Staff: Rey Curagon

Date: 11/30/21

PAI

Service Recipient: Robert Florian

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 ~~[illegible]~~	Outcome #2
Technology Use: N/A no interest	

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: fish, augmentin, 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 : one on one during lunch. physical assistance

Chronic Medical Conditions ☐ No ☒ Yes – List: mild p Stenosis, low oral muscle tone, rashes and acnnie,

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		
when needed, guiding ☐ 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 needs someone near him, model community safety

Sensory Disabilities ☒ No ☒ Yes – List: move to calmer area, bounce on yoga ball.

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

Important To: walking, yoga balls, independance	Important For: encouragement to participate, time to walk around,
Likes: music, bowling, classic disney movies, horse back riding	Dislikes: fish, hard candie, overly dry bread, loud noises,

Describe Communication Style: non-verbal, facial expressions.

Staff: Rey Ceragioli

Date: [redacted] 11/30/21

Service Recipient: Robbie [redacted] Tulloch

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 Choosing who he'll eat lunch with

Outcome #2 helping pickup and put things away

Technology Use: Ipad, recorder, laptop

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Succinimibe, Celontin, ceonazepam, litheum, or remoron.

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: controlled by medication

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: bite sized pieces, eat slowly.

Chronic Medical Conditions ☐ No ☒ Yes – List: acne, cysts behind ears, immodetesthency, depression,

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

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

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

if needed

☐ 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 saftey skills, seat belt help

Sensory Disabilities ☐ No ☒ Yes – List: offer quiet place, deep breathes, redirection

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Verbal redirection, reminder of saftey

Important To: family, outings, recorder, ipad,

Important For: choices, decisions, socializing, regulationg his emotions

Likes: friends, music, recorder, sweets,

Dislikes: coffee, chilly+cheese

Describe Communication Style: Verbal

Staff: Gaines, Stic

Date: 11/30/2021

Service Recipient: Robert 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: 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

Technology Use: Ø N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: fish, augmentin, 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 : lol, physical one / one

Chronic Medical Conditions ☐ No ☒ Yes – List: mild pistenosis, oral nasal tone, rashes, asma-

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

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 needs someone with him. Comm. Safety

Sensory Disabilities ☐ No ☒ Yes – List: move to Clammer area

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

Important To: walking; yoga ball;	Important For: encouragement to join, having time to walk around.
Likes: music, bowling, Classic disney movies, horses, horseback riding	Dislikes: fish, hard Candy; overdry bread loud noises.

Describe Communication Style:

non-Verbal.

Staff: Gaines, Suzie

Date: 11/30/21

PAI

Service Recipient: Tuellik, Robbie

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 Choosing to have lunch with.

Outcome #2 Helping put things away.

Technology Use: Ipad, his recorder, laptop.

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Succinimide, celontin, tetracycline, lipon, amoxicillin

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Controlled

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: bite size pieces, slowly.

Chronic Medical Conditions ☐ No ☒ Yes – List: Cyst's behind ears, [redacted], depression,

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

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 Model Comm. Safty

Sensory Disabilities ☐ No ☒ Yes – List: Quite place, · redirect for 10 minutes. · deep breaming.

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
· Vocal redirection.
· trash- it's not safe.

Important To: family, outings, recorder, I pad

Important For: Choose's. being w/ peer's. feelings

Likes: friends, music, recorder, sweets.

Dislikes: coffee, Chili, Cheese.

Describe Communication Style: Verbal.

Staff: John Gebhardt

Date: 11-30-21

PAI

Service Recipient: Robert Florian

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
Join a group, Outings,	

Technology Use: no,

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Fish, Augmentin, Seasonals	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 1 on 1 and prompts as well as physical

Chronic Medical Conditions ☐ No ☒ Yes – List: Asthma, rashes, Mild Pulminary Stenosis, low muscle tone

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 and phys ☐ 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 Be near him. Have Community Safety

Sensory Disabilities ☒ No ☐ Yes – List: Move him to calmer area.

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

Important To: Walking Yoga Ball Independence	Important For: Encouragement to Participate, Walk around
Likes: Horses, Music, bowling, Disney,	Dislikes: Fish, hard, candy, Dry bread, loud noises

Describe Communication Style: non verbal. facial expressions, vocals,

Staff: _____ Service Recipient: _____

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:		**Epi Pen/Treatment** ☐ No ☐ Yes Location:
Seizures ☐ No ☐ Yes – Describe :		**Seizure PRN** ☐ No ☐ Yes Location:
Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports :		
Chronic Medical Conditions ☐ No ☐ Yes – List:		
Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports :		
Specific Health & Medical Needs ☐ No ☐ Yes – List:		
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:	**Important For:**	
Likes:	**Dislikes:**	
Describe Communication Style:		

Staff: John Gebhardt

Date: 11/30/21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Robbie Tulloch

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 Choosing who to eat lunch with

Outcome #2 Help pickup and put things away

Technology Use: I Pad. Recorder, Laptop.

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: ~~Soap~~ Lithium, Remeron

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: seizures controlled by Medications.

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Cut up food, small bite size pieces.

Chronic Medical Conditions ☐ No ☒ Yes – List: Acne, cysts, immunodeficiency Depression.

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Give when needed.

☐ 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 Skills

Sensory Disabilities ☐ No ☒ Yes – List: Quiet Place, Deep breaths, Do calm activity.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Give verbal redirection.

Important To: Family, outings, record, I Pad,

Important For: Choices, decisions, Regulating emotions

Likes: Friends, music, Sensory

Dislikes: coffee, cheese, chili

Describe Communication Style: Verbal

Staff: John Gebhardt

Date: 11-30-21

PAH

Service Recipient: Winta Mussa

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 :

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:	Important For:
Likes:	Dislikes:

Describe Communication Style:

Staff: Andrea Green

Date: 11/30

PAI

Service Recipient: Robert Forbes

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 ☒ Unability 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
TO	

Technology Use: no intrest

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: fish augmentin 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 : 1 on 1 with food | physical asst

Chronic Medical Conditions ☐ No ☐ Yes – List: mild palmer spenosis, low oral muscle tone Rashes acne asthma

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 needs non water model safety

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☒ No ☒ Yes – Describe supports: move to different area have on ball

Important To:	Important For:
walking yoga ball independ	having time to walk encouragement
Likes:	**Dislikes:**
music blowing nose kool aid dancing classic disney	fish hard candy dry bread loud noises

Describe Communication Style: non verbal

Staff: ANDREA GREEN

Date: 11/30

PAH

Service Recipient: Robbie Tulloch

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 Choosing who to eat lunch with

Outcome #2 Help pick up & put things away

Technology Use: ipad recorder, laptop

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Succinimide, celontin, clonazepam, ibm, remeron

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Controlled by meds

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: bite size cutting small bites, eat slowly

Chronic Medical Conditions ☐ No ☐ Yes – List: Acne, GIS, imo depression

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

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 model behavior, check seat belt

Sensory Disabilities ☐ No ☒ Yes – List: quite place, deep breathes, redirect to do something calming

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Verbal Redirecting Reminders of things not being safe

Important To:	Important For:
family outings recorder ipad	choices, socializing regulating emotions
Likes: Friends, music recorder sweets	**Dislikes:** coffee, chilli

Describe Communication Style: Verbal

Staff: Nikki Kerekuk

Date: 12/20/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Robert F

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: N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: fish, augmentin, 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 : 1:1 while eating meals, small bites w/ physical assistance

Chronic Medical Conditions ☐ No ☒ Yes – List: mild pulmonary stenosis, low oral muscle tone, rashes, acne, asthma

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: supervision, assist when icy.

☐ 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 Keep him near staff, model safety

Sensory Disabilities ☐ No ☒ Yes – List: overstimulated → move to quiet area + bounce on yoga ball

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

Important To: walking, yoga ball, family, independence	Important For: encouragement to participate time to walk in hallway
Likes: classic disney, music, bowling, horses,	Dislikes: fish, hard candy, dry bread and loud noises

Describe Communication Style: non-verbal, vocalizations, gestures

Staff: Nikki Kerelink

Date: 12/20/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Robbie Tulloch

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 who he wants to eat lunch with	Outcome #2 help pick up and put things away.
Technology Use: ipad, recorder, radio, laptop	

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Succinimibe, celontin, clonazepam, lithium, remeron	Epi Pen/Treatment ☒ No ☐ Yes Location: —
Seizures ☐ No ☒ Yes – Describe: controlled by medication	Seizure PRN ☒ No ☐ Yes Location: —

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
bite size pieces, → prompts to eat slowly

Chronic Medical Conditions ☐ No ☒ Yes – List: acne, cysts behind his ears, immunodeficincy, depression.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports:
staff assist @ 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 observe. model community safety. *seatbelt*

Sensory Disabilities ☐ No ☒ Yes – List: overstimulated → quiet place, deep breaths, redirect to calm activity for 10 minutes

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: verbal redirection (bites tongue when upset)

Important To: family, outings, recorder, ipad, shred.	Important For: visiting/socializing, having choices, regulation.
Likes: friends, music, recorder, sweets	Dislikes: coffee, chili, cancelled outings

Describe Communication Style:
Verbal

Staff: Dennis Moua

Date: 11/30/21

PAI

Service Recipient: Robert Florian

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: fish, augmentin, 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 : one-on-one for food, physical assistance

Chronic Medical Conditions ☐ No ☒ Yes – List: Mild pulmonary stenosis, low oral muscle tone, rashes + acne, asthma

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 + physical assistance

☐ 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 needs someone nearby, model community safety

Sensory Disabilities ☒ No ☒ Yes – List: move to calmer areas, use yoga ball if over stimulated

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

Important To: walking / yoga ball, independence	Important For: encourage to participate, move time to walk around
Likes: music / bowling, classic disney movies, horseback riding.	Dislikes: fish, hard candy, overly loud noises, dried baked

Describe Communication Style: non verbal, facial, vocalizations

Staff: Dennis Mowa

Date: 11/30/21

PAI

Service Recipient: Robbie Tulloch

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 who he wants lunch with	helping picking up and put things away

Technology Use: ipad, recorder, lap top

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: succinimide, celontin, clonazepam, lithium, remeron, — Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: controlled by meds — Seizure PRN ☒ No ☐ Yes Location:

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

Chronic Medical Conditions ☐ No ☒ Yes – List: acne, cyst (behind ears), immunodeficiency, depression,

Medication Administration/Treatment Orders ☒ No ☒ Yes – Describe Equipment/Supports: given by staff

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: verbal cues, physical assistance when needed
☐ 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 skills, fasten seat belt

Sensory Disabilities ☐ No ☒ Yes – List: offer a quiet place, deep breathes, redirect for 10 min

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: verbal redirection, not safe dissing in trash,

Important To: family, outings, recorder, ipad,

Important For: choices, decisions, socializing, regulating emotions

Likes: friends, music, recorder, sweets,

Dislikes: coffee, chili, cheese

Describe Communication Style: verbal

Staff: Chelsie

Date: 12/16/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Robert F

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

Technology Use: NO interest

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: fish, augmentin, 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 : 1:1 eating, small bites, physical assistance

Chronic Medical Conditions ☐ No ☒ Yes – List: Mild Pulmonary Sterosis, low oral muscle tone, rashes, acne, asthma

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		
☐ 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, Keep robert by you

Sensory Disabilities ☐ No ☒ Yes – List: Move quiet calm area, yoga ball.

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

Important To: Walking, Yoga ball, Independence	Important For: encourage to participate time to walk
Likes: Music, bowling, classic disney, horse back riding	Dislikes: fish, hard candy, dry bread loud noises

Describe Communication Style:

non-verbal, facial exp. vocalizations. body lang.

Staff: Chelsie

Date: 12/16/21

Service Recipient: Robbie Tulloch

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 who he wants to eat lunch with.

Outcome #2 Help pick up and put things away.

Technology Use: Ipad, recorder. laptop

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Succinimibe, Celontin, Clonazepam, Lithium, remeron

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Controled by meds

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Cut food in bite size, Prompts to eat slowly.

Chronic Medical Conditions ☐ No ☒ Yes – List: acne, cysts behind ears, immunodeficincy depression

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

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 model community safety. Check Seatbelt

Sensory Disabilities ☐ No ☒ Yes – List: offer a quiet place. deep breaths redirect to calming activity for 10 mins.

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

Important To: fam. outings, recorder, Ipad

Important For: Choices, socializing regulating emotions

Likes: Friends, music, recorder, Swelts

Dislikes: Coffee, Chili

Describe Communication Style: Verbal

Staff: Daniel P

Date: 11/30/21

PAI

Service Recipient: Robert 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

Technology Use: NA seems uninterested

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Fish, Augmentin, 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 :

Staff assist with lunch

Chronic Medical Conditions ☐ No ☑ Yes – List:

Mild pulmonary stenosis, low oral muscle tone, rashes, acne, and asthma

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

None taken 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 has someone with him and model community safety

Sensory Disabilities ☑ No ☐ Yes – List:

Move to calmer area

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

Important To:	Important For:
Walking, yoga ball, independence	encouragement to participate, time to walk
Likes: horseback riding, music, bowling, classic disney movies	**Dislikes:** fish, hard candy, dry bread, loud noises

Describe Communication Style:

Nonverbal

Staff: Daniel P.

Date: 11/30/21

PAI

Service Recipient: Robbie T.

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
Choosing who he eats lunch with	helping put equipment away

Technology Use: ipad, recorder, and laptop

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Succinimide, Celontin, Clonazepam, lithium, remeron

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: Controlled by medication

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: bite size pieces prompt to eat slowly

Chronic Medical Conditions ☐ No ☐ Yes – List: Acne, ~~Sats~~ behind ears, Iron deficiency, depression

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

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 Model pedestrian practices, make sure seat belt is on

Sensory Disabilities ☐ No ☑ Yes – List: Offer a quiet place, deep breathes, redirect for something calming

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

Important To:	Important For:
family, outings, ipad	Choices and decisions and socializing
Likes:	**Dislikes:**
friends, music, recorder, sweets	coffee, chili, and cheese

Describe Communication Style: Verbal

Staff: Rene Schmidt

Date: 11/30/21

PAI

Service Recipient: Robert Florian

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

Technology Use: none . no

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: fish Agmantine 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 :

1:1 assit w lunch Physical

Chronic Medical Conditions ☐ No ☐ Yes – List: Rash / Acne Asthma

Mild Pulmonary Stenosis Low oral muscle tone

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

Verbal / Physical Assitance

☐ 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 with at all times model com Safty

Sensory Disabilities ☐ No ☐ Yes – List: yoga ball

Palmer area

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

Important To:	Important For:
walking yoga ball independence	time to walk around incouragment to par ticapate
Likes: horse back rides music bowling classic Disney mo	**Dislikes:** fish hard candy overly dry Bread loud noise

Describe Communication Style:

non verbal facial Expressions

Staff: Rene Samradt

Date: 11/30/21

PAI

Service Recipient: Robbie Tulloch

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 Choosing Who he wants to eat lunch with

Outcome #2 helping Pick up and put things away

Technology Use: IPAD. Recorder / Laptop

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Succinimide, Celontine, Clonazepam, Lithaum, Remeron

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe :

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports :
Cut food into Bite Size
remind him to eat slow

Chronic Medical Conditions ☐ No ☐ Yes – List:
acne GERD. Amino definitrones depression

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

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports
verbal ques physical ass. if needed
☐ 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 Comm. Safty skills Check seatbelt

Sensory Disabilities ☐ No ☑ Yes – List:
offer quiet Place deep breath redirect him Calming 1 omins

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

Important To: family outings recorders IPad

Important For: Socializing regulating choses do ; hisemotion

Likes: Friends music Recorder Sweet

Dislikes: Coffee chili, cheese

Describe Communication Style:
Verbal

Staff: Nancy Snyder

Date: 11-30-21

PAI

Service Recipient: Robert Florian

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
Join	

Technology Use: NO interest

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Fish, augmentin, 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 :

One-on-one, needs assistance

Chronic Medical Conditions ☐ No ☑ Yes – List:

mild pulmonary stenosis, low muscle tone, rashes: acne, asthma

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 & physical assistance ☐ 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 someone near him, model comm safety

Sensory Disabilities ☐ No ☑ Yes – List: move to calmer area, yoga ball

~~Model community safety~~

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

Important To:	Important For:
walking, yoga ball, independence	time to walk around, encouragement to participate
Likes: horseback riding, music, bowling, classic Disney movies	**Dislikes:** loud noises, fish, hard candy, overly dry bread

Describe Communication Style:

non-verbal - facial expressions, vocal sometimes

Staff: Abby Snyder

Date: 11-30-21

PAI

Service Recipient: Robbie Tulloch

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: Choosing who he wants to eat lunch with

Outcome #2: Helping pick up; put things away

Technology Use: IPAD, recorder, laptop

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Succinimide, celontin, clonazepam, lithium, remeron

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: controlled by medications

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: bite size pieces, prompt to eat slowly; small bites

Chronic Medical Conditions ☐ No ☑ Yes – List: acne, cysts behind ears, immunodeficiency, Depression

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

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 model, check seatbelt, Poor community safety skills

Sensory Disabilities ☐ No ☑ Yes – List: offer quiet place, deep breathes, redirect calming for 10 minutes

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: Verbal redirection, not safe to dig in trash

Important To: family, clothes, recorder, iPAD

Important For: choices / decisions, socializing, regulating emotions

Likes: friends, music, recorder, sweets

Dislikes: coffee, chili, cheese

Describe Communication Style: Verbal

Staff: Kathryn Stein

Date: 11/30/21

Service Recipient: Robert Florian

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 other rooms	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: Fish, Augmuntin, 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 :
one on one with lunch, physical assistance

Chronic Medical Conditions ☐ No ☒ Yes – List: mild pulminary, stenosis, low oral muscle tone, rashes, Acne, asthma

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 ☐ 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 needs someone with him, model community safety

Sensory Disabilities ☐ No ☒ Yes – List:
Move to calmer area

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

Important To: Walking, yoga ball, independence	Important For: encouragement to participate, time to walk around
Likes: music, bowling, classic disney Movies, horseback riding	Dislikes: Fish, hard candy, overly dry bread, loud noises

Describe Communication Style:
non verbal, facial expressions, vocalizations

Staff: Kathryn Stein

Date: 11/30/21

PAI

Service Recipient: Robbie Tulloch

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 choosing who he wants to eat lunch with.

Outcome #2 helping pick up and put things away

Technology Use: IPAD, Recorder, laptop

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: succinimibe, celontin, clonazepam, litheum, Remerom

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: controlled by medication

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: bite sized pieces, prompt small bites, eat slowly

Chronic Medical Conditions ☐ No ☒ Yes – List: Acne, cysts behind his ears, immuno defitiency, ~~depressed~~ ER Depression

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

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

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

☐ 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 pedestrian safety, check seat belt is on.

Sensory Disabilities ☐ No ☒ Yes – List: offer a quiet place, deep breathes, redirect to do something calming for 10 minutes

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Verbal redirection, verbal promts if he digs in trash

Important To: Family, outings, recorder, IPAD

Important For: Choices, decisions, socializing, regulating his emotions

Likes: Friends, music, recorder, sweets.

Dislikes: coffee, chili, cheese

Describe Communication Style:
Verbal

Staff: Rose Tan

Date: 11/30/21

PAI

Service Recipient: Robert Rollon

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 cpt	☒ 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: No interest

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Fish, Augmentin, 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 :

1:1 Supervision

Chronic Medical Conditions ☐ No ☒ Yes – List:

Stenosis (Pulmonary), low muscle tone, Rashes, Acne, Asthma,

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 + physical assistance

☒ 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 1:1 Supervision, Model community safety.

Sensory Disabilities ☒ No ☐ Yes – List:

Calming area

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

Important To:	Important For:
Walking, Yoga ball, independence	Encouragement to participate, time to walk
Likes: horseback riding, Music, bowling, classic disney movies	Dislikes: Fish, hard candy Overly dry bread, loud noises

Describe Communication Style:

Non-verbal, some vocalizations

Staff: Dave Turd

Date: 11/30/21

PAI

Service Recipient: Robbie Tillochi

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

Choosing who he wants to eat lunch wit

Outcome #2

Helping picking things up + putting away.

Technology Use: Recorder, IPAD, LAPTOP

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List:
Succinimibe, Celontin, Clonazepam, Lithium, REMERON

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☐ No ☒ Yes – Describe:
Controlled by medications

Seizure PRN ☒ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
Cut food into bite size pieces. Encourage Robbie to slow down.

Chronic Medical Conditions ☐ No ☒ Yes – List:
Acne, Cysts, Immunodeficiency, Depression

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports:
Takes medications 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
✓ safety belt in vehicle
Model + safe pedestrian + community skills.

Sensory Disabilities ☐ No ☒ Yes – List:
offer quiet place, deep breaths, redirect to a calmer activity.

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

Important To:	Important For:
Family, Outings, Recorder, IPAD	Choices, decisions, socializing, regulating emotions
Likes:	**Dislikes:**
Friends, Music, Recorder, Sweets	Coffee, Chili

Describe Communication Style:
Verbal

Staff: Zach Weinmann

Date: 11-30-21

PAI

Service Recipient: Robert Florian

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
V.	Pr

Technology Use: No Interest

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Fish / Augmentin

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : 1:1 Lunch Help feeding himself

Chronic Medical Conditions ☐ No ☒ Yes – List: Mild Pulmonary Sterosis, Low oral Muscle tone, Rashes, Acne, AA/Asma

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 1:1 will wander, Model Community Safety

Sensory Disabilities ☐ No ☐ Yes – List:

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: Calmer area. Bounce on Ball

Important To: Walking, Yoga Ball, Independence

Important For: Encourage to participate having time to walk around

Likes: Music Bowling Classic Disney HorseBack Riding

Dislikes: Fish, Hard Candy, dry Bread Loud Noises

Describe Communication Style: Facial expressions,

Staff: Zach Weinmann

Date: 11-30-21

PAI

Service Recipient: Robbie Tulloch

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 Choosing who to eat lunch w/

Outcome #2 Help pick up and Tidy

Technology Use: Ipad, Recorder, Laptop

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Succinimibe, Celontin, Clonazepam, Lithium, Remeron

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Controlled by medications

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Bite-Size prompt to eat small bites

Chronic Medical Conditions ☐ No ☒ Yes – List: Acne, Cysts behind ears, Immuno deficiency depression

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

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 Model pedestrian Practices. Check seat Belt

Sensory Disabilities ☐ No ☒ Yes – List: Loud noises, offer quiet Place, Redirect to Calm activities

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

Important To: Fam, outings, Recorder Ipad

Important For: choices/ decisions, Socializing Regulating his emotions

Likes: His Friends Music Recorder Sweets

Dislikes: coffee / Chili

Describe Communication Style: Verbal

Staff: Anna Wrich

Date: 11/30/21

PAI

Service Recipient: Robert Florian

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

Technology Use: NO interest

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: fish, augmentin. 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 : 1:1 when eating. Small bites. Physical assistance.

Chronic Medical Conditions ☐ No ☑ Yes – List: mild Pulmonary stenosis. Low oral muscle tone. rashes. acne. Asthma

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

☐ 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. Keep robert by you

Sensory Disabilities ☐ No ☑ Yes – List: move to quiet calm area. Yoga ball.

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

Important To: walking. yoga ball. independence.	Important For: encourage to Participate. time to walk
Likes: music. bowling. classic disney. horseback riding	Dislikes: fish. hard candy ☒ dry bread. Loud noise.

Describe Communication Style: non verbal. facial exp. Vocalizations body lang.

Staff: Anna Wrich

Date: 11/30/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Robbie Tulloch

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 who He wants to eat lunch with.

Outcome #2 Help pick up and put things away.

Technology Use: iPad. recorder. Laptop

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Succinimide. celontin. clonazepam. Lithium. remeron.

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: controlled by meds.

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: Cut food in bite size Prompts to eat slowly

Chronic Medical Conditions ☐ No ☑ Yes – List: acne. cysts behind ears. immunodeficiency. depression.

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports: given by staff.

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 model Community Safety. check for seat belt

Sensory Disabilities ☐ No ☑ Yes – List: offer a quiet place. deep breaths. redirect to calming activity for 10 mins.

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

Important To: fam. outings. recorder. iPad.

Important For: choices. Socializing regulating emotions

Likes: friends music. recorder. sweets.

Dislikes: coffee chili

Describe Communication Style: Verbal