

Staff: Rey Ceragioni
 Date: 2/8/22



Service Recipient: David L
 Service Span: March 2022-2023

Outcomes:

Outcome #1: After 45 days
 Summarize Steps:

Outcome #2: After 45 days
 Summarize Steps:

Communication Style: vocalizations, affect. short phrases
understands English/Spanish

Learning Style: Verbal prompts, simple prompts

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>laughs alot - try to calm him down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>solid food once a day (breakfast) bite sized pieces (eat non-food items) mom will send in snacks and staff will offer during the day.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>anxiety disorder</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>catatonia (unusual behavior) - helped by meds, autism</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Juice or water</u> <u>meds passed at PAI, not set time every 5 hours</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>David might run out of the room to use the bathroom ("bathroom, bathroom") (1, 2, 3 Soap. prompt to stop.) give him glove to wipe himself, absesive with washing + drying his hands</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independant - doesn't have endurance, assist when needed</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>(timer) reminders "stay with me or stay with group"</u> <u>no personal boundaries</u> <u>Staff will show community safety, might hold on arm of staff</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensitive to sound and tactile,</u> <u>pinching, jumping, hitting himself offer self soothing - he doesn't ask</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vocalizations, pinching/hitting himself if not adressed will pinch staff. Helmet if needed and then the PRN</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>family, community, spending time with others, access to computer</u>
Important for:	<u>independance, support in self care tasks, supervised at all times encourage to participate</u>
Likes:	<u>browse the computer, watching movies, uses drawing app. Shopping at Goodwill, Library, drawing in 3D, going for walks.</u>
Dislikes:	<u>changes (sudden changes) texture of foods, scared of some dogs.</u>

Lead Review Completed: _____

Staff: Danea Davis

Date: 2/8/22



Service Recipient: David Lopez

Service Span: March 2022-2023

Outcomes:

Outcome #1: N/A
Summarize Steps:

Outcome #2: N/A
Summarize Steps:

Communication Style: understands verbal english & spanish (only wants english)
localizations

Learning Style: verbal prompts in steps (simple), uses short phrases

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>David likes to laugh while eating. Staff will try to calm David</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Solid food 1x a day (usually breakfast). Offer packed snacks. If he eats, bite size pieces and uses utensils</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Catatonia, managed by medication, mild intellectual disability, anxiety</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>takes pills w/ juice or water</u> <u>Communication book</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will run to the bathroom. Might pull down pants before he reaches the bathroom. Staff support w/ wiping</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cont. obs. over washing/drying hands, independent; no insurance</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Male staff for outings. Staff need to be w/ him at all times in community. beginning <u>beginning</u> <u>use writing, bring timer instead of "we need to wait"</u> <u>light risk. "stay w/ me"</u> <u>has tracking</u></u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensitive to sound & texture. If agitated, weighted blanket</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Might pinch/hit himself or others</u> <u>Staff will</u> <u>has a helmet</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to: <u>family, time w/ others, computer time,</u>	
Important for: <u>independence, support in self care, supervision, communication, participation</u>	
Likes: <u>browse w/ computer (indep.), drawing app, shopping @ goodwill, library, 3D drawing, walking, art projects w/ cutting</u>	
Dislikes: <u>Sudden changes, food textures, dog (ok if dog is calm)</u>	

Lead Review Completed: _____

Staff: Gaines, Julie
 Date: 2/9/2022



Service Recipient: David Lopez
 Service Span: March 2022-12/2023

Outcomes:

Outcome #1: _____
 Summarize Steps: _____

Outcome #2: _____
 Summarize Steps: _____

Communication Style: only spoken in English • words "Bath room"
but knows both Spanish / English

Learning Style: • Verbal prompts
 • many steps.

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

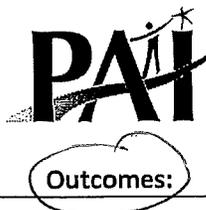
Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: • <u>begins alot while eating</u> • <u>slow down - clam down</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: • <u>Solid food</u> (x) <u>daily "Breakfast"</u> • <u>offer "snack"</u> • <u>bite size piece</u> • <u>trys to eat "non-food" items</u> • <u>don't push food</u> • <u>can use spoon, fork</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: • <u>cat atonia - being very still / fast / unusual</u> • <u>Autism</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: • <u>lazepam</u> 5 hours <u>every</u> • <u>takes pins w/ juice / water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: • <u>Sometimes, will get up and run "to the bathroom"</u> • <u>Stand up a "bathroom"</u> • <u>will pull down pants on the way to the restroom.</u> • <u>does need help cleaning after B.M.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: • <u>mobility - indep.</u> • <u>low muscle tone.</u> - <u>Needs staff help on uneven ground.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: • <u>staff needs to be with at all times.</u> (Bring timer with <u>might pace</u>) • <u>will hold staffs arm.</u> • <u>having to wait is hard.</u> • <u>pinching himself</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: • <u>sound</u> • <u>deep pressure</u> • <u>weighted blanket</u> • <u>flitting himself</u> • <u>touch</u> • <u>jumping</u> • <u>fluman sock</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: • <u>hitting</u> • <u>pinching himself</u> • <u>Does wear helmet</u> • <u>doesn't self seek</u> • <u>goes to staff hitting / pinching.</u> • <u>does a PR on helmet</u> • <u>hugs help</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to: <u>family, outing spending time w/ others, computer,</u>	
Important for: <u>Self care tasks, supervised at all times. to join groups.</u>	
Likes: <u>browse on computer, watching movies, videos to clams. Shopping- good will, looking at books, drawing- 3-D walks, coloring, cutting things out</u>	
Dislikes: <u>Changes, sudden changes, scared of some dogs,</u>	

Lead Review Completed: _____

- stay with staff, and grab.
- does having tracking on him.

- history walking up to strangers.
- personal space - (to close)

Staff: John Gebhardt
 Date: 2/8/22



Service Recipient: David Lopez
 Service Span: 3/20 - 2023

New to PAI.

Outcome #1: New P
 Summarize Steps:

Outcome #2: _____
 Summarize Steps:

Communication Style: Vocalizations and affects. Prefers English short simple ph

Learning Style: small step by step verbal instructions. Picture Cards + images.

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Remind him to slow down if laughing</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Solid Food 1x daily at breakfast Bite size pieces.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Catatonia - unusual behavior. (managed with Ativan) Anxiety Disorder.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ASD
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Takes with juice or water. Takes Lorazepam/Ativan every 5 hours.</u>
Personal Cares: (Help) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Will get up and go to bathroom if washing he waits to long, pulls down pants.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent, but no lengthy walks, staff support.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stay with him. Be with him at all times! Bring a Timer with outings</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>He is sensitive to sounds and has tactile sensory.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Agitation - his self or pinches self and staff and vocalize.</u> <u>Has A Helmet</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised Time at all.</u>
Important to:	<u>Family, computer access, being with others</u>
Important for:	<u>support in self cares, being supervised</u>
Likes:	<u>participating, browse on the computer, 3D Art Has a drawing app, Library, Goodwill, walks.</u>
Dislikes:	<u>sudden changes, Dogs, solid texture of Food.</u>

* His helmet is for any SIBs

Lead Review Completed: _____

Staff: ANDREA GREEN
 Date: 7-8-20



Service Recipient: DAVID LOPEZ
 Service Span: MARCH 2017 - 2023

Outcomes:

Outcome #1: After 45 day
 Summarize Steps:

Outcome #2: 45 day
 Summarize Steps:

Communication Style:
Vocalization english & spanish but only wants to talk in
 Learning Style: english
~~Visual~~ Verbal prompts. (short words)

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>laughs while eating</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>solid food once a day. Mom will pack food to offer through the day. cut bite size</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>catatonia (unusual behavior)</u> <u>Autism Anxiety</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pills w/ juice or water</u> <u>meds 5 hours between & write on back</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>gives glove to wipe/wash</u> <u>Runs to bathroom but will need help/wash</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent but no endurance to walk long</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>get distracted will walk</u> <u>with himat all times. pacing when walking away</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sound & tactile item seek deep pressure</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>will pinch helmet</u> <u>bitting/pinching himself if not noticed staff</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to:
family being in community. computer being w/ others

Important for:
being independent. support in self care. supervised at all time

Likes: drawing in 3D, movies
new search on computer drawing app stopping at red wall

Dislikes:
Changes. certain textures of food, dogs

Staff: Nikki Kereluk



Service Recipient: David Lopez

Date: 2/8/22

Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: New → after 45 days

Summarize Steps:

Outcome #2:

Summarize Steps:

Communication Style: vocalizations, (spoken to in english) (possible PEC affect short phrases system used)

Learning Style: verbal prompts (small steps)

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes -	List & Describe Supports: N/A
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes -	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: laughs when eating → be safe, slow down - food → bite size pieces
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: prefers solid food 1x/day * may not eat at PAI offer snacks throughout the day
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes catatonia - associated w/ staying still or fast movements lack of speech → managed w/ meds. Mild MR, autism, anxiety
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lorazepam - every 5 hours w/ juice or water
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stands and runs → obsessive wash/dry hands give glove for him and help w/ cleaning * 3 pumps soap
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independent - low muscle tone - assist w/ long distances and uneven surfaces
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: w/ him at all times / model pedestrian/safety skills * doesn't like to wait * bring a timer
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: pinches others when agitated sensitive to sound/tactile items. seeks deep pressure, weighted blanket * sends in extra clothes
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB - hit, pinch, vocalize and pinch staff if it continues/needs help. * offer helmet PRN
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None
Important to:	family, outdoors, spending time w/ others, access to computer
Important for:	independence, support in self-care tasks, supervised at all times, encourage participation
Likes:	browse online, drawing app, shopping at goodwill, library, 3D walks
Dislikes:	changes, textures of food, some dogs,

tracking anklet if elopes / has approached strangers

Lead Review Completed: _____

Staff: Dennis Mena

Date: 2/8/22



Service Recipient: David Lopez

Service Span: 3/22-3/23

Outcomes:

Outcome #1:
Summarize Steps: David Lopez - new person unit

Outcome #2:
Summarize Steps: ↓ 45 days

Communication Style: understands both spanish & english
use short vocalizations simple phrases

Learning Style: Having verbal prompts to create tasks

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>chokes a lot when eating. Ask him to relax and calm down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will only eat solid foods once a day. will be offered snacks, not cut food to be frozen.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cataracts managed with meds. mild intellectual fact strange moments strange speech diet. Anden</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Take med every 15 others</u> Takes pills with juice/drinker
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will get up and run out of room for bathroom give shower to wipe himself, watch him wash hands</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent, need staff assistance to walk in museum</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff has to be with him at all, will hold his hand, making sure they is on surfaces</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may get physical, punch other and himself</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensitive to sound, give 15 sec, hitting</u> scribble SFB, needs behavior
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: scribble address ASAL has a helmet
Important to:	<u>being in community, spending time with others, access to computers, a PRN deep pressure for calming</u>
Important for:	<u>independent as possible, support of self care tasks, supervised at all</u> tactile discomfort
Likes:	<u>communications, encourage to participate</u> likes shopping, good with,
Dislikes:	<u>art works</u> library 3D are going for walks
Dislikes:	<u>changes sudden, certain textures food, scared of some dogs,</u>

Lead Review Completed: _____

Staff: Daniel P
 Date: 2/8/22



Service Recipient: David Lopez
 Service Span: March 2022-23

Outcomes:

Outcome #1: New participant
 Summarize Steps:

Outcome #2: New participant
 Summarize Steps:

Communication Style: Uses one word phrases
Understand spoken Spanish and English. Prefers english

Learning Style: Verbal prompts

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>laughs a lot when eating. Staff will use renderers</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Usually only eats solid food for breakfast. cut into bite size pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>mild intellectual disabilities, Autism</u> <u>Catatonia. Unusual behavior. Managed with medication</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has lorazepam ev 5 hours. Takes meds with H2O. Has PRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will pull down pants in public places. Puts on glove and wipes self</u> <u>Sometimes runs out of room when needs to go</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent but can lose endurance on uneven surfaces or long walks</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reminders to, "stay with me" Has tracking device</u> <u>Staff with at all times. He holds onto staff's arm. History of approaching</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensitive to sound and tactile items. Jumps, hits, and rocks. Uses body pillow</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>has helmet (S.I.B.) Deep pressure can help with these situations</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>

Important to: Family, being in community, access to computer

Important for: encouraged to participate
Being independent as possible, support and self care tasks, supervised at all times

Likes: Goodwill, library, drawing in 3D, walks, cutting out artwork
to use computer watching movies, videos, and a drawing app

Dislikes: Sudden changes, certain textures of food, some dogs scare him

Lead Review Completed: 

Staff: Renée Schmidt
 Date: 2/8/22



Service Recipient: David Lopez
 Service Span: March 22-23

Outcomes:

Outcome #1: _____
 Summarize Steps: After 45 days

Outcome #2: _____
 Summarize Steps: After 45 days

Communication Style:
vocalization - use English Short Phrase

Learning Style:
verbal prompts

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>slow down chew Likes to laugh</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Solid food 1x a day mornings ^{cut into bite size} independently</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Autism Anxiety unusual behavior Catatonia lack of speech Lorazepam</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lorazepam - communication thru touch/book/phone</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff support - will run to bathroom in public ^{pull down pants}</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent low distance ^{long distance} staff assistance</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of ^{aggression} waiting will upset him Staff at all times ^{stranger} runner if something catching attention</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>loud sound tactile Deep Pressure = ^{hit himself} Calming</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears helmet - Behavior hitting punching if unnoticed will pinch staff</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to:
family, community time w/ others Computer

Important for:
independence, support in self care Support for communication

Likes: videos ^{walks cut art} Brown on computer, drawing app Shopping at gas will library drawing

Dislikes:
Changes sudden texture food some dogs.

Lead Review Completed: _____

Staff: Wendy Snyper
 Date: 2-8-22



Service Recipient: David Lopez
 Service Span: March 2022-2023

Outcomes:

Outcome #1: After 45 Day
 Summarize Steps:

Outcome #2: After 45 Day
 Summarize Steps:

Communication Style:
Vocalizations - use English

Learning Style:
Verbal prompts (steps)

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports:
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None <u>laughing when eating - slow down etc</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pieces - can use fork & spoon</u> <u>Solid food - once a day (AM) will send snacks to offer</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Catatonia (staying still or strange movements)</u> <u>mild intellectual, autism, anxiety disorder</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pills w/ juice or water</u> <u>every 5 hours larezon (note w/ med time)</u> <u>times logged in communication book</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>help w/ wiping, 3 pumps of soap, monitor</u> <u>can run out of room, for bath room, needs staff support</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>low muscle tone for long distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can run off - "stay with me" tracking ankles</u> <u>staff with him at all times, doesn't like sitting</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sound, tactile items, weighted blanket, extra clothes</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>(helmet = PRN) ③ ②</u> <u>① hitting / pinching first = then will pinch staff</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:

Important to: family, community, computer

Important for: independent, support & self care tasks, supervised at all times

Likes: 3D drawing, walks, browse on computer, movies, drawing app, shopping @ walmart

Dislikes: changes / sudden, textures of foods, dogs,

Lead Review Completed: _____

Staff: Kathryn Stein

Date: 2/8/22



Service Recipient: David Lopez

Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: New - After 45 day review
Summarize Steps:

Outcome #2: New - After 45 day review
Summarize Steps:

Communication Style:
Vocalizations, affect, short simple phrases

Learning Style:
verbal prompts with steps, ~~ER~~

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal reminders to not laugh while eating Has ate non-edible items</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>usual only eats solid food once a day - Breakfast if he eats - needs food cut into bite sized pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Catatonia; still, fast movements, mild intellectual disabilities, Autism Anxiety</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lorazepam every 5 hours, pills with juice or water and PRN Lorazepam</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs reminders to use bathroom, reminders to keep pants on until inside bathroom, 3 pumps of soap and prompts to not overwash hands</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent, can't walk long distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has a tractor Staff with him at all times, offer arm, a timer can help doesn't like to wait, has run off in community, verbal reminders to stay with group</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensitive to sound/tactile items, wants deep pressure, weighted blanket</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hits himself when upset, pinches himself, pinches staff, has a helmet for when he engages in self-injurious behaviors, hugs help</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs staff around</u>
Important to: <u>Family, community, time with others, computers</u>	
Important for: <u>understanding personal boundaries, independence, support in self care tasks, supervised at all times, support for communication, encouraged to participate</u>	
Likes: <u>use computers, movies, drawing app, goodwill, library, drawing in 3D, walks, cutting arts and crafts</u>	
Dislikes: <u>waiting, changes, textures of some foods, some dogs</u>	

Lead Review Completed:

Staff: Dave Tiner



Service Recipient: David Lopez

Date: _____

Service Span: March 2022-2023

Outcomes:

Outcome #1: 45 days
Summarize Steps:

Outcome #2: 45 days
Summarize Steps:

Communication Style:
Realizations, wants to be spoken to in English. (Affect)

Learning Style:
Verbal prompts - broken down into small steps. Verbal

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>No Allergies (NA)</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reminders to be safe - He will laugh</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Will try to eat non-food items. Will want to eat a solid food once a day</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Catatonia - managed with Lorazepam. Mild intellectual disabilities</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lorazepam every 5 hours, takes pill with juice or water.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can get obsessed with washing hands. Will say bathroom 3 times + then go. Staff will show him bathing.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent. If long distance may need help.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not like to wait while in the community. He will run off. Staff are with him at all times. Will hold staff's arm. Reminders to stay.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensitive to sound + tactile. Will seek deep pressure.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB, Hitting self, pinching, helmet, PRN med, Deep pressure clothes.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>Family, Community, being with others, access to computer</u>
Important for:	<u>Encourage to participate. Independence, support in self-care tasks. Supervised at all time, support for community</u>
Likes:	<u>Walking, cutting out artwork. Browsing on computer, Drawing app, Shopping at Goodwill, library. Drawing in 3D.</u>
Dislikes:	<u>Chewy pc, textures of food, Dogs</u>

Lead Review Completed:

Staff: Zach Weinmann



Service Recipient: David Lopez

Date: 2-8-22

Service Span: March 2022 - 23

Outcomes:

Outcome #1: -
Summarize Steps:

Outcome #2: -
Summarize Steps:

Communication Style: Not easily understood, Non verbal, vocalizations & Affect some words.

Learning Style: Verbal prompts, Very Simple

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NKA N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Laughs while eating, remind to be safe</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Solid food 1x per day Snacks to offer throughout Bite - size Pieces Eat non-food items</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Catatonia - Controlled MID, Autism, Anxiety</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mom writes note for Lorazepam / PRN Pills w/ Liquid.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sometimes will get up & run suddenly.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer hand, Not much endurance</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tracking Anxious Staff w/ him at all times Will Wander, Remind to stay with the group</u> <u>Doesn't like waiting</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensitive to sound, and touch, will sensory seek</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Helmet if he hits himself in the head. Deep Pressure Hugs, if he</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to:	<u>Family, Community, access to Computer</u>
Important for:	<u>Independence, self care support, supervised at all times support for communication encouraged to participate.</u>
Likes:	<u>shopping at Goodwill, Library, Drawing Walks, Cutting</u>
Dislikes:	<u>Changes, Textures, Scared of some dogs</u>

Lead Review Completed:

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Staff: Anna Wrich

Date: 2/8/2022



Service Recipient: David Lopez

Service Span: march 2022-2023

Outcomes:

Outcome #1: _____
Summarize Steps:
after 45 day

Outcome #2: _____
Summarize Steps:
↓

Communication Style: Short verbal Phrases. Vocalizations. affect. Speaks Spanish & English. Speak English to him.

Learning Style:
Verbal Prompts. break into steps

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Laughs while eating "be safe" - "slow down."</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>only eats solid food once a day. - breakfast. offer snacks, if he says no thats fine! food would be cut</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Catatonia - unusual behavior managed w/ Lorazepam. mild intell. disabilities, Autism, Anxiety.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lorazepam every 5 hours write in comm. book takes pills w/ juice or water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Will run to bathroom randomly. Might say "bathroom bathroom." may pull pants down in public assist wiping</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent. assistance on long distances. NO lots of walking outting</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model Ped / traffic Safety. stay w/ him in community. use timer as visual for waiting. may run.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensitive to sounds and tactile. may seek deep Pressure.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may talk to strangers. "stay w/ me." may hit, pinch, may hit / pinch staff if his needs are not met. Deep Pressure - calm SIB -> helmet -> PEN</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to: <u>family, community, time w/ others. computers</u>	
Important for: <u>independent. support w/ self care tasks. supervised at all times. support w/ comm. encouraged to participate.</u>	
Likes: <u>browse on computer. drawing APP. goodwill. Library. 3D drawing. walks. Arts and Crafts.</u>	
Dislikes: <u>changes. textures w/ food. Dogs.</u>	

Lead Review Completed: _____

[Signature] →

Personal cares - OCD when washing hands.

3 Pumps Soap.

"All done."