ☒ Yes – List: hypothyroidism. Dysthymic disorder Atopic dermitites. Depression, Gurd.

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 Modeling community safety skills

Sensory Disabilities ☐ No ☒ Yes – List: Staff minimize stimulation, Go on break

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Staff will intervine,

Important To: routines, transitional objects own choices	Important For: routines, staff get to know him well. Included / encourage to participate
Likes: Swimming, movies, Dancing, bowling / Tyes and stuff Snake	Dislikes: Rushed / Transitional objects transitions

Describe Communication Style:

Staff: Dave Tue

Date: 11/10/24

PAI

Service Recipient: Ryan Favie

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

Outcome #1	Outcome #2
Ryan will choose a movie for room to watch.	Tidying the room

Technology Use: uses phone + an 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 :

- Chooses to drink ensure + coke.

Chronic Medical Conditions ☐ No ☒ Yes – List: Atopic dermatitis, Persistent Depression, GERD Hypothyroidism, constipation, dysthymic disorder

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

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

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

☐ Support straps/belts needed Verbal reminders to slow down

☐ 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 Modeling community safety skills.

Sensory Disabilities ☐ No ☒ Yes – List: OAU blocks

Staff will minimize noise/ activity in room

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

Staff will intervene when engages in SIB.

Important To: Routines, transitional objects, Choices

Important For: (included + encouraged to participate. Routines, Staff get to know him well)

Likes: Swimming, movies, dancing bowling, ties,

Dislikes: Being Rushed, not having transitional objects, Transitions

Describe Communication Style:

Says some words (mostly non-verbal)

Staff: Dave Trager

Date: 11/10/21

PAI

Service Recipient: Sue F.

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 Sue will visit another room + participate in a group.

Outcome #2 Sue will choose Fred to eat lunch with.

Technology Use: None

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 : - uses MOTHER CARE spoon. - spouted cup - Risk for aspiration. Food is pureed - Verbal reminders to slow down + chew.

Chronic Medical Conditions ☐ No ☒ Yes – List:

GERD

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

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

Dry skin, Verbal reminders to use less soAP.

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

Lap belt fastened. Uses grab bar in bathroom. When unsteady or weak staff will use transfer belt

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes model community safety. Staff will push chair.

Sensory Disabilities ☐ No ☒ Yes – List:

Vision difficulties.

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

Will grab people. Remind to have gentle hands.

Important To: calm quiet environment. Choices + decisions, ~~likes people who know~~

Important For: - Talk through frustrations. Staff respects her routines

Likes: likes people who know, shopping, music, coffee, family (Dan) tv, Routines, Getting nails done

Dislikes: Asparagus, spinach, exercise, bad weather, with fleas are gone, dentist, Dr.

Describe Communication Style:

Verbal, but quiet

Staff: John Gebhardt

Date: 11-10-21

PAH

Service Recipient: Ryan Faure

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1 Will pick moule to watch

Outcome #2 Assist With Tydying Task

Technology Use: yes. cell phone and an 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 : Drinks Boost nutritional Drinks, ice cream, pop.

Chronic Medical Conditions ☐ No ☒ Yes – List: Hypothyroidism, Constipation, GERD, Atopic Dermatitus(skin) Dysthymic Disorder(depression)

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

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

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

Needs verbal reminders to slow down.

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes Modelling good safety skills

Sensory Disabilities ☐ No ☒ Yes – List: Staff will minimize stimulation in program areas.

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

Staff to intervene and re-direct to a different activity

Important To: His routines, transitional objects, his choices

Important For: Routines, and participating

Likes: swimming, movies, dance bowling, ties, stuffed snake.

Dislikes: Being rushed, Transitions,

Describe Communication Style: Verbal and his signs, body language

Staff: John Gebhardt

Date: 11-10-21

PAI

Service Recipient: Sue Foss

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1 Will visit another room and participate

Outcome #2 will invite friend and have lunch with friend.

Technology Use: NONE

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 : drinks with a spouted cup. All pured foods, eat slow, uses wrist waits, small spoon.

Chronic Medical Conditions ☐ No ☒ Yes – List: GERD. Risks for aspiration.

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Dry skin, reminders to only use small amounts of soap to wash. wear Wrist wights wears Afo's

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

Fasten lap seat belts. Give assistance.

☒ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☒ Yes Demonstrate Community Safety. Staff push Chair

Sensory Disabilities ☐ No ☒ Yes – List: Staff will observe and assist with.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Remind her to use gentle grip when holding peoples hands.

Important To: Make own decisions
Having her routine

Important For: Making Decisions, Talking through frustrations

Likes: Her friends, her routines, Her brother Dan, Music, coffee

Dislikes: Asparigus, Spinach, Bad Weather, Dentist/Dr.

Describe Communication Style: Verbal.

Staff: Nancy Snyder

Date: 11-10-21

PAI

Service Recipient: Sue Foss

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1 Visit mother room ; participate in Soap

Outcome #2 Choose a friend - Invite them to eat lunch

Technology Use: NO

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 :
puree food, verbal reminders to eat slowly, wrist weights, Mother size spoon spouted cup, risk for aspiration

Chronic Medical Conditions ☐ No ☑ Yes – List:
Gerd

Medication Administration/Treatment Orders ☑ No ☑ Yes – Describe Equipment/Supports :
nothing at PAI

Specific Health & Medical Needs ☐ No ☑ Yes – List:
Dry skin, verbal reminders to not use too much soap
Fine motor, AFO's

Fall Risk/Mobility Supports ☐ No ☑ Yes – Describe primary mobility & supports
lap belt fastened & verbal cues
☑ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☑ Yes Demonstrate comm. safety / staff prefers chair

Sensory Disabilities ☐ No ☑ Yes – List:
Vision issues

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
Grab people at times / Gentle Hands

Important To: choices / decisions, calm, quiet environment, people who know her well routines

Important For: stick to her routines, talk thru frustrations

Likes: Hair & nails done, shopping, music, coffee, brother Dan

Dislikes: asparagus, spinach, exercise, bad weather, friends are sore, dentist / Doctor

Describe Communication Style:
Verbal

Staff: Nancy Snyder

Date: 11-10-21

Service Recipient: Ryan Favre

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1	**Outcome #2**
choose movie for room	assisting with tidying task

Technology Use: 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 :
boost & Pop (straw)

Chronic Medical Conditions ☐ No ☑ Yes – List:
hypo thyroidism, constipation, dysthymic disorder (depression), GERD, atopic dermatitis

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

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

Fall Risk/Mobility Supports ☐ No ☑ Yes – Describe primary mobility & supports
verbal reminders
☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☑ Yes Modeling skills

Sensory Disabilities ☐ No ☑ Yes – List:
Minimize stimulation in program areas - offer breaks

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
staff redirect to different activity

Important To:	**Important For:**
routines, transition objects, choices	encouraged to participate routines, staff knows him, included
Likes: swimming, Mallory dancing bowling, ties, snake	**Dislikes:** rushed, not having his objects transitions

Describe Communication Style:
Mostly no talking, expressions

Staff: Renee Schmidt

Date: _____

PAI

Service Recipient: Ryan Farver

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☑ Other: Unable to Report	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☐ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☑ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other: N/A	☑ 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
Choose movie for program to watch	assisting in fighting tasks

Technology Use: 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 :
refused to eat
Ensure, Pop, icecream

Chronic Medical Conditions ☐ No ☐ Yes – List:
Dysthymic disorder - mild Gerd, Atopic dermatitis
Hypothyroidism Constipation

Medication Administration/Treatment Orders ☑ No ☐ Yes – Describe Equipment/Supports :
None at PAI

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

Fall Risk/Mobility Supports ☐ No ☑ Yes – Describe primary mobility & supports
Verbal reminders to slow down
☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☐ Yes modeling community safety skills

Sensory Disabilities ☐ No ☐ Yes – List:
minimize stimulation in programe areas

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
redirect to different activity

Important To: make his own choice
routine transitional objects

Important For: included and managed to participate
routine staff get to know him well

Likes: movies Bowling Fries Stuffed Shark
swimming Dance fist bump

Dislikes: transitions
not having transitional object rushed

Describe Communication Style:
non verbal facial

Staff: Renee Schmidt
Date: 11/10/21

PAI

Service Recipient: Sue Foss
Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

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

Outcome #1 visit another room and participate in group

Outcome #2 Choose a friend to eat lunch w/ her

Technology Use: none

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 :
at risk for aspiration, Mother Care Spoon, Spouted cup
Food needs pureed, verbal to eat slowly, wrist weights

Chronic Medical Conditions ☐ No ☑ Yes – List:
Gerd

Medication Administration/Treatment Orders ☑ No ☐ Yes – Describe Equipment/Supports :
none at PHI

Specific Health & Medical Needs ☐ No ☑ Yes – List:
wrist weights, AFOs
Dry Skin - verbal reminds not to use too much soap

Fall Risk/Mobility Supports ☐ No ☑ Yes – Describe primary mobility & supports
Stand need to her during tranfer
☑ Support straps/belts needed Hold arm if unsteady

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

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

Community & Water Safety Skills ☐ No ☐ Yes model and demonstrate Community Safety Staff push ch

Sensory Disabilities ☐ No ☑ Yes – List:
Vision issues at times

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
grab peoples at time gentel touch

Important To: people that know her well to
Choice/decision, Calm quiet environment

Important For: talk through frustration
Staff stuck to routine

Likes: music, britney Dan
Shopping
hair/nails, Stone Coffee

Dislikes: bad weather, Dentist/Dr.
Spinach
Running, exercise, friends are gone

Describe Communication Style:
Verbal, few words at a time

Staff: Anna Wrich

Date: 11/10/21

PAI

Service Recipient: Sue Foss

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 will visit another room and participate.

Outcome #2 will choose a friend and ask them to eat lunch w/ her

Technology Use: Ø

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 : Pureed foods. Spouted cup Verbal reminders to eat slowly. wears wrist weights at risk for aspiration.

Chronic Medical Conditions ☐ No ☑ Yes – List: gerd.

Medication Administration/Treatment Orders ☑ No ☐ Yes – Describe Equipment/Supports : none at PAI

Specific Health & Medical Needs ☐ No ☑ Yes – List: dry skin. Verbal reminders not to use to much soap. fine motor/gross motor. AFOs

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

Check Lap belts.

☑ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☑ Yes model & demonstrate community safety.

Sensory Disabilities ☐ No ☑ Yes – List: vision issues. wears glasses.

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: may grab people sometimes. reminders to have gentle hands.

Important To: Choices. calm environ. coffee. brother Dan.

Important For: sticking to routines. talking thru frustrations.

Likes: people who know her well. routines. hair/nails done. shopping. music

Dislikes: Asparagus. spinach. Exercise. bad weather. Peers Absent. dentist doctor.

Describe Communication Style: Verbal.

Staff: Anna Wrich

Date: 11/10/21

PAI

Service Recipient: Ryan Favre

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1 will choose a movie for the room to watch.

Outcome #2 Assist w/ tiding task.

Technology Use: 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 : drinks Ensure & POP with straw.

Chronic Medical Conditions ☐ No ☑ Yes – List: hypothyroidism, constipation. dysthymic disorder. GERD. Atopic dermatitis.

Medication Administration/Treatment Orders ☑ No ☐ Yes – Describe Equipment/Supports : none at PAI

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

Mobility Supports Fall Risk ☑ No ☐ Yes – Describe primary mobility & supports: reminders to slow down

☐ Support straps/belts needed

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

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

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

Sensory Disabilities ☐ No ☑ Yes – List: Will minimize stimulation in Program areas. offer break.

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: Staff will intervene and redirect.

Important To: routines transitional objects choices.

Important For: routines staff get to know him. Included and encouraged to ~~participate~~

Likes: Swimming, movies, Dancing bowling, ties. Stuffed Snake.

Dislikes: being rushed not having objects. transitions.

Describe Communication Style: short words. mostly non-verbal gestures. Vocalizations.