

STAFF ORIENTATION TRAINING PLAN - PERSON SPECIFIC

Staff name: Danielle Mendez
Date of background study submission: —
Date of hire: Transfer to Commerce effective 3.14.2022
Date of background study clearance: —
Ongoing annual training period: 3.14.2022@Commerce
Date of first supervised contact: 3.14.2022@Commerce
Date of first unsupervised contact: 4/5/2022@Commerce

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.

Initials of person(s) served:
 Hannah B, Nate D, Trudy F, Matthew H
 Lyned, Mark J, Karen L, Ha N, Linda Sche
 Leah D, Paul S, Nicks, Ann S, Hung V

| Orientation to individual service recipient needs | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
|--|--|--|-----------------------------|--|
| CPR, if required by the CSSP or CSSP Addendum | Previously CPR certified @ PHL Linden | | | |
| CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 3.15.2022 | Competency Quiz | 7 hours | Cortney Kelly, PS |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | 3.15.2022 | Competency Quiz | ↓ | Cortney Kelly, PS |
| Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | Previously med certified @ PHL Linden Shadowed meds Trained on Inhaler | 3.30.22 4/4/2022 | Training w/ RN .50 hours | Toni Anderson, HCS RN |

EMPLOYEE TRAINING FOR HAND-HELD INHALER

EMPLOYEE Danielle Mendez

DATE 4.4.22

TIME 11:30 AM

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- 1. Purpose and effects of procedure.
- 2. Equipment necessary for procedure.
- 3. Specific protocol.
- 4. Consequences if procedure is not performed correctly.
- 5. Symptoms and signs requiring physician notification.
- 6. Information about contacting nurse or doctor.
- 7. Procedure for cleaning/replacing equipment.
- 8. Location of written procedure and protocol.
- 9. Other _____

THE STAFF MEMBER HAS ~~SUCCESSFULLY~~ Verbalized DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.

- 1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
- 2. I will perform the procedure according to the written instructions.
- 3. I will notify the nurse or physician of problems or questions.

Danielle Mendez
Staff Signature

[Signature]
Nurse Signature

Staff: Danielle Mendez



Service Recipient: Sam E.

Date: 3.18.22

Service Span: 7.21-11.22

Outcomes:

Outcome #1: Choose a class each week that she is willing to

Summarize Steps: attend

- sp over classes available
- Sam chooses class of her choice

Outcome #2: Participate in a volunteering activity or outing

Summarize Steps: 1 x a month

- staff let sam know volunteering opportunities
- Sam chooses activity of her choice and attends

Communication Style:
Verbal

Learning Style:
Verbal directions, demonstration

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>Codene, Jufta, Letoxitin - Knows her allergies</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Has seizure disorder, follow protocol</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Will ask for assistance when needed</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>History of Cardiac Condition</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff with Sam @ all times in Community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Vision - Wears glasses - considered legally blind</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using the Restroom</u> |
| Important to: <u>Own music to listen to, Volunteering, Helping others, Coping skills book</u> | |
| Important for: <u>advocating for herself, Maintain health and safety</u> | |
| Likes: <u>Seeing crayons w/ friends, Baking dog bones, Church, animals</u> | |
| Dislikes: <u>Chaotic environments, loud noises, large group of ppl in unfamiliar places</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez



Service Recipient: Tiffany K.

Date: 3.21.22

Service Span: 2.22.23

Outcomes:

Outcome #1: Daily raise hand to inform staff that she is ready.
 Summarize Steps: to begin another round of work
 • Raise hand when ready for more work
 • Prompt if needed

Outcome #2: greet or say goodbye to a community member.
 Summarize Steps: while in community
 • Verbally prompt Tiffany to greet community member

Communication Style:
Verbal

Learning Style:
Verbal directions / demonstration

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>avoid milk - accepts help</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Takes meds and follows orders when given</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>with staff @ all times in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: <u>interacting with children</u> | |
| <u>spending time w/family, her dogs, being able to interact in community</u> | |
| Important for: | |
| <u>going on outings, opportunity to work, opportunity to make choices</u> | |
| Likes: <u>pony teen rides, ball walking, friends, cleaning</u> | |
| <u>going to the movies, spaghetti + meatballs, trying new things</u> | |
| Dislikes: <u>working @ dynamic air negativity, peers talking too much</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez
 Date: 3-15-22



Service Recipient: Sarah P.
 Service Span: 2.22-2.23

Outcomes:

| |
|--|
| Outcome #1: <u>When Sarah is offered on site work, Sarah will at least try to</u> Summarize Steps: <u>work for 1 hour per week</u> <ul style="list-style-type: none"> • encourage Sarah to work • remind Sarah the importance of it |
| Outcome #2: <u>In a month Sarah will choose a community outing or activity.</u> Summarize Steps: <u>to attend</u> <ul style="list-style-type: none"> • let Sarah know outing options • Sarah chooses and attends |
| Communication Style: <u>Verbal</u> |
| Learning Style: <u>Verbal, routine</u> |

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>Glycopyrolate, Lamotrigine - Aware of her allergies</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Follow protocol, generally receptive to help</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Needs help with portion control</u> <u>May eat too fast</u> <u>Can eat independently, needs help cutting food</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Portion control, will stop when she is finished</u> |
| 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 <u>Constipation, Ustropenia</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Needs physical assistance with treatments & meds</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Uses restroom independently</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Depth perception, balance - accepts assistance when needed</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>easily distracted, staff will be with Sarah @ all times</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>May sweat, sensitive to loud unexpected noises</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: <u>Cooking classes, Pet therapy, music class, quiet environment, consistency in daily schedule, set routine, being patient, family, friends</u> | |
| Important for: <u>working, set routine, participate in the community, having time to process and respond, make choices</u> | |
| Likes: <u>jigsaw puzzles, watching tv, church hymns, pop music, tortillas, cheese cereal, hot honey (noice) respect</u> | |
| Dislikes: <u>when food touches, crowds, loud noises, latex balloons, traffic jams, not being listened to</u> | |

Staff: Danielle Mendez



Service Recipient: Rachel M.

Date: 3.15.22

Service Span: 9.21-9.22

Outcomes:

Outcome #1: Rachel will practice counting, matching and or budgeting & utilizing.
 Summarize Steps: worksheets w/hi @ PAI
 • gather supplies and worksheet
 • Rachel completes

Outcome #2: In a Month Rachel will attend or volunteer a community activity.
 Summarize Steps: • let Rachel know cutting options
 • Rachel chooses and attends

Communication Style:
Verbal

Learning Style:
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>NA</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Follow protocol - often happen during or after eating</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Rachel can chew and swallow independently</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Glutteny</u> <u>Rachel packs her own lunch, will overeat if unattended</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Rachel is aware and staff will limit activity</u> <u>Seizure disorder, Hemangioma</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Rachel will willingly take meds from staff</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff will be with Rachel @ all times while in the community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Rachel has glasses and wears them regularly and willingly</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Rachel can be redirected</u> <u>Rachel will pick/pull at hair on head, eye lashes, eye brows</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>using restroom</u> |
| Important to: | <u>do her own thing, mm, coffee, shopping, friends being in the community</u> |
| Important for: | <u>independence, trusting & safe ppl in her life</u> |
| Likes: | <u>books, movies, games, Christian music, pizza, pasta, mac N cheese</u> ^{WHA} _{dy} |
| Dislikes: | <u>Spicy or fried food, Rock & rap music, outside when its too hot</u> |

Lead Review Completed: CK

Staff: Danielle Mendez

Date: 3-21-22



Service Recipient: Molly S.

Service Span: 10-21-10-22

Outcomes:

Outcome #1: participate in volunteering or working in the community.
 Summarize Steps: when opportunities are available
 • let molly know outing options
 • Molly chooses and participates

Outcome #2: put all belongings in pocket by 8:30 am daily.
 Summarize Steps: • encourage to put things in locker
 • Prompt if not in pocket by 8:30 AM

Communication Style:
verbal

Learning Style:
verbal directions / demonstrations

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>aware of increased risk of choking & is receptive to help</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>receptive to help and support</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Apert syndrome, Chronic tracheal infections</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI receptive to help and support</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Slipping while walking - will listen to cues to slow down</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>can be done up to 30 mins, has cell phone</u> <u>always with staff when in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>hearing loss, contacts, will ask for assistance</u> |
| Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>skin picking - receptive to redirection/distraction</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: | <u>working with animals, being on time, making choices</u> |
| Important for: | <u>doing a good job @ whatever she is doing, making \$, making a difference in the world</u> |
| Likes: | <u>opportunities to work, maintain and gain independence, ppl listen to wants & needs</u> |
| Dislikes: | <u>Music, animals, working, trampolines, watching tv, shopping, napping</u> |
| | <u>When others don't listen to her, steak, venison, getting yelled @ by parents, negativity</u> |

Lead Review Completed: CK

Staff: Danielle Mendez



Service Recipient: Linda S.

Date: 3-21-22

Service Span: 3-22-3-23

Outcomes:

| |
|--|
| Outcome #1: <u>Each day greet a peer and begin a conversation</u> Summarize Steps: <ul style="list-style-type: none"> • encourage to start conversation • cue Linda if she is stuck |
| Outcome #2: <u>Linda will walk the halls or stretch daily @ PAI</u> Summarize Steps: <ul style="list-style-type: none"> • encourage Linda to move her body • Remind Linda the importance of it |
| Communication Style: <u>Verbal</u> |
| Learning Style: <u>Verbal directions / demonstration</u> |

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>Aware of allergies</u> <u>penicillin, strong scented perfumes</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>Coughing spells if she doesn't</u> <u>Linda knows she needs to chew food properly</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Schizoaffective disorder, OCD, history of breast cancer</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Aware of medical conditions</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>May need help crushing or mixing</u> <u>*no meds @ PAI*</u> <u>Linda knows what meds she takes and when to take them</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>always with staff in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Wears glasses, willing to wear them and keep them clean</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Aware when she is feeling controlled by her disorder</u> <u>aggression yelling / screaming</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: <u>annual trip to Florida to visit her sister</u> <u>Living with females around her age, attending Church, family,</u> | |
| Important for: <u>Managing mental health, being around people</u> <u>McIntain low calorie diet, being active, structure in her life</u> | |
| Likes: <u>arts & crafts, playing bingo</u> <u>Shopping, takes vacations, attending Church with brother & family</u> | |
| Dislikes: <u>Unclear expectations, mean ppl, feeling like others are upset w/ her</u> | |

Staff: Danielle Mendez

Date: 3-21-22



Service Recipient: Janine D.

Service Span: 1-22-1-23

Outcomes:

Outcome #1: Daily upon arrival stretch arms & legs for
 Summarize Steps: minimum minimum for 5 mins
 • Ask if she is ready to stretch
 • stretches - may need assistance

Outcome #2: Continue creating relationships while @ PAI
 Summarize Steps: a greet someone in hanger room

#3 Meet w/ employment specialist bi-weekly to explore job opportunities
 Communication Style:
Verbal - speaking device for volume

Learning Style:
Verbal directions, demonstrations

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Aware of seizure history, no longer takes meds for</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Mostly can eat independently</u> <u>CP spasticity can affect her when eating & drinking</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>bite size - assistance with preparing & cutting into bite size</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>CP</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>has hearing electric and manual</u> <u>can control electric</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>willing to take meds</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>CP uses w/c - 1 person pivot</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>with staff @ all times in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>none</u> |

Important to:
Art projects, playing games, hanging out w/ family & friends

Important for:
Access to work and leisure activities, appropriate supports

Likes: shopping, being a greeter
socializing, doing art, R & B music, chicken, burgers, pasta

Dislikes:
Beets, Brussels sprouts, being bored, doing dirty jobs, staying home
rude ppl

Lead Review Completed: OK

Staff: Danielle Mendez
 Date: 3.18.22



Service Recipient: Juncho F.
 Service Span: 1.22-1.23

Outcomes:

Outcome #1: Practice more # skills and knowledge daily
 Summarize Steps: • Ask if he would like to complete # skills worksheet
• Complete worksheet

Outcome #2: Approach staff weekly to converse about his week and
 Summarize Steps: Share if he experience anxiety
• independent
#3 sign out @ front desk each day he is leaving for his job

Communication Style:
Verbal

Learning Style:
Verbal directions

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

| | |
|--|---|
| Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Juncho knows he has seasonal allergies and allergic to mold</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>isolated unknown - Follow protocol</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: XXXXXXXXXXXXXXXXXXXX <u>low-sugar diet - inform mem of how much sugar intake</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NO Meds @ PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Verbal Reminders/Cues with staff during community outings</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Scratching and picking scars - Works on behavior, accepts feedback</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u></u> |
| Important to: <u>Tell him when doing a good job, staying busy, opportunities to make a positive impact</u> | |
| Important for: <u>Support from staff to stay safe, opportunities to volunteer and work</u> | |
| Likes: <u>Shopping, watching Disney movies, going on vacation</u> | |
| Dislikes: <u>loud noises, rude ppl, when ppl argue or fight</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez

Date: 3.21.22



Service Recipient: Dan P.

Service Span: 11.01-11.22

Outcomes:

Outcome #1: 3x a week use Computer/tablet to learn Cuivers
 Summarize Steps: address and phone # can copy to sheet of paper
 • Ask for tablet
 • Assist as needed • copy address once found

Outcome #2: 1x a month participate in volunteer opportunity
 Summarize Steps: Staff let Dan know volunteer opportunities
 • explain
 • Dan chooses and attends

Communication Style:
Verbal

Learning Style:
Verbal directions/demonstration

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>Whole tomatoes - the skin</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Medication at PAI: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI - assistance needed</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>With staff @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>wears glasses</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>when using restroom</u> when using restroom |
| Important to: <u>man/friends/family, his house, working, PAI staff, positivity</u> | |
| Important for: <u>remain independent as possible</u> | |
| <u>Remaining busy, opportunity to work @ his job, friends, family</u> | |
| Likes: <u>Playing video games, imagine dragons, spinach, pizza, hot cheetos</u> | |
| <u>Music, classes @ PAI (cooking) going for walks, taking dogs for walks</u> | |
| Dislikes: <u>Tomatoes, negativity, getting yelled @, peers messing w/ him or others</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez
 Date: 3-21-22



Service Recipient: Carnie Skinner
 Service Span: 1-22-1-23

Outcomes:

Outcome #1: Practice Counting/Matching or Budgeting \$ 1x a day
 Summarize Steps: Approach Carnie w/ money skins worksheet
Carnie completes

Outcome #2: 1x a month participate in a volunteer activity on or off site
 Summarize Steps: each month staff let Carnie know options
Carnie chooses and participates
#3 Meet w/ employment specialist bi-weekly

Communication Style:
Verbal

Learning Style:
Verbal demonstration/directions

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>can ask for help w/ cutting food</u> <u>can chew and swallow independently and safely</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI</u> <u>Carnie can take meds handed to her</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>With staff @ all times while in Community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>can express concerns</u> <u>Raising voice/yelling - knows proper etiquette</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: <u>Spending time w/ friends, opportunity to work</u> | |
| Important for: <u>opportunity to make choices, having a schedule</u> | |
| <u>Patient staff receptive to Carnie's family</u> | |
| Likes: <u>Arts & Crafts, Playing soft ball 50's music, Pizza, Pasta</u> | |
| Dislikes: <u>Friends going out to eat, going to the mall, volunteering, Social media</u> | |
| <u>being asked to do things she doesn't want to do</u> | |

meatloaf, opera music, having to attend extra classes
being teased, asked too many personal

Lead Review Completed: OK

Staff: Danielle Mendez



Service Recipient: Bruce S.

Date: 3-21-22

Service Span: 2-22-23

Outcomes:

| |
|--|
| Outcome #1: <u>Daily stretch and or exercise using available equipment.</u> Summarize Steps: <u>upon arrival @ PAI</u> <ul style="list-style-type: none"> • <u>staff approach Bruce w/ exercise equipment and printouts</u> • <u>Begin her exercises</u> |
| Outcome #2: <u>ix a month practice pedestrian and street safety while in .</u> Summarize Steps: <u>the community as well as practicing what to do in the case of an emergency w/ staff</u> <ul style="list-style-type: none"> • <u>workshops ix a month</u> • <u>practice w/ staff on outings</u> |
| Communication Style: <u>Verbal</u> |
| Learning Style: <u>Verbal directions / demonstrations</u> |

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>independent - May not cup food up enough</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>good advocate for herself and accepts assistance</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Hyperthyroidism</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NO meds @ PAI</u> <u>would need help with administering meds</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>with staff @ all times when in community</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>willingly wears her glasses</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: <u>earning a paycheck, PPI being mindful of personal space opportunities to be social, opportunities to work in community</u> | |
| Important for: <u>attending classes @ PAI</u> | |
| <u>being supported and encouraged to eat healthy and staying safe</u> | |
| Likes: <u>being w/ friends and family</u> <u>Cooking class, dancing, music, fries, hot dishes, cheerleading, singing</u> | |
| Dislikes: <u>Spicy foods, salad, ketchup, being touched, being alone @ night, ppi yell ticks, bugs, storms loud noises</u> | |

Lead Review Completed: OK

Staff: Danielle Mendler



Service Recipient: Brittany G

Date: 3/16/22

Service Span: 11.21-11.22

Outcomes:

| |
|---|
| Outcome #1: <u>Choose and practice a social skills worksheet each morning</u> |
| Summarize Steps: <u>• Retrieve folder w/ money and worksheet</u> <u>• prompt if needed</u> <u>• complet worksheet • ✓ worksheet</u> |
| Outcome #2: <u>IX a month Choose and attend a community outing</u> |
| Summarize Steps: <u>or activity</u> <u>• let Brittany know the outing options</u> <u>• Brittany chooses and attends outing</u> |
| Communication Style: <u>Verbal</u> |
| Learning Style: <u>verbal-demonstration/directions</u> |

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independently eats</u> | |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> | |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>NU MEDS @ PAI</u> | |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Uses restroom independently</u> | |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Brittany is always with staff when in community</u> | |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> | |
| Important to: <u>out to eat, swimming, face time family</u> | | |
| Important for: <u>staying safe and healthy,</u> | | |
| Likes: <u>out to eat, the mall, country music, face time family/friends</u> | | |
| Dislikes: <u>Veggie, extreme temps, barking dogs, being told what to do, ppl who yell or scream</u> | | |

Lead Review Completed: CK

Staff: Daniella Mendez
 Date: 3.16.22



Service Recipient: Andy S.
 Service Span: 4.22 - 4.23

Outcomes:

Outcome #1: Weekly Complete worksheet to improve skills
 Summarize Steps:
 • Ask Andy if he would like to complete worksheet
 • Provide worksheet

Outcome #2: In a month will participate in community outing/activity
 Summarize Steps:
 • Let Andy know outing options
 • Andy chooses and participates

Communication Style:
Verbal

Learning Style:
verbal - demonstration / directions

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Andy can chew and swallow independently</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>No meds @ PAI - will take meds given to him if needed</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff with Andy @ all times in Community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Sensitive to touch and loud sounds / off quiet area if over stimulated</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using Restroom</u> |
| Important to: <u>responsibility to work, schedule routine, having quiet space, opportunities to try new things</u> | |
| Important for: <u>staff being patient, assistance communicating wants/needs</u> | |
| Likes: <u>Valley Fair, Mall of America, Science Museum, Movies, Volunteering</u> | |
| Dislikes: <u>Being forced to do new things, loud people, space invaded</u> | |

Staff: Danielle Mendez
 Date: 3.14.22



Service Recipient: Hannah B.
 Service Span: 11.21 - 11.22

Outcomes:

| |
|--|
| <p>Outcome #1: <u>Once a month Hannah will complete Full Mock.</u> Summarize Steps: <u>Staff will prepare an interview scenario 1x a month and invite Hannah to a full mock interview, Hannah will complete as scheduled.</u></p> |
| <p>Outcome #2: <u>Hannah will practice budgeting skills weekly.</u> Summarize Steps: <u>Staff give Hannah a shopping list</u> <u>Hannah will use smart phone to find the items and put in cart.</u> <u>Hannah will figure out total # and tax</u> • Show staff</p> |
| <p>Communication Style: <u>Verbal</u></p> |
| <p>Learning Style: <u>clear guidelines</u></p> |

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

| | |
|--|---|
| <p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>List & Describe Supports: <u>Notify Parents if Allergic</u> <u>Horses, cows, hay. reaction occurs</u></p> |
| <p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Describe Supports: <u>Follow protocol, PRN if longer than 5 mins</u></p> |
| <p>Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> | <p>Describe Supports: <u>Hannah can chew & swallow safely on her own</u></p> |
| <p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Describe Supports: <u>Prompt & encourage healthy amounts</u> <u>History of packing large lunches & Not very healthy</u></p> |
| <p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>List & Describe Supports: <u>Tinnitus, caused noise & DNR/DNI:</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>ringing in both ears, offer assistance if off balance</u></p> |
| <p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Describe Supports: <u>Has PRN staff administer if needed</u></p> |
| <p>Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> | <p>Describe Supports: <u>uses restroom independently</u></p> |
| <p>Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> | <p>Describe Supports: <u>Hannah can walk independently</u></p> |
| <p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Describe Supports: <u>Staff will always be with Hannah while in the community & visual supervision @ all times</u></p> |
| <p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>List & Describe Supports: <u>Hannah can let staff know when she feels unsteady</u> <u>Hannah can let staff know when ears are ringing</u></p> |
| <p>Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>List & Describe Supports: <u>NA</u></p> |
| <p>Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> | <p>Describe Supports: <u>when using restroom</u></p> |
| <p>Important to: <u>Church, Family, Electronics, being independent working, Making decisions</u></p> | |
| <p>Important for: <u>Help find new ways to build independence</u></p> | |
| <p>Help stay Focused, <u>Explain the reasoning</u> <u>Independent</u></p> | |
| <p>Likes: <u>happily shopping, cabin with family</u> <u>CDs, electronics, being in dependent</u></p> | |
| <p>Dislikes: <u>PP# yelling @ her, arguing, loud voices, unclear expectations</u></p> | |

Lead Review Completed: OK

Staff: Danielle Mendez



Service Recipient: Hung Vo

Date: 3-14-22

Service Span: 7-21-7-22

Outcomes:

Outcome #1: Personally hand \$ to cashier on outings

Summarize Steps: • Holds onto money
• staff prompt to get \$ out
• Hung hands \$ to cashier

Outcome #2: Daily participate in completing ~~or~~ problem solving

Summarize Steps: • ~~education on time management~~ ^{teaching time}
• time skills
• Read time aloud
• Staff put important time
• Hung will say time of important time and how long until then ^{using clock}

Communication Style:
Verbal

Learning Style: verbal directions
Schedule, repeat back to him what he said

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>Seasonal - Can verbally tell when not feeling well</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>History of seizures (yrs ago)</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Important to not talk when eating</u> <u>Can use fork & spoon. At Risk of swallowing wrong</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>CP</u> |
| Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI</u> <u>Left hand splint</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Urinal 2 Person Hoyer lift to toilet for BM</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Acetic W/C Seat belt lap tray</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff offer W/C assistance when needed</u> <u>Staff will always be with Hung in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Hung wears glasses, point out obstacles</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>give time to explain what is wrong</u> <u>Anxiety, stress offer place to talk, relaxation</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None</u> |
| Important to: | <u>strong friendships, working & making \$ activities in community</u> |
| Important for: | <u>support to live healthy and safe manner, opportunities to be active in community, working</u> |
| Likes: | <u>working on cards, book club, mall walking, bowling, music, movies</u> |
| Dislikes: | <u>PPI pass away, PPI yell @ him</u> <u>PPI don't take time to listen</u> |

Staff: Danielle Mendez



Service Recipient: Ann S.

Date: 3.15.22

Service Span: 5.21-5.22

Outcomes:

Outcome #1: Ann will pursue seeing peers outside of work at least 1x a month.
 Summarize Steps: initiate a conversation w/ peer about getting together outside of work
Ann tell staff when and what she is doing

Outcome #2: Ann will check in with PAI staff each time she meets with.
 Summarize Steps: VRS and let them know how her meeting went and what they worked on, until Ann finds a job

Communication Style:
Verbal

Learning Style:
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>NA</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Ann can chew and swallow safely.</u> <u>Ann has good judgment when it comes to bite size</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Ann knows healthy foods & not healthy foods</u> <u>diabetes, overweight, high cholesterol</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ARM tremors (not diagnosed) NR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>may need a break from working</u> <u>Hip B carrier</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff will be with Ann @ all times while in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Ann has glasses & can put them on when she chooses to wear them</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>while using restroom</u> |
| Important to: <u>working & trying new jobs, social relationships with peers, family staying active in community</u> | |
| Important for: <u>Maintaining good health, (diet) opportunities in the community for work and leisure activities.</u> | |
| Likes: <u>working, spending time with family, Asian food, music, cooking using iPad</u> | |
| Dislikes: <u>drama with peers/friends, taking a lot of classes @ PAI ppl interrupting when she is working, being rude</u> | |

Lead Review Completed: OK

Staff: Danielle Mendez



Service Recipient: Paul Shaw

Date: 3-14-22

Service Span: 9-21-9-22

Outcomes:

Outcome #1: Paul will use iPad daily to practice online Shopping & complete prompt given
 Summarize Steps: • Navigate store website on iPad
• Staff gives prompt to find certain item or spend certain amount of \$
• Staff check iPad with Paul and see if he was able to complete

Outcome #2: ix month pick and participate in Community activity
 Summarize Steps: • Beginning of month staff show and explain the activity choices
• Paul chooses activity he would like to attend

Communication Style:
Verbal

Learning Style:
Verbal direction

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Paul can chew and swallow independently</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Paul can take meds that are handed to him</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Mid-High hearing loss, will make eye contact when talking</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: <u>helping around the house, living with foster parents working, shopping</u> | |
| Important for: <u>opportunities to try new/more complex jobs active in community</u> | |
| Likes: <u>Pop, snacks, work, country music</u> | |
| Dislikes: <u>chew Mein, doing cards on work floor, ppl pass away, Ppl will not leave Paul alone</u> | |

Lead Review Completed: CR

Staff: Danielle Mendez

Date: 3-14-22



Service Recipient: Nate D.

Service Span: 7-21-21 - 7-22

Outcomes:

Outcome #1: Nate will follow and complete 3 step / 3 task instructions with one prompt
 Summarize Steps: • Give Nate 3 tasks to complete in order
• Staff observe Nate as he completes them • Staff praise Nate if completed
• Remind Nate to keep going if he gets distracted • Coach him through concerns if not

Outcome #2: Nate will pick and participate in 1 community outings per month
 Summarize Steps: • @ Beginning of the month staff will let Nate know what the outings are
• Nate will pick one and participate in the activity

Communication Style:
Verbal

Learning Style:
Verbal direction / demonstration

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Nate has good judgment when eating, can use with utensils</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>Nate accepts assistance when taking meds</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff are w/ Nate @ all times when in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>When using Restroom</u> |
| Important to: <u>Family, Playing video games, listening to radio, going out to eat, shopping, getting a job</u> | |
| Important for: <u>staying safe and healthy, encouragement to be engaged in activities</u> | |
| Likes: <u>going shopping for clothes, going out to eat</u> | |
| Dislikes: <u>Fruits, veggies, PPI yelling and screaming, being told what to do feeling pressured to do something.</u> | |

Staff: Panicle Mendez



Service Recipient: Leah D.

Date: 3.14.22

Service Span: 2.22-3.23

Outcomes:

Outcome #1: Leah will correctly identify 2-3 Ask signs of Full sentences daily

Summarize Steps: Leah identify sign shown
Leah look on back to see if she is correct

- get flashcards
- staff choose 3

Outcome #2: Leah will participate in volunteering 1x a month when opportunities are available

Summarize Steps: beginning of month staff show and explain months planned volunteer opportunities
Leah will pick and follow through with

Communication Style:
Verbal

Learning Style:
Asking several questions

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>Leah can use utensils independently</u> <u>Leah can chew & swallow safely independently</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>Leah can take meds that are are handed to her</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Uses Restroom independently</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Leah can walk independently but does have a lazy left eye that can make obstacles hard to</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff carry Leah's basic health & ID insce</u> <u>Staff will always be with Leah in Community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Leah knows she needs to wear her glasses & can put them on</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Using Restroom</u> |
| Important to: <u>Working, living w/ her mum stepdad & dog having fun activities to do in Community</u> | |
| Important for: <u>Maintaining good quality of life, opportunities to work in Community</u> | |
| Likes: <u>dancing, cooking, music, pizza, going on vacation, working on cards</u> | |
| Dislikes: <u>her old pct (Justine) being told what to do by peers</u> <u>bread, feeling sick</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez

Date: 3.15.22



Service Recipient: Linda S.

Service Span: 7.22 - 9.23

Outcomes:

Outcome #1: Linda will be mindful of germs and not pick things off the floor or from the
 Summarize Steps: • Verbal reminders during the day if needed
• Remind her importance of staying healthy
• Staff model awareness of germs
• if Linda puts something in mouth staff tell her to stop and pull her ^{garbage} _{quote}

Outcome #2: Linda will pick and participate in 1 community activity per month
 Summarize Steps: • @ beginning of month staff explain and show Linda the outings
• Linda chooses outing different from month before

Communication Style:
Verbal

Learning Style:
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>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>Linda can chew, swallow independently. She is @ Risk of vomiting if eating too fast. (Reminders)</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Pica</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>Linda can take meds that are handed to her</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Uses restroom independently</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Linda can walk independently and safely</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff will be with Linda in the community @ all times</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Linda wears hearing aids and can put them in herself</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using the restroom</u> |
| Important to: <u>going shopping, personal belongings, working</u> | |
| Important for: <u>Having job opportunities, staying active, involved in the community</u> | |
| Likes: <u>music, dancing, working, outings, going out for coffee</u> | |
| Dislikes: <u>doing laundry, peers being angry and yelling</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez



Service Recipient: Ha Nguyen

Date: 3-14-22

Service Span: 3-22-3-23

Outcomes:

Outcome #1: Daily write about what she did that day in her planner

Summarize Steps: independently get out planner
write her schedule for the day/goals/how she is feeling
show staff

Outcome #2: Exercise or walk for 10 mins after lunch

Summarize Steps: let staff know she is going for a walk
independently takes a walk

Communication Style:
Verbal, ASL, writing

Learning Style:
Mix of talking, ASL & writing

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>shellfish - aware of her allergies</u> |
| Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Ha can chew, swallow and identify bite size pieces safely in her own</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Follows directions for her diet DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>diabetes type 2</u> <u>Ha can take meds handed to her</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Ha can take meds handed to her</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff will be with Ha @ all times when in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>can not read or see small items without glasses</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>using restroom</u> |
| Important to: <u>exercise, working, watching tv</u> | |
| Important for: <u>Maintaining healthy diet, staying active in community</u> | |
| Likes: <u>watching tv, library, out to eat, living with parents</u> <u>working, vietnamese music, outings</u> | |
| Dislikes: <u>ru de / mean ppl, being sick</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez



Service Recipient: Karen L.

Date: 3.14.22

Service Span: 2.22.23-3.23

Outcomes:

Outcome #1: Karen will ask staff to talk or go to PS office when having a.
Summarize Steps: Conflict or disagreement

• Independently done

Outcome #2: Karen will work on ^{social skills} ~~classroom~~ project with staff ^{each morning} ~~classroom~~
Summarize Steps: ask Karen to work on social skills
• give definitions • ask Karen if it was handled correctly
• pick scenario • if "no" what would she do

Communication Style: Verbal

Learning Style: Verbal directions

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>Peanut, Shellfish, Lactose, Cats, Seasonal. Karen is in care of her Allergies</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Karen can eat, chew & swallow safely</u> |
| Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Lactose intolerant, avoid spicy foods</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Williams Syndrome, heart murmur</u> <u>Karen can let staff know when heart racing & needs help</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Karen can take meds that are handed to her</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff are with Karen @ all times when in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Karen can put hearing Aids in & glasses on</u> <u>Karen needs hearing Aids & glasses</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Using Restroom</u> |
| Important to: <u>Family, dogs, having niece back in MN</u> | |
| Important for: <u>good health, being happy, opportunities in the community</u> | |
| Likes: <u>Coming to PAI, her staff, dogs, family, shopping, TV</u> | |
| Dislikes: <u>rude ppl, using the phrase "you guys"</u> | |

Staff: Danielle Mendez



Service Recipient: MARK J

Date: 3-14-22

Service Span: 10-21 - 10-22

Outcomes:

Outcome #1: 1x a week with staff coaching, Mark will talk/interact with a peer and share something new or exciting
 Summarize Steps: staff sit w/ Mark and peer and encourage Mark to share something exciting
staff will aid and encourage conversation as needed

Outcome #2: 1x a month pick & participate in 1 community activity
 Summarize Steps: staff show Mark the cutting choices
Mark chooses cutting
Pick something new to try if he chooses the same one as last month

Communication Style:
~~Verbal~~ Verbal

Learning Style:
having a schedule verbal direction/demonstration

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>Banana, Big bites, citrus foods, Popcorn</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Follow Protocol, began in 2020</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Mark can recognize when he is choking or vomiting</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Mark follows his diet</u> <u>Mark accepts help from others with food prep</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Diabetes</u> <u>N/A</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>Mark can take meds that are handed to him</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff will always be with Mark in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Restroom use</u> |

Important to: living with parents, working, staying busy

Important for: staying safe, good health, remember to eat slow, stay active in community

Likes: TV, ad movies, game shows, music (R & B new town)
riding car on PAI

Dislikes: PPI touch or invade his space

Staff: Danielle Mendez



Service Recipient: Matt H.

Date: 3.15.22

Service Span: 8.21 - 8.22

Outcomes:

Outcome #1: Matt will follow written microwave instructions to warm up
Summarize Steps: Matthew will take at lunch determine if it needs heating his lunch with 1 prompt
Read instructions • staff give prompts if needed

Outcome #2: Matt will use his communication device to order food.
Summarize Steps: Staff will help Matthew talk @ menu at restaurant
Matthew will independently order using communication device

Communication Style:
verbal / speech device

Learning Style:
verbal consistency schedule, clear directions

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>Matt can use utensils</u> <u>Matt can chew and swallow safely</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>portion control</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>NO meds @ PAI</u> <u>can take meds with pudding or Applesauce</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff will be with matt in community @ all times</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>can become overstimulated, remind to take deep breaths</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>using restroom</u> |
| Important to: <u>spending time with family, communication device, schedule</u> | |
| Important for: <u>family support, staying active in community, staying healthy, self-regulation techniques</u> | |
| Likes: <u>computer, clear directions, roller coasters, trains, swimming</u> | |
| Dislikes: <u>hands getting wet, messy situations, routine changes</u> | |

Staff: Danielle Mendez



Service Recipient: Trudy Fast

Date: 3.14.22

Service Span: 9.21-9.22

Outcomes:

Outcome #1: Trudy will work until end of shift with 1 prompt
 Summarize Steps: Staff will talk positively about working and remind everyone of the benefits of working
Staff will encourage Trudy to continue working until end of shift

Outcome #2: Trudy will pick and participate in 1 community activity monthly
 Summarize Steps: @ beginning of the month staff will let Trudy know what different from previous month the outings are
Trudy will pick outing and participate

Communication Style: Verbal Prompts

Learning Style: reminders, 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Trudy can chew and swallow safely independently</u> <u>Trudy can use utensils independently</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Trudy can take medication that is handed to her</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff are with Trudy @ all times while in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Trudy knows she needs to wear glasses and can put them on</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> <u>independently</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>while using restroom</u> |
| Important to: | <u>staying active, continuing to have opportunities to be active with things she likes</u> |
| Important for: | <u>Family, her dolls, socializing, working @ PAI</u> |
| Likes: | <u>dolls, shopping, painting her dolls, parties with dolls, color, listening to music</u> |
| Dislikes: | <u>salad dressing, being rushed, being told what to do by peers</u> |

Lead Review Completed: CF

Staff: Danielle Mendt

Date: 3-15-22



Service Recipient: Nick Seng

Service Span: 1-22-1-23

Outcomes:

Outcome #1: Nick will verbally greet peers each morning he attends PAI.
 Summarize Steps: independently greet peer
staff prompt if he has not in several mins
staff encourage Nick to greet peer

Outcome #2: In a week Nick will work on iPad/technology skills.
 Summarize Steps: staff will stay w/ Nick during iPad use
staff suggest different tasks to try
Nick will actively participate

Communication Style: Verbal

Learning Style:
Verbal directions/demonstrations

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 type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Nick can use utensils to cut & eat his food</u> <u>Nick can chew and swallow safely</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Nick can pick healthy food and prep. Celiac disease/gluten free</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>No meds @ PAI</u> <u>Nick can take meds that are handed to him</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Nick will be with staff @ all times while in the community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Nick needs hearing aids and glasses and can put them on himself</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Using the restroom</u> |
| Important to: <u>Family, being a good brother, leading an active life</u> <u>being a part of different groups, being active</u> | |
| Important for: <u>gluten free diet, building independence skills and working</u> <u>towards community employment</u> | |
| Likes: <u>playing sports, going to the dog park, going to the Zoo</u> <u>watching movies, volunteering, science museum</u> | |
| Dislikes: <u>being bossed around, getting up early, Dr. appointments</u> | |

Staff: Danielle Mendez



Service Recipient: Lynic D.

Date: _____

Service Span: 12.21 - 12.22

Outcomes:

Outcome #1: Lynic will follow through with appropriate social skills.
 Summarize Steps: Lynic checks in w/ staff often about different concerns
Staff offer advice & ideas for next steps
Lynic follows through w/ plan

Outcome #2: Lynic will review and practice social skills with staff each
 Summarize Steps: each morning Lynic will work 1:1 w/ staff on a social skills
activity - role play, video, work sheet
Lynic will actively participate

Communication Style:
Verbal

Learning Style:
verbal, frequent check-ins, constructive feedback, routine

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Lynic can chew and swallow safely, Lynic</u> <u>can cut & prepare foods</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Intellectual disability</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Lynic knows she needs extra support from others</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff is with Lynic at all times in the community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>may become frustrated</u> <u>verbal aggression, may misinterpret situations</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>using restroom</u> |
| Important to: <u>getting a job in the community, working on social skills,</u> <u>family, friends</u> | |
| Important for: <u>constructive feedback, frequent check-ins, family support @ home,</u> <u>activity in her community</u> | |
| Likes: <u>shopping, hanging out with friends, routine, helping others, arts & crafts</u> <u>watching sports</u> | |
| Dislikes: <u>schedule changes, conflict with peers, being told what to do</u> <u>when plans are laid</u> | |

Lead Review Completed: OK

Staff: Danielle Mendez

Date: 3.17.22



Service Recipient: Michelle Ba

Service Span: 5.22-5.23

Outcomes:

Outcome #1: Michelle will work on Matching Skills activity clearly.
 Summarize Steps: Ask Michelle if she is ready to play matching game
Explain game
Michelle complete game, coach her through if she gets stuck.

Outcome #2: When in community Michelle will hand \$ to cashier.
 Summarize Steps: and obtain receipt and change
hand \$ to cashier independently

Communication Style:
Verbal

Learning Style:
Verbal demonstration/directions

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>Penicillin, sulfa antibiotics, vasdemies</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>Michelle can chew and swallow safely,</u> <u>Michelle can use spoon & fork appropriate size</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Michelle accepts help with food prep and following diet</u> <u>lactose intolerant, 1250 calorie diet</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Uses manual w/c can propel</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>may ask for assistance</u> <u>osteoporosis, Ataxia</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Michelle can take meds handed to her</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Cait belt - 1 person pivot to toilet</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Manual w/c - propel herself, will ask for help</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff with Michelle @ all times in Community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Michelle wears glasses and can put them on</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None</u> |

Important to:
family, favorite foods/drinks, staying busy, fun activities

Important for:
consistent and reliable supports, opportunities to work & community

Likes: Pizza, chocolate milk
going to the fair, shopping, swimming, using iPad, pepsi, country music

Dislikes:
living away from family, going to appointments,
ppw fighting, ppl in personal space

Lead Review Completed: OK

Staff: Danielle Mendez



Service Recipient: Fred D.

Date: _____

Service Span: 10.21 - 10.22

Outcomes:

Outcome #1: Fred will work on iPad technology skills 1x a week

Summarize Steps:

- Staff stay w/ Fred during the duration of Fred using the iPad
- Staff suggest different tasks to try
 - open web browser
 - make google search

Outcome #2: _____

Summarize Steps:

didn't find?

Communication Style:

Verbal

Learning Style:

Verbal demonstration / directions

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>Recognize reactions</u> <u>Ranitidine, seasonal - knows his allergies, can tell others</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Fred can use utensils, chew and swallow safely</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Fred knows all of his conditions and knows his limitations</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>GERD, knee replacements, arthritis, hypertension, mild asthma</u> |
| Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Fred takes meds @ home independently</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Hard to understand @ times</u> <u>Fred has car, can drive, has \$ on him, staff will be with on outings</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Chooses to not wear hearing aids</u> <u>Has glasses and can wear and care for them independently</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA will isolate @ home - encourage to participate</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Important to: | <u>knowing schedule ahead of time, his independence, staying healthy</u> |
| Important for: | <u>self determination, med setup and appointment assistance, staying active in com.</u> |
| Likes: | <u>spending time with friends, fishing, camping, working, time @ home alone</u> |
| Dislikes: | <u>ppr not returning his calls or answering, feeling anxious, not knowing about schedule changes ahead of time</u> |

Lead Review Completed: CK

Staff: Danielle Mendez
 Date: 3.16.22



Service Recipient: ELISSA F.
 Service Span: 8.22 - 8.23

Outcomes:

| |
|---|
| Outcome #1: <u>Elissa will accurately identify 2 of 3 spanish flashcards</u> Summarize Steps: <u>• Staff select a card @ random and show her the english side</u> <u>• Elissa will try to recall the spanish word</u> <u>• Show and practice if she doesn't know it</u> |
| Outcome #2: <u>Elissa will pick and participated in @ least 1 community</u> Summarize Steps: <u>activity per month</u> <u>• staff verbally explain outings @ beginning of month, Elissa picks one</u> |
| Communication Style: <u>Verbal</u> |
| Learning Style: <u>Verbal - demonstration / directions</u> |

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>sensitive to dairy</u> <u>Seasonal all yr long w/ chronic red / runny / congested nose</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>May carry food around to finish</u> <u>Elissa can eat and chew safely, can cut up food</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>1200-1300 calorie diet, dairy sensitive, 1 pop per day</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>vr round allergies - can tell staff when she doesn't feel well</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI, would need staff to administer</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>May fall on slippery surfaces</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff is always with Elissa in the community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Needs glasses, can put on independently. May need help to clean</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Has taken classes to help</u> <u>kicking, slapping, screaming, racial slurs, yelling, making others</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: <u>Being caring to friends, staff @ PAI, her mum, stepdad, dogs, shopping</u> | |
| Important for: <u>staying active in community, follows healthy diet</u> | |
| Likes: <u>Rock n Roll, Elvis, Prince, Selena, Michael Jackson, shopping, mt to eat</u> | |
| Dislikes: <u>Being cold, peers boss her around, spicy, greasy foods, New ppl @ work</u> | |

Staff: Danielle Mendt
 Date: 9-17-22



Service Recipient: Molly H.
 Service Span: 7-21-4-22

Outcomes:

Outcome #1: Molly will accurately identify important times in her
 Summarize Steps: schedule with 1 prompt
 • show Molly card w/ time on it
 • Molly identify time and what she would do @ that time

Outcome #2: Molly will personally hand her \$ to the cashier when
 Summarize Steps: Purchasing items in community
 • independently hand \$ to cashier

Communication Style:
Verbal

Learning Style:
Verbal demonstration / directions

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>Molly can eat independently, will ask for help with cutting</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>Molly can take meds that are handed to her</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff help change when on her menstrual check in after using restroom to see if she needs assistance</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>uses walker for long distances - can walk independently</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff are with Molly @ all times in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Hitting, pulling hair - can tell others what is upsetting her</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>using restroom / staff ✓ in</u> |
| Important to: <u>family / living with them, fun activities to do, staying busy</u> | |
| Important for: <u>continued opportunities to work, new activities in the community</u> | |
| Likes: <u>Board games, classes @ PAI, cooking & cleaning w/ mom music, watching tv, shopping</u> | |
| Dislikes: <u>some veggies, loud ppl, hard questions, feeling stressed</u> | |

Staff: Daniel Mendez
 Date: 3-17-22



Service Recipient: Craig H.
 Service Span: 2-22-22 2-23

Outcomes:

Outcome #1: Craig will practice reading #'s aloud getting @ least.
 Summarize Steps: 2 out of 3 correct
 • Craig read #'s 1-30 on # board, help if needed
 • Choose 3 cards ask craig to read #'s on the 3 cards

Outcome #2: Work on reading skills with staff every morning
 Summarize Steps: for @ least 10 min
 • staff work 1:1 with craig to complete workbook / worksheet

Communication Style:
Verbal

Learning Style:
Verbal demonstration/directions

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>knows allergies</u> <u>Aspirin, Zantac, Depakote, perfumes, dyes soaps/detergents</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>History of seizures - takes meds</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independently - no supports</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>low cholesterol limit caffeine</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>knows diagnoses - accepts assistance from staff</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>No meds @ PAI</u> <u>can take meds handed to him</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Needs reminders</u> <u>will always be w/ staff in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>loud rooms - overwhelmed - can communicate to others</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Scratches, bites, hits himself - can let ppl know when overwhelmed</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using Restroom</u> |
| Important to: <u>Spend time w/ Lisa</u> <u>Help the eagles, receive affirmations when doing good job</u> | |
| Important for: <u>Healthy diet, support from staff to stay safe</u> | |
| Likes: <u>Country music, Top 40, volunteering, helping others, animals</u> | |
| Dislikes: <u>Eating junk foods, loud noises, cleaning up icky messes</u> | |

Lead Review Completed: OK

Staff: Danielle Mendez



Service Recipient: Elizabeth J

Date: 3.17.22

Service Span: 2.22.223

Outcomes:

Outcome #1: clarity Copy/Write address and then read it out loud
 Summarize Steps: to staff ask her to copy address down
give copy of address/paper/pen staff then ask to say it aloud

Outcome #2: help make transactions in the community
 Summarize Steps: carry own \$ prompt to get \$ ready
hand \$ independently to cashier
Elizabeth takes change and receipt

Communication Style:
Verbal

Learning Style:
Verbal demonstrations/directions

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>can communicate if not feeling well</u> <u>Morphine, difficulty coming out of Anesthesia</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>generalized tonic - PRN follow protocol</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>eats independently, uses utensils - may eat too fast</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>lactose intolerant - helps make lunch @ home</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>NO Meds @ PAI</u> <u>take meds handed to her - brush teeth independently</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Likes to climb</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff carry PRN</u> <u>staff with her @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Wears glasses and puts them on independently</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Removes Seatbelt @ times</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>using restroom, brushing teeth</u> |
| Important to: <u>opportunities to work</u> <u>spending time with parents, good food to eat, staying busy</u> | |
| Important for: <u>following diet, consistent place to live and go during the day</u> | |
| Likes: <u>uno, affirmations/attention</u> <u>animals, salad, joking w/others, drawing/coloring, puzzles</u> | |
| Dislikes: <u>being rushed, the dentist, being bored</u> | |

Staff: Danielle Mendez
 Date: 3.17.22



Service Recipient: Arnold L.
 Service Span: 3.22.23

Outcomes:

Outcome #1: In a month Arnold will pick and participate in
 Summarize Steps: Community activity
 • Approach Arnold tell him the list of outings
 • Staff read and show pics of places to Arnold
 • Arnold will choose and participate

Outcome #2: Arnold will attend his morning class independently.
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal demonstration / directions

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>Triple antibiotic ointments Accepts staff assistance adhesive, Dacitracin, latex, neosporin, hydrocortisone</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>Chew and swallow independently, wears dentures, May eat too fast</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Underweight - May need encouragement when eating</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>Arnold can take meds handed to him</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>leg bag - staff empties staff clean after BM</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Unsteadiness - Can ambulate independently - No eschectors</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff are w/Arnold @ all times in wa Community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Hearing loss</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Picks nails, cuticles, scabs yelling, teasing, swearing @ others adjustment disorder</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None</u> |
| Important to: <u>taking days off, dreaming of vacations, going shopping, out for coffee</u> | |
| Important for: <u>maintaining good health, staying active</u> | |
| Likes: <u>taking off work, resting @ home, shopping, working on greeting cards</u> | |
| Dislikes: <u>ppl bossing him around, ice cream, rude ppl</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez
 Date: 3.17.22



Service Recipient: Panama L.
 Service Span: 1.22 - 1.23

Outcomes:

Outcome #1: Check in w/ staff weekly about home
 Summarize Steps: check in w/ staff and share whats written in her book
staff ask how things are going if she hasn't shared by end of week

Outcome #2: Attend ASL Class Weekly
 Summarize Steps: staff help find a time to participate in ASL class
encourage to participate

Communication Style:
ASL, note book

Learning Style:
demonstration, ASL

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Can take meds that are handed to her</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: | <u>Family, working, staying busy, positive attitude</u> |
| Important for: | <u>Strong connection w/ family, opportunities to work</u> |
| Likes: | <u>chicken wings, taking classes, making cards & Park tool kits, art, hot dogs, rice</u> |
| Dislikes: | <u>Spicy peppers, being rushed, negative ppl</u> |

Staff: Danielle Mendez
 Date: 3.17.22



Service Recipient: Hollie J.
 Service Span: 6.21-6.22

Outcomes:

Outcome #1: On outing Hollie will hand \$ to cashier and obtain
 Summarize Steps: Change and receipt
 • Bring \$ and hold onto it herself
 • get \$ ready/hand to cashier and take change and receipt

Outcome #2: Hollie will practice \$ skills on iPad
 Summarize Steps: • utilize iPad to work on game or activity to work on \$ skills

Communication Style:
Verbal

Learning Style:
Verbal demonstration / directions

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>Seasonal Allergies - can identify symptoms & not feeling well</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>can't use knife</u> <u>can use fork and spoon - eat independently</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>obsessive compulsive disorder</u> <u>GERD Mega Colon, Chronic Constipation, scoliosis, CP</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>NO Meds @ PAI</u> <u>Can take meds handed to her</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Needs staff assistance waking to restroom</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>walker, tires evenly, joint belt</u> <u>unsteady gait and balance - waits for help / accepts assistance</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff are with Hollie @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>recently prescribed glasses, may choose to wear readers instead</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>receptive to redirection</u> <u>hair picking, biting, yelling, swinging fist @ ppl</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None</u> |
| Important to: | <u>involved in community</u> <u>family, friends, coffee, good food, electronics, looking nice</u> |
| Important for: | <u>opportunity to work, new opportunities, physical support to</u> |
| Likes: | <u>listening to music, eating snacks, Simpsons, out to eat</u> <u>remain safe & healthy</u> |
| Dislikes: | <u>Salads & veggies, Dr. Appointments</u> <u>being told what to do by peers, not feeling well</u> <u>getting hurt</u> <u>shopping</u> |

Lead Review Completed: OK

Staff: Danielle Mendez



Service Recipient: Mac M.

Date: 3.16.22

Service Span: 8.21-8.22

Outcomes:

| |
|---|
| Outcome #1: <u>Participate with making purchases in community</u> |
| Summarize Steps: <u>• get money out and ready</u> <u>• hand \$ to cashier</u> <u>• Mac gets change and receipt</u> |
| Outcome #2: <u>accurately add coins and bills</u> |
| Summarize Steps: <u>• give Mac amount and Mac will choose the</u> <u>correct coins and bills that make up the amount</u> |
| Communication Style: <u>Verbal</u> |
| Learning Style: <u>Verbal - demonstration / direction</u> |

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>Epi - Pen</u> <u>Alternana, mild, grass, hair, some farm animals & pets</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>May need assistance cutting food - eats independently</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Epi osteopenia, history of PCA</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>asthma, hydrocephalus, hypotonia, Klinefelter syndrome</u> <u>May need extra breaks</u> |
| Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Epi-pen - may need help administering it</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent / will request assistance if needed</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>impaired balance</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff with Mac @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Needs glasses - can put them on himself</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: <u>working, making, family, friends</u> | |
| Important for: <u>having opportunities to work and involved in community</u> | |
| Likes: <u>working, playing games (skippo, connect 4, Dean dog bus) country music</u> | |
| Dislikes: <u>peaks who are unkind & start drama, being sick, being bored</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez
 Date: 3.17.22



Service Recipient: Mary Z
 Service Span: _____

Outcomes:

Outcome #1: _____
 Summarize Steps:
45 day Meeting

Outcome #2: _____
 Summarize Steps:
45 day Meeting

Communication Style:
Verbal

Learning Style:
Verbal demonstration / directions

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>Ability, Zyprexa</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Follow protocol - NO seizures in several yrs</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Packs and prepares - Needs assistance cutting meat</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Packs and prepares lunch herself</u> |
| 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 <u>anxiety, personality disorder, intermittent explosive disorder</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff with Mary @ all times in Community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>redirect and ask her to stop</u> <u>Physically aggressive, verbally aggressive</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: <u>Working to make \$ for trip to Disney, independent job in Community</u> | |
| Important for: <u>Maintaining relationship w/ Mom/guardian, participate in things</u> | |
| Likes: <u>Crossword puzzles, Mr Vikings, state fair</u> <u>she likes</u> <u>Shopping @ tree, taking classes, bowling, out to eat</u> | |
| Dislikes: <u>Cleaning</u> | |

Staff: Danielle Mendez
 Date: 3.17.22



Service Recipient: Anthony Q.
 Service Span: 1.22.1.23

Outcomes:

Outcome #1: Accurately demonstrate how to sign @ least 2 out of 3.
 Summarize Steps: Phrases or questions in ASL from flashcards daily
pick 3 flashcards ask Anthony if he can sign and identify phrase

Outcome #2: Pick and participate in 1 community activity 1x a month
 Summarize Steps: Choose outing when given outing options
attend outing with encouragement

Communication Style:
Verbal, ASL

Learning Style:
Verbal demonstration / directions

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independently</u> | |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> | |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>Anthony can take meds that are handed to him</u> | |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Balance concerns, hip replacement 2018 - walk w/walker</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>with staff when in community</u> <u>can express concerns and ask for help</u> | |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Glasses & hearing aids / independently puts them on</u> | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> | |
| Important to: | <u>Living with his brother, watching tv, coming to PAI</u> | |
| Important for: | <u>staying active, maintain mobility, opportunities to walk, family support</u> | |
| Likes: | <u>working on cards, Bob's music, tv, drinking tea, pirates</u> | |
| Dislikes: | <u>Spinach, snow, rain</u> | |

Staff: Danielle Mendez



Service Recipient: Mary Jo U.

Date: 3.17.22

Service Span: 1.22-1.23

Outcomes:

Outcome #1: WORK with employment specialist to work towards goal
 Summarize Steps: of achieving community employment
 • WORKS with Es

Outcome #2: 1X a Month participate in Community activity
 Summarize Steps: • @ beginning of the month staff share outing options with Mary Jo
 • Mary Jo chooses outing and attends outing

Communication Style:
Verbal

Learning Style:
Verbal demonstration/directions

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>eats too fast</u> <u>ages and chokes often- can clear airway independently</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>dentures</u> <u>Avoid sticky, hard, chewy, dry and crunchy</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>can take and swallow pills handed to her</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Needs staff assistance walking w/walker</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Unsteady gait, impaired balance - walker w/assistance</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>with staff @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>glasses - independently put them on and care for</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None</u> |
| Important to: | <u>Continue living w/husband, her and husband stay healthy</u> |
| Important for: | <u>living healthy, staying active, work opportunities</u> |
| Likes: | <u>lunch w/friends, pizza, baked salmon, tree, cooking, dating</u> |
| Dislikes: | <u>Scary movies, cleaning, exercising, arguing</u> |

Staff: Danielle Mendez
 Date: 3.17.22



Service Recipient: Dawn R
 Service Span: 5.21-5.22

Outcomes:

Outcome #1: practice making change and get most scenarios right
 Summarize Steps: work on # worksheets w/ at least 4 problem solving
encourage Dawn to complete independently
staff nearby to help if needed

Outcome #2: participate in a volunteer activity 1x a month @ PAI
 Summarize Steps: staff let Dawn know volunteer opportunities
Dawn decide whether she would like to try it or not

Communication Style:
verbal

Learning Style:
verbal demonstration/directions

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independently</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>KNOWS DR. RECOMENDATIONS</u> <u>Caffeine free, limited dairy diet</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Thyroid condition - consistently takes medication</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>NO MEDS @ PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff with Dawn @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Anxiety - verbal aggression - give time to calm down</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Glasses - can independently put on and care for</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>using restroom</u> |
| Important to: | <u>cooking skills, trust, out to eat</u> |
| Important for: | <u>Maintain independence, stephany's support, friends, family</u> |
| Likes: | <u>Having access to work, stay safe to live independently</u> |
| Dislikes: | <u>pizza</u> <u>Animals, her cat, hanging out w/ friends, fishing, Bowling, iPad</u> |
| Dislikes: | <u>asparagus, cream of corn, change to routine, undefined tasks and expectations</u> |

Lead Review Completed: CR

Staff: Danielle Mendez
 Date: 3.16.22



Service Recipient: Brian B.
 Service Span: 1.22-1.23

Outcomes:

Outcome #1: In a month contact a friend via video call on iPad
 Summarize Steps: @ Beginning of the month staff will go over calendar days and decide what day works to do a phone call to a friend • Brian gets it set up on that day

Outcome #2: In a month try out a volunteer opportunity @ PAI
 Summarize Steps: • when available staff will let Brian know what volunteer options are available
 • Brian decides if he would like to participate

Communication Style:
Verbal

Learning Style:
Verbal direction / demonstration

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>ibuprofen - Awaral of his Allergies</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Can eat independently, will ask if he needs help</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>avoid foods with ileostomy - knows some of the foods</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>legally blind, cp, history of bowel obstruction</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>can swallow pills and take meds handed to him</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>ileostomy bag - person stand pivot transfer</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Accepts assistance with transitions and retrans</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff with Brian @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>legally blind - some vision</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None</u> |
| Important to: | <u>Multiple opportunities to do activities, staying dry, outings</u> |
| Important for: | <u>support from staff to stay safe, opportunities to work/volunteer</u> |
| Likes: | <u>Music, movies, out to eat, cooking, coming to PAI</u> |
| Dislikes: | <u>Negative and rude ppl, walking on some train kits</u> |

Staff: Danielle Mendez



Service Recipient: Alvaro G.

Date: 3.16.22

Service Span: 12.21-12.22

Outcomes:

Outcome #1: Practise accurately writing words in English and in Spanish using
 Summarize Steps: Flash cards
 • staff crosses flashcard and shows Alvaro x3 words
 • Alvaro says the word in Spanish/then English

Outcome #2: ix a month pick and participate in 1 community activity
 Summarize Steps: • staff let Alvaro know what outings are available for the month
 • Alvaro will then pick the outing and attend on that day

Communication Style:
verbal flashcards

Learning Style:
verbal - demonstration/directions

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Seizure disorder - Follow protocol</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Alvaro can use utensils and eat independently</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| 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 <u>developmental disability, seizure disorder - staff assistance</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>accepts assistance and will take meds handed to him</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independently</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>unsteadiness, cataracts - ambulate independently</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff with Alvaro @ all times in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>glasses - independently put them on</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: <u>living w/ family, going to work, having ppl to chat with and laugh</u> | |
| Important for: <u>staying healthy</u> <u>opportunities to work, engage in community, staff support with communication</u> | |
| Likes: <u>Music, dancing, Mexican food, working</u> | |
| Dislikes: <u>Anxious when starting a new job</u> | |

Staff: Danielle Mendez
 Date: 3.16.22



Service Recipient: Deb H.
 Service Span: 10.21-10.22

Outcomes:

Outcome #1: 1x a week work on iPad / keyboard skills
 Summarize Steps: • staff stay with Deb during iPad use
• Deb took up different tasks to do on the iPad

Outcome #2: Plan and participate in @ least 1 community outing per month
 Summarize Steps: • staff gives Deb the outing options
• Deb chooses outing and participates in it.

Communication Style:
Verbal

Learning Style:
Verbal - demonstration / directions

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>MIND-Deb can tell when she doesn't feel well</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Partial mal seizures - Takes meds @ home - Follow protocol</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Deb can chew and swallow safely</u> |
| Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Regular diet</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>wears sunscreen, knows when she needs a vacation</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>No meds @ PAI</u> <u>Deb can take meds that are handed to her</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Uses restroom independently</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Can navigate independently, walker and AFO'S</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff will be with Deb @ all times in the community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>legally blind - wears glasses</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>When using restroom</u> |
| Important to: | <u>Family, friends, being independent, Making decisions for herself, music</u> |
| Important for: | <u>having physical supports she needs and maintaining good health</u> |
| Likes: | <u>tablet, working, Arts & Crafts, Dancing, visiting family, The community</u> |
| Dislikes: | <u>loneliness or ppl gossiping, sitting too long, Being told where to sit on the bus</u> |

Staff: Danielle Mendez
 Date: 3-16-22



Service Recipient: Julie H.
 Service Span: 12-21-12-22

Outcomes:

| |
|---|
| Outcome #1: Julie will independently complete a worksheet to help her Summarize Steps: <u>Settle in, in the morning</u> • independently completes worksheet • Remind Julie if she forgets to complete |
| Outcome #2: Julie will participate in making transactions while in the community Summarize Steps: <u>the community</u> • carry her own \$ • pay for purchase independently and get change & receipt |
| Communication Style: #3 volunteer 1x a month <u>Verbal</u> • staff let her know options • Julie chooses and participates if she chooses to do so |
| Learning Style: <u>Verbal - directions - demonstrations</u> |

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Julie can chew and swallow safely, Julie can cut up food</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Julie takes meds independently using a dose slip clonazepam for anxiety - she decides when</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff will be with Julie at all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Anxiety - knows what triggers it and has PRN</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Depression & anxiety - PRN - talk w/ someone</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: | <u>Family, staying busy, engaged in activities, social events, scheduled outings</u> |
| Important for: | <u>Mental health support, family, PCA, doctors, PAI</u> |
| Likes: | <u>going to library, using zoom, friendship club, art classes, bingo</u> |
| Dislikes: | <u>unclear expectations, loud noises, crowds, feeling others are upset with her</u> |

Lead Review Completed: df

Staff: Danielle Mendez
 Date: 3.18.22



Service Recipient: Crystal R.
 Service Span: 9.21-9.22

Outcomes:

Outcome #1: X a week research and find a healthy recipe
 Summarize Steps: fitness class
stretch or take walks one her down time

Outcome #2: exercise for at least 10 mins daily
 Summarize Steps: power walk

#3 Have phone away during work and class hours • keep phone in purse

Communication Style:
verbal

Learning Style:
verbal - demonstration - directions

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent - wears dentures</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>portion size</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>know medical diagnosis</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>may ask for break or pain med</u> <u>polycystic ovarian syndrome, insomnia, burnions, dentures</u> |
| Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>PRN, med @ hour</u> <u>can identify when not feeling well and needs med.</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>with staff @ all times when in community</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>wears glasses</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>DBT skills</u> <u>Scratching, yelling, cursing, suicidal thoughts</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>using restraint</u> |
| Important to: | <u>grandma, cat pumpkin, working, picnic Jim, more independent w/ meds</u> |
| Important for: | <u>following healthy diet, taking care of mental health, & DBT skills</u> <u>using coping</u> |
| Likes: | <u>computer, nails and hair done, movies, time w/ family, crafts, puzzles</u> |
| Dislikes: | <u>Dracocali, peas, ppl not answering phone calls</u> |

Lead Review Completed: CK

Staff: Danielle Mendez
 Date: 3-18-22



Service Recipient: James S.
 Service Span: 1-22-1-23

Outcomes:

Outcome #1: At beginning of the month talk w/ staff about something he would like to
 Summarize Steps: Learn that month
 • lets staff know what he would like to learn about
 • staff implement it

Outcome #2: Attend PAI all four scheduled days per week
 Summarize Steps: staff encourage jim to attend PAI on scheduled days

#3 pick and participate in 1 community activity per month • Chooses cutting task
 • strengthens the cutting new name
 • to decide

Communication Style:
Verbal

Learning Style:
Verbal demonstration / directions

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>Knows his allergies - Reflex, Lisinopril</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>AWARE of medical conditions</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>Manages oxygen independently hypertension, anxiety, depression</u> <u>paranoid schizophrenia, COPD, Alcohol dependency, Chronic respiratory failure</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Knows purpose of meds - NO meds @ PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Shortness of breath, dizziness - knows when he needs a break</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Can schedule rides w/ Metro / is w/ staff on PAI outings</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Sensitivity to light - may need darker room @ times</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Raising voice - anxiety</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: | <u>family, health, family, being independent, working, his fiance</u> |
| Important for: | <u>staying healthy, safe and consistent living conditions</u> |
| Likes: | <u>working</u> |
| Dislikes: | <u>being involved in choosing his services, being independent, being social, using his own</u> |
| | <u>bright lights, ppl standing or sitting behind him, health concerns</u> |

Lead Review Completed: OK

Staff: Danielle Mendez



Service Recipient: SUZY S.

Date: 3.18.22

Service Span: 12.21-12-22

Outcomes:

Outcome #1: IX a week make a peer a card

Summarize Steps:

- independently make card
- show lead when completed

Outcome #2: IX a month attend community event

Summarize Steps:

- discuss available outings
- suzy chooses approved outing

Communication Style:

Verbal

Learning Style:

Verbal - demonstration / directions

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

Allergies: No Yes
List & Describe Supports: penicillin, seasonal allergies - can verbalize when not feeling well

Seizures: No Yes
Describe Supports: NA

Choking: No Yes
Describe Supports: independent

Specialized Diet: No Yes
Describe Supports: NO caffeine

Chronic Medical Conditions: No Yes
List & Describe Supports: NA DNR/DNI: No Yes

Medication at PAI: No Yes
Describe Supports: no meds @ home
can take meds handed to her

Personal Cares: No Yes
Describe Supports: independent

Mobility/Fall Risk: No Yes
Describe Supports: NA

Community Support: No Yes
Describe Supports: with staff @ all times in community

Sensory Support: No Yes
List & Describe Supports: NA

Behavior Support: No Yes
List & Describe Supports: encourage to use appropriate social skills
Pvde comments, eye rolling, talking under breath

Unsupervised Time: No Yes
Describe Supports: Using restroom

Important to: Friendly staff, going shopping, out to eat, her mum, exercising

Important for: healthy diet, community involvement
female staff to protect her safety, stay healthy

Likes: 80's + 90's music
going to dances, working @ PAI, egg rolls, hanging out in room

Dislikes: Covid protocols, sushi, working on bike kits @ PAI
when peers talk about her

Staff: Danielle Mendez
 Date: 3.18.22



Service Recipient: Bob S.
 Service Span: 5.21-5.22

Outcomes:

| |
|---|
| Outcome #1: <u>clearly choose activity to do during break</u> Summarize Steps: <u>• staff ask Bob what he would like to do</u> <u>• staff get Bob materials needed</u> |
| Outcome #2: <u>1x a month pick & participate in community activity</u> Summarize Steps: <u>• show Bob outing options</u> <u>• Bob picks outing / give options if having hard time deciding</u> |
| Outcome #3: <u>work w/ employment specialist bi-weekly on job exploration</u> |
| Communication Style: <u>Verbal</u> |
| Learning Style: <u>Verbal-demonstration / directions</u> |

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>CAN eat mostly independently. will ask for assistance - may eat too fast</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Accepts assistance w/ meal prep and planning</u> <u>low sodium, phosphorus, renal diet</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Chronic kidney disease</u> <u>renal failure, CP - accepts assistance w/ managing</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>medical conditions - can sometimes verbally say when not feeling well</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>can take meds handed to him</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Catheter, change bowel movement on mat table</u> <u>2 person Hoyer</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Manual w/c, seat belt, Hoyer lift</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>always w/ staff in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>legally blind - wears glasses, hearing loss in both ears</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>name calling, power struggles, run w/c into others</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None</u> |
| Important to: <u>his dog Bentley, making a paycheck, working, staying busy and active</u> | |
| Important for: <u>physical support during the day, following diet, support attending dialysis</u> | |
| Likes: <u>working on wad projects, fishing, his dog Bentley</u> | |
| Dislikes: <u>Bussy ppl, lazy staff, being bored, being rushed milk and cheese</u> | |

Staff: Danielle Mendez
 Date: 3.18.22



Service Recipient: Kelly S.
 Service Span: 8.21-8.22

Outcomes:

Outcome #1: Kelly will participate in a class or work for a minimum of 30 minutes at least 1x a day
 Summarize Steps: staff encourage Kelly to participate for a min of 30 mins

Outcome #2: Kelly will pick and participate in 1 community activity
 Summarize Steps: From a provided list each month
 • staff tell Kelly acting options
 • Kelly chooses acting to participate in

Communication Style:
Verbal

Learning Style:
Verbal-directions/demonstrations/practice

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>Ability, Seasonal allergies - accepts help</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>Can eat and drink on her own - needs food cut up and drinks thickened</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>1800 calories, Nectar thick liquids, bite size</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Can let PPI know she isn't feeling well</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Dysphagia, GERD, Hypothyroidism, Constipation</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Kelly can take meds that are handed to her</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>MUST walk with her - give TP in both hands / give privacy</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Unsteady gait, poor balance - Walk with assistance</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Kelly is with staff @ all times when in Community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Picking hair, grabbing, scratching, pinching, threatening comments to other - When anxious</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None</u> |
| Important to: | <u>Consistency in routine, family, music on iPad, getting sleep, lunch</u> |
| Important for: | <u>Staying active, consistent supports from providers, opportunities in Community</u> |
| Likes: | <u>going out for coffee, hair & nails done, animal watching, puzzles, napping</u> |
| Dislikes: | <u>loud noises, changes in staff, waiting for lunch, when staff wake her up when napping</u> |

Lead Review Completed: OK

Staff: Danielle Mendez

Date: 3.18.22



Service Recipient: Julie T.

Service Span: 8.21.8.22

Outcomes:

Outcome #1: Julie will greet a peer or staff using ASL each morning.
Summarize Steps: o give Julie 5 mins when she arrives
o staff greet Julie in ASL if its been longer than 5 mins
encourage her to greet them back

Outcome #2: Julie will work 1:1 w/ staff on iPad skills 1x a day.
Summarize Steps: o staff stay with Julie during iPad use
o Julie works on different tasks to learn

Communication Style:
Non verbal - sign language

Learning Style:
sign language - visual demonstration / practice

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Seizure disorder - Follow protocol - Receptive of help Managing</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| 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 <u>Hep. B carrier</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Julie can take meds that are handed to her</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Unsteady gait - May reach out for a hand for help</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Reminders and cues - will be w/ staff @ all times in Community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: | <u>Family, staying active, working on greeting cards</u> |
| Important for: | <u>Community involvement, having opportunities to work @ PAI & make \$</u> |
| Likes: | <u>time w/ friends</u> <u>Using iPad, family, working on cards, going for walks, out to eat</u> |
| Dislikes: | <u>loud & disruptive behaviors, being sick or injured</u> |

Lead Review Completed: OK

Staff: Danielle Mendez
 Date: 3.17.22



Service Recipient: Raynisha W.
 Service Span: 6.21.22

Outcomes:

| |
|--|
| Outcome #1: <u>1x a day during down time Raynisha will recite PAI.</u> Summarize Steps: <u>address accurately</u> • Staff ask Raynisha to recite address • If Raynisha can't or forgets some part, staff recite and she repeats |
| Outcome #2: <u>Initiate a conversation 1x a month w/ service designate.</u> Summarize Steps: <u>and identify an experience in the community she would like to have that month</u> • Raynisha independently has conversation with lead. • Remind Raynisha if she forgets to talk about activity for next month |
| Communication Style: <u>Verbal</u> |
| Learning Style: <u>Verbal demonstration/directions</u> |

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>Bite size, eats independently - Needs assistance w/ cutting</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Bite size, avoid pork, lactose intolerant</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>knows her physical limitations</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Can ask for help, can communicate how to best support her</u> <u>Quadriplegia CP</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Does take med @ PAI</u> <u>Can take meds that are handed to her</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>2 person helper, disposable brief, mat table</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>electric w/c - drives herself - will accept assistance if needed</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff are with Ray @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>glasses - will ask to be cleaned when dirty</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>none</u> |
| Important to: <u>family (especially her aunt) working, working towards living more independent</u> | |
| Important for: <u>supports to have continued opportunities to explore new jobs and experiences in community</u> | |
| Likes: <u>bowling, making & using cellphone, painting nails done, shopping, hanging out w/ aunt</u> | |
| Dislikes: <u>loud noises/ environments, being bored, the police, going to the hospital</u> | |

Lead Review Completed: OK

Staff: Danielle Mendez



Service Recipient: Alex R.

Date: 3-10-22

Service Span: 1-22-1-23

Outcomes:

Outcome #1: Sign himself into PAI every morning he attends
 Summarize Steps: name, date, time
 • independently signs himself in when he arrives

Outcome #2: ✓ blood sugar daily during break independently
 Summarize Steps:
 • independently ✓ blood sugar

Communication Style:
Verbal

Learning Style:
Verbal directions

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>diabetic diet - independent</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>type 1 diabetes - usually independent</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>may need support to recognize symptoms</u> <u>independent using meter and insulin</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>always with staff in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>using restroom</u> |
| Important to: <u>managing diabetes</u> | |
| Technology: <u>staying active, helping others, volunteering</u> | |
| Important for: <u>gain & maintain independence</u> | |
| Opportunity to participate in community: <u>old country music</u> | |
| Likes: <u>flying RC helicopters, video games, riding his bikes,</u> | |
| Dislikes: <u>mushrooms, green olives, cleaning, changes in rules/routine, mean PPI</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez
 Date: 3-15-22



Service Recipient: Miya L.
 Service Span: 11-21-11-22

Outcomes:

Outcome #1: greet different staff or peer each morning using sign language
 Summarize Steps: go to homeroom
give Miya 5 mins to independently greet using sign
after 5 mins staff greet Miya

Outcome #2: be a member join walking group or take a walk around the building in winter months
 Summarize Steps: independently find time to walk or exercise for min 10 min.

Communication Style:
Basic ASL, Vocalizations

Learning Style:
ASL, Verbal cues

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>Lactose intolerant</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>generally independent when eating, may eat too fast putting her @ risk of choking</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Sensitive to spicy food, dairy, canned fruit, chocolate (use stool)</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Knee pain due to mild-Arthritis</u> <u>Miya will be offered a break if noticed being in pain</u> <small>DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Herbarium Hep B <u>Positive</u></small> |
| Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>No Meds @ PAI, will take when handed to her</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff will be with Miya @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Wears glasses chooses to not wear hearing aids</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Rub, head-likes hair short will rub it too long</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>using restroom</u> |
| Important to: | <u>Meaningful Relationships, Community connections, Friends, Family, Music, having short hair</u> |
| Important for: | <u>Meaning Relationships, Spending time and living with family, Music, having social skills</u> |
| Likes: | <u>Jokes, Friends, Family, music, cooking, Attending cultural events, cleaning @ the armory, trying new things</u> |
| Dislikes: | <u>long hair, when ppl tell her to put away her things</u> |

Staff: Danielle Mendez
 Date: 3.15.22



Service Recipient: Dawn Line
 Service Span: 3.02-3.23

Outcomes:

Outcome #1: Dawn will utilize a skill when reached & attempt to get back to baseline with 2 cues
 Summarize Steps: independently get out DBT log worksheet to work on to help her focus on staying regulated for the day.

Outcome #2: Dawn will set a boundary and assert her needs so that she is able to regulate her emotions
 Summarize Steps: Dawn independently share with staff if she is feeling dysregulated what she needs

Communication Style:
Verbal

Learning Style:
Verbal

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>Just - is awake and will avoid busy areas</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Dawn is able to eat safely independently</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Aware of diagnoses and can report symptoms</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Susac's syndrome, history of stroke, PIED, occasional incontinence.</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>accepts assistance setting up and administering</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>History of dizziness and balance</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff are with Dawn @ all times while in the community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>can independently wash room with certain odors</u> <u>Dawn could benefit w/ wearing glasses but chooses not to</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>History of SEB, has not happened for several yrs</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>using restroom</u> |
| Important to: <u>The vikings independence, animals, her 2 dogs</u> <u>Horse therapy, softball, relationships</u> | |
| Important for: <u>Horse therapy, DBT skills, activities to keep busy</u> | |
| Likes: <u>Horses, vikings, DBT, writing, animals, caffeine</u> | |
| Dislikes: <u>Being told what to do, vikings losing their game</u> | |

Staff: Danielle Mendez
 Date: 3-18-22



Service Recipient: JASON G
 Service Span: 10-21-10-22

Outcomes:

Outcome #1: Jason will choose a class each week he will participate in
 Summarize Steps: in
 • each week staff meet w/ Jason to schedule class to attend
 • keep Jason engaged for the class

Outcome #2: In a month go off site and experience a community.
 Summarize Steps: cutting / event
 • @ beginning of the month go over outings with Jason
 • Jason chooses outing to join

Communication Style:
 Verbal

Learning Style:
 Verbal - demonstration / directions

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: Keppra - Know his allergie and can read |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Abscent seizures - Follow protocol |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: can cough and clear throat independently. Can chew and swallow on his own |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: 1800 calorie diet - can identify healthy foods |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Blood clot protocol - recognizes some warning signs 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: Can take meds handed to him |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: independent |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: NA |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: with staff @ all times in community |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Needs glasses and hearing aids - can put on himself |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: pushing, hitting, yelling, shouting - use appropriate social skills |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Using Restroom |
| Important to: | talking to friends, making \$, video games |
| Important for: | following healthy diet, opportunities to work |
| Likes: | video games, shopping, making \$, watching movies |
| Dislikes: | being ordered around, following diet, ppl who yell and are mean |

Staff: Danielle Mendez
 Date: 3-18-22



Service Recipient: Brent R.
 Service Span: _____

Outcomes:

Outcome #1: _____
 Summarize Steps: 45 day Meeting

Outcome #2: _____
 Summarize Steps: 45 day Meeting

Communication Style:
Verbal

Learning Style:
Verbal demonstration/directions

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>Med allergies</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Follow protocol, has not had seizure in 8-9 yrs</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff near @ all times</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff prepare meals/healthy snack</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff would need to administer</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA Walks independently</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Reminders - with staff @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Sensitive to light and sound</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Obsessive compulsive disorder bite his hand or finger if agitated</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: |
| Important to: | |
| Important for: | |
| Likes: | |
| Dislikes: | |

NA listed on CSSP

Staff: Danielle Mendez
 Date: 3-18-22



Service Recipient: Amy M.
 Service Span: 12-21-22-22

Outcomes:

Outcome #1: for a minimum of 5 mins stretch or exercise each day
 Summarize Steps: She attends PAI
 • prompt to exercise
 • assist w/ knowing equipment • utilize equipment and exercise

Outcome #2: 2x a month attend a scheduled outing of her
 Summarize Steps: Choice
 • staff let her know outing choices
 • Amy chooses 2 outings to attend

Communication Style:
Verbal

Learning Style:
Verbal demonstration / directions

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>Betadine, Dilantin Nickel - Aware of allergies</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>can communicate when not feeling well</u> <u>Seizure like activity related to TBI</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Will accept help when needed, otherwise eats independently</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>tingling in legs } Able to relay concerns DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>Drop foot } of pain, accepts help</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Accepts help with set-up and administration</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent - needs assistance with walker</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Unsteady gait - uses walker safely, mostly independent</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>With staff @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Sound sensitivity</u> <u>blurred vision when experiencing migraines</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom - Needs assistance w/ walker</u> |
| Important to: <u>Following the rules, reducing stress</u> | |
| <u>Participating in community outings, working and attend classes</u> | |
| Important for: <u>staying relaxed, participating in community, being creative</u> | |
| Likes: <u>Puzzles, MW twins, Country music, pasta, tacos, being creative</u> | |
| Dislikes: <u>When ppl don't follow the rules, noise of chacy</u> <u>Negative ppl, Dussy ppl</u> | |

Staff: Danielle Mendez
 Date: 3.16.22



Service Recipient: Angel M
 Service Span: 11.21-11.22

Outcomes:

Outcome #1: Angel will practice more advanced skills and knowledge.
 Summarize Steps: daily
 • Complete worksheet • staff get materials she may need

Outcome #2: Angel will participated in a volunteering opportunity.
 Summarize Steps: in the community 1x a month
 • Staff let Angel know the volunteer options • Angel chooses volunteer opportunity

Communication Style:
Verbal

Learning Style:
Verbal Demonstration / directions

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>Penicillin, seasonal - Awareness of her Allergies</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>Might need reminders to take smaller bites</u> <u>enjoys eating, aware to take small bites and chew completely</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, Migraines, Asthma,</u> <u>Lamivudine - Awareness of medical conditions,</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>May carry inhaler</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Angel will be with staff @ all times while in community</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>sensitive to loud environments - will ask to take break</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using the restroom</u> |
| Important to: <u>Favorite foods</u> | |
| Important for: <u>spending time w/ family, shopping, family, opportunity to work</u> | |
| Likes: <u>patient staff, offered choices, making \$, opportunity to be social</u> | |
| Dislikes: <u>shopping, music, fashion, using technology, being helpful, learning new things</u> | |
| Dislikes: <u>too much noise, loud ppl, crowds, long car rides, expectations not explained to her</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez
 Date: 3.18.22



Service Recipient: Meng Y.
 Service Span: 11.21.11.22

Outcomes:

Outcome #1: Take 5 min walk daily @ a slow controlled pace.
 Summarize Steps:
 • encourage to take 5 min walk
 • remind to slow down
 • accompany Meng as needed or requested assist

Outcome #2: In a month Meng will ~~learn~~ with teaching an ASL class.
 Summarize Steps:
 • ASL lead approach Meng to set up a day for Meng to participate
 • encourage to choose a day that works for Meng
 • Meng attends

Communication Style:
Verbal, ASL, Hmong, English

Learning Style:
Verbal directions

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Follow protocol</u> <u>Hypnatremic Seizures - Aware of them</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>does not eat beef</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Central diabetes, insipidus, Hypertension</u> <u>Langerhans Cell Histiocytosis, Cerebellar ataxia</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>Willingly takes meds that are handed to him</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Thoracic & lumbar scoliosis - uses cane to balance</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>with staff @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>hearing loss</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: | <u>being organized</u> |
| Important for: | <u>sign language, family, friends, Hmong music, AA, work</u> |
| Likes: | <u>opportunities to work & make \$, remain independence</u> <u>sign language, Hmong music, pepperoni pizza, egg rolls</u> |
| Dislikes: | <u>mean ppl, dis disrespectful ppl, danger,</u> <u>waking up too early in morning</u> |

Staff: Danielle Mendez
 Date: 3.18.22



Service Recipient: Katie L
 Service Span: 3.22.23

Outcomes:

Outcome #1: Review schedule with staff each morning
 Summarize Steps:
 Outcomes changed

Outcome #2: Stretch or do yoga daily each day she
 Summarize Steps:
attends PAI
 Outcomes changed

Communication Style:
Verbal

Learning Style:
Verbal directions/demonstrations

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>Sulfur drugs, wine - aware of her allergies</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>eat independently, drinks too fast</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>open to receiving care</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Ataxia, Short term memory loss</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Receptive to assistance</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent - request assistance if needed</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Ataxia, w/c, walker</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>always with staff in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Wears glasses</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: | <u>opportunity to work, being active, independence</u> |
| Important for: | <u>opportunity to socialize w/friends, outings, gaining independence</u> |
| Likes: | <u>Biking, making bracelets, watching Hockey, Peppermint ice cream</u> |
| Dislikes: | <u>Spicy food, loud ppl, rude ppl</u> |

Lead Review Completed: OK

Staff: Danielle Mendez
 Date: 3/6/22



Service Recipient: Sean B.
 Service Span: 2.22-2.23

Outcomes:

Outcome #1: Sean will learn a new fact about Africa to better
 Summarize Steps: prepare himself to travel one day
 • utilize iPad to learn facts or provide an Africa worksheet
 • complete worksheet or look up new fact

Outcome #2: Sean will greet a community member
 Summarize Steps: staff encourage sean to greet a community member

#3 Sean will meet w/ his employment specialist bi-weekly • Notify sean what day and time

Communication Style:
Verbal

Learning Style:
Verbal - demonstration

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>Citrus fruit, tomatoes - Award of allergies</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Sean eats independently with no issues</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>low fat/calorie 1200 diet, limit soda</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NO MED @ PAI</u> <u>Sean accepts help when offered for meds & treatments</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independently uses restroom</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff are with sean @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Wears glasses daily and accepts help when needed</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: | <u>Working, outings, cleaning, being independent, drinking favorite beverage during break, peers & staff</u> |
| Important for: | <u>gain and maintain independence, healthy diet, working in community</u> |
| Likes: | <u>Watching movies, listening to music (Aremataunkun, "Purple rain") cleaning</u> |
| Dislikes: | <u>Oranges, grape fruit, tomato paste, mall walking, being told what to do</u> |
| | <u>Mondays, Artist 2</u> |

Lead Review Completed: CK

Staff: Danielle Mendez



Service Recipient: Jeff Stran

Date: 3-16-22

Service Span: 1-22-1-23

Outcomes:

Outcome #1: Daily upon arrival Jeff will think of 3 positive thoughts to.
 Summarize Steps: think about during the day
 • independently approaches staff to speak of 3 positive thoughts
 • if distracted redirect

Outcome #2: 1 month while on an outing Jeff will push the wheelchair.
 Summarize Steps: button for Nimble and Plus when entering and exiting the vicinity
 • verbally prompt Jeff to push Mc button
 • Jeff pushes button

Communication Style:
Verbal

Learning Style:
Verbal demonstration/directions

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Follow protocol - controlled with meds</u> | |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff needs to cut food into bite size pieces</u> | |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>blister sores, spinal curvature</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>NUMeds @ PAI - staff assistance if needed meds</u> | |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff assistance - 1 person pivot to toilet</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Manual Mc - self propel - staff assist long distances</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>gets distracted - staff with @ all times while in community</u> | |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>vision impairment / hearing loss</u> | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>with staff @ all times</u> | |
| Important to: | <u>Being social, involved in community, when ppl around him get along</u> | |
| Important for: | <u>opportunity to work, interact and socialize with peers, being in community</u> | |
| Likes: | <u>shopping, banking, scary movies, Mall walking</u> | |
| Dislikes: | <u>Trile, sandwiches, going to the dentist, being told what to do</u> | |

Lead Review Completed: ck

Staff: Danielle Mendez
 Date: 3-16-22



Service Recipient: Toby L.
 Service Span: 4-21-4-22

Outcomes:

Outcome #1: 1x a week Toby will greet peer upon arrival
 Summarize Steps: give Toby 5 mins to independently greet peer
• prompt Toby if it's been longer than 5 mins

Outcome #2: 2x a month Toby will choose a community outing to attend.
 Summarize Steps: • staff give Toby outing opportunities
• Toby chooses and participates

Communication Style:
Verbal

Learning Style:
Verbal - Demonstration direction

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Toby can chew and swallow independently</u> | |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> <u>Constipation, Hypothyroidism</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>NO current meds @ PAI - assistance if needs meds</u> | |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Uses restroom independently</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Toby can walk independently, Flat footed - May stop and ^{Recognized} floor changes</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff will always be with staff in community</u> | |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Toby wears glasses and accepts assistance w/cleaning them</u> | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using Restroom</u> | |
| Important to: <u>Contribute to his community in meaningful way, be active, family, friends</u> | | |
| Important for: <u>being heard & listened to</u> | | |
| <u>volunteering opportunities, staying physically active, maintain independence,</u> | | |
| Likes: <u>burgers, root beer</u> <u>watching movies, playing video games, listening to music (boy bands)</u> | | |
| Dislikes: <u>Olives, most fruits, hands dirty, big crowds, loud environments</u> | | |

Staff: Danielle Mendez
 Date: 3.18.22



Service Recipient: Alyssa S.
 Service Span: 2.22-2.23

Outcomes:

Outcome #1: Make a peer a card 1x a week
 Summarize Steps: • Verbal prompt
• Hcs supplies
• show card to lead when complete • give card to peer

Outcome #2: Pick and participate in at least 1 new community
 Summarize Steps: activity • staff tells Alyssa cutting options
• Alyssa chooses and participates • staff inform her of meeting
• encourage to attend

#3 Meet with employment specialist bi-weekly

Communication Style:
Verbal

Learning Style:
Verbal directions / demonstration

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Make healthy food choices - independently packs lunch</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Migraines - asks for assistance</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>NO meds @ PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>always with staff in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Picking - receptive to redirection</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>using the restroom</u> |
| Important to: <u>working on "Artist 4"</u> | |
| <u>family, fishing with dad, LMing near family, going on outings</u> | |
| Important for: <u>encourage to make healthy food choices</u> | |
| <u>Making a plan for her day & sticking to it, spoken to directly in private</u> | |
| Likes: | <u>being w/ family, being treated w/ respect, music, coffee</u> <u>Starbucks</u> |
| Dislikes: | <u>Coffee @ PAI and home, onions, being bored</u> |

Staff: Danielle Mendez



Service Recipient: Jeannie P.

Date: _____

Service Span: 2.22- 2.23

Outcomes:

Outcome #1: upon arriving, Jeannie will come up with 2 positive thoughts to think about during the day (2 or fewer verbal prompts)

Summarize Steps: Jeannie approaches staff to speak of positive thoughts & redirect if becomes distracted

Outcome #2: In a month Jeannie will choose which community outing or activity she would like to attend

Summarize Steps: staff gives Jeannie outing options & Jeannie chooses and participates

Communication Style:
Verbal, sign language

Learning Style:
Verbal, routine

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: penicillin-IV bracelet that details allergy |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: NA |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: generally independent while eating. May eat too fast at times |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Needs staff assistance in helping identify items w/ caffeine |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Chronic ear wax build up, cataracts |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: staff administer meds |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: uses restroom independently |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: NA |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: staff are with Jeannie @ all times when in the community |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: w/ hearing aids, may lean in close to hear. May not recognize when ^{not} talking |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: NA Name calling, yelling - seeks staff for discussion |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: When using the restroom |
| Important to: Able to enjoy coffee, being fashionable Being heard, going out to eat positive encouragement | |
| Important for: limited caffeine intake, consistent support, safe space to talk | |
| Likes: eat to eat, friends Being a good friend | |
| Dislikes: No routine, working alone | |

Staff: Danielle Mendez
 Date: 3-15-22



Service Recipient: Debbie L.
 Service Span: 11-21-17-23

Learn new French ^{word} ~~Outcomes:~~

Outcome #1: ~~Debbie will plan and participate in 3 community activities per month~~
 Summarize Steps:

- assist Debbie as needed w/ using iPad to look up any English to French translation
- Debbie keep records of words/statements she learns

Outcome #2: ~~Debbie will participate in a volunteer activity through PAI 2x a month~~
 Summarize Steps:

- staff let Debbie know the volunteer opportunities
- Debbie chooses and participates

Communication Style:
Verbal

Learning Style:
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>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>Debbie can eat independently, may ask staff for assistance with cutting</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| 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 <u>incontinence - can change pad independently</u> |
| Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI, does administer independently @ home</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff will always be with Debbie while in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>using restroom</u> |
| Important to: <u>Friends, family, breakfast, stuffed animals, music</u> | |
| Important for: <u>healthy diet choices, enough sleep, being with ppl she cares about</u> | |
| Likes: <u>Breakfast, music, eat to eat, being with friends</u> | |
| Dislikes: <u>chaos, conflict, arguments, loud noises</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez
 Date: 3.18.22



Service Recipient: Heather H.
 Service Span: 2.22.22-2.23

Outcomes:

Outcome #1: each morning she attends PAI one full stretch
 Summarize Steps: Arms and legs independently
 • supply Heather w/ stretching references
 • encourage heather to complete • staff participate if she requests

Outcome #2: in a month choose community outing or
 Summarize Steps: activity to attend
 • staff let heather know the outing choices
 • Heather chooses outing at her choice and attends outing

Communication Style:
Verbal

Learning Style:
Verbal demonstration/directions

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>receptive to support</u> <u>Dyes, fragrances, strawberries</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Seizure-like episode May 2008</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>generally independent - may put too much in mouth @ once</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>1700-2000 calorie/day diet</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>receptive to help</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>dry skin, hemorrhoids, constipation</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Relies on staff help</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Walks slow, receptive to assistance</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Reminders & cues - with staff @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>wears glasses</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: | <u>Spending time with staff & peers</u> <u>participate in community, opportunity to work, making \$</u> |
| Important for: | <u>opportunity to work, support as needed with anxiety and fear</u> |
| Likes: | <u>Baking, snuggling, listening to music, donuts, special olympics</u> |
| Dislikes: | <u>strawberries, transitions, loud noises, thunder storms, needles</u> <u>DR. visits</u> |

Staff: Danielle Mendez
 Date: 3-18-22



Service Recipient: Sara G
 Service Span: 2-22-23

Outcomes:

Outcome #1: X a week research and save a new recipe she would like to try.
 Summarize Steps: • Sara will use iPad to look up recipe and write recipe down

Outcome #2: X a month hand \$ to cashier and obtain change & receipt.
 Summarize Steps: • independently hand \$ to cashier
 • holds money while on cutting • gets receipt and change

Communication Style:
Verbal

Learning Style:
Verbal directions / demonstrations

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>understands her CP - will ask for help</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>CP, Hypothyroidism</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI</u> <u>will willingly take meds administered to her</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>with staff @ all times in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: <u>be a good friend, going out to eat and coffee</u> <u>obtain job in community, being independent, feeling safe, stay healthy</u> | |
| Important for: <u>ppa motivate and support her, being healthy, limit caffeine intake</u> | |
| Likes: <u>Coffee, pouring, \$ tree, \$ 5, taking w/pps on phone, crafts</u> | |
| Dislikes: <u>Mushrooms, spicy foods, taking out garbage, ppa telling her what to do</u> | |

Staff: Danielle Mendez

Date: 3.16.22



Service Recipient: Abenezer F.

Service Span: 11.22 - 11.23

Outcomes:

Outcome #1: IX a month choose and participate in an outing

Summarize Steps: staff give Abenezer the outing options
Abenezer chooses outing and attends the outing

Outcome #2: IX a week meet w/employment specialist to discuss employment.

Summarize Steps: job opportunities in the community
keep Abenezer up to date with meeting times
encourage to attend • Abenezer attends

Communication Style:
Verbal

Learning Style:
verbal-demonstration

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Understanding of disorder, Follows protocol PRN</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Needs help setting up food, can eat independently</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Epilepsy, Bilateral mild Cerebellar Atrophy, Anoxic Brain injury</u> <u>Aware of conditions - 24 hr supervision</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>Requires assistance for PRN</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff with him when in the restroom</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Unsteady gait, will accept assistance when needed</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff with him @ all times when in Community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>He can use coping skills to manage</u> <u>cutting, running away, pushing, hitting, yelling, throwing things</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Needs staff 24 hrs</u> |
| Important to: | <u>Spending time w/friends, being w/family on weekends, consistent schedule</u> |
| Important for: | <u>Being included in decision making</u> <u>learning and using coping skills, gain independence, staying healthy</u> |
| Likes: | <u>Playing video games, listening to music, singing, doing art projects</u> |
| Dislikes: | <u>_____</u> |

Staff: Daniela Mendez



Service Recipient: Bill D.

Date: 3-18-22

Service Span: 2-22-23

Outcomes:

Outcome #1: Daily Review his schedule for the day w/ staff.
 Summarize Steps: • approach Bill to review schedule
• Bill will participate

Outcome #2: 1x a month participate in a volunteering opportunity.
 Summarize Steps: On or off site
• get Bill into volunteer opportunities
• Bill chooses activity • Bill attends

Communication Style:
Verbal

Learning Style:
Verbal directions / demonstrations

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>Accepts help when offered - might take large bites of food</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Bill will take meds when given and receptive to help</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Unstable - good mobility most of the time</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>will be with staff @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>wears glasses and will ask for assistance w/ them ^{when} needed</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using Restroom</u> |
| Important to: | <u>Keep track of belongings</u> |
| Important for: | <u>Having positive attitude, doing the right thing, attending classes @ PAI</u> |
| Likes: | <u>gain and maintain independence, being apart of the community</u> |
| Dislikes: | <u>State fair, puzzles, Datman comics, Pamper coffee, News letter</u> |
| | <u>Rude ppl, being poked, being disrespected, teasing</u> |

Staff: Danielle Mender
 Date: 3.18.22



Service Recipient: April C.
 Service Span: 2.22 - 2.23

Outcomes:

Outcome #1: Daily check in w/ staff when having anxiety
 Summarize Steps: feeling anxious or having concerns
 • speak up when feeling anxiety
 • Notify staff if she needs a break
 • be assertive and ask for supports she may need

Outcome #2: 1 x a week review and practice social skills w/ staff
 Summarize Steps: upon arrival
 • work 1:1 w/ staff on social skills, role play social situation, video, worksheet

Communication Style:
Verbal

Learning Style:
Verbal demonstration/directions

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

| | |
|---|---|
| Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Nystatin, daps, grab, ragweed - Aware of all allergies</u> <u>Amoxicillin, Cymbalta, Wellbutin, Lithium</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>low calorie - prepares and brings lunch independently</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>Carries and takes PRN independently</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA / joint pain neurological concern</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>with staff @ all times in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Self harm - open to support from staff to help manage</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restraints</u> |
| Important to: | <u>Coming to PAI, making \$ her brother Nick, healthy relationships w/ ppl, DBT skills</u> |
| Important for: | <u>DBT skills, opportunity to work continue to gain independence, safe ppl to talk to</u> |
| Likes: | <u>Cats, word finds, being social, music, trying new instruments</u> |
| Dislikes: | <u>loud music and noises, chaotic work days, changes in schedule, Drussel spreets</u> |

Staff: Danielle Mendez

Date: 3.18.22



Service Recipient: Scabrina B.

Service Span: 3.22-3.23

Outcomes:

Outcome #1: Greet new peer everyday upon arrival
Summarize Steps: • give scabrina 5 mins to greet peer
• give 2 prompts if needed to greet new peer

Outcome #2: take money hand \$ to cashier and obtain change and receipt
Summarize Steps: • independently pay for purchase and get receipt

#3 meet employment specialist bi-weekly • staff inform of meeting
• staff encourage her to attend

Communication Style:
verbal

Learning Style:
verbal demonstration/directions

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>Sulfon Medications</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>staff cut into bite size - remind to slow down</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>bite size pieces</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NO meds @ PAI</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>reminders to wash hands</u> <u>independent-wears pull-ups, help as needed</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Reminders - stranger danger</u> <u>with staff @ all times in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Become frustrated and violent - staff redirect</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |

Important to:
Mom and grandma who passed away, electronics, staying busy

Important for: decrease aggressive interactions
having someone to talk to, increase coping and social skills

Likes:
electronics, watching tv, the mall, open gym, spending time with family

Dislikes:
being told no, losing phone privileges, brushing teeth & hair
cleaning @ home

Lead Review Completed: OK

Staff: Danielle Mendez
 Date: 3-16-22



Service Recipient: Andy B.
 Service Span: 1-22-1-23

Outcomes:

Outcome #1: Greet or say goodbye to community member when in community.
 Summarize Steps: Staff verbally prompt Andy to greet community member if community member visits PAI, then greet Andy

Outcome #2: ix a week research a new gluten free recipe to bring home.
 Summarize Steps: use iPad to find recipe
assist Andy as needed
#3 daily practice # Skills and Knowledge get materials
complete worksheet

Communication Style:
Verbal

Learning Style:
Verbal demonstration / directions

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>gluten - Aware of allergy and receptive to support</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Andy eats independently</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>gluten free diet - Aware of diet</u> |
| 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 <u>Celiac disease - Aware of disease and gluten free diet</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NO meds @ PAI - Accepts assistance if needed</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff are with Andy @ all times in the community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using the restroom</u> |
| Important to: <u>Family, being happy</u> | |
| <u>working out, Mall walking, music, dancing, cleaning, being social,</u> | |
| Important for: <u>opportunities to be included in community, being social, gluten-free diet</u> | |
| Likes: <u>Country Music</u> <u>working out, Bowling, Planets, playing Duce, MN towns, checks</u> | |
| Dislikes: <u>when ppl tell him to stop staring, coworkers shaking fist @ him</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez
Date: 3.17.22



Service Recipient: Paul D.
Service Span: _____

Outcomes:

Outcome #1: Pick and participate in 1 community activity per month
Summarize Steps:

Outcome #2: Choose a break time activity from 2 options given by staff
Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal demonstration / directions

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>May be quieter than normal PRN</u> <u>Seasonal allergies - recognizes when not feeling well</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>help w/ food prep, can feed himself with spoon, lip plate</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Lip plate, straw</u> <u>1250 calorie, bite size, spastic quad.</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Recurring eye infections</u> <u>Vasovagal - could faint too much pressure having BM</u> <u>eye may bother him - warm washcloth</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NO meds @ PAI</u> <u>Can take larger meds handed to him - does also accept</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>transfer belt</u> <u>Unnai @ PAI - 2 person pivot to toilet</u> <u>assistance</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Unable to stand - 2 person transfer w/ belt to toilet</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff proper w/ staff with @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Wears glasses, can point @ them if there is an issue</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None</u> |

Important to:
Spending time w/ family, fun activities to do, coming to PAI

Important for:
varied community activities, staying active, maintaining good health

Likes:
Wrestling, Christmas music, coffee, dancing, family, pasta,

Dislikes:
Being rushed, being picked on, unhappy ppl, loud noises

Staff: Danielle Mendez

Date: 3-15-22



Service Recipient: Her X

Service Span: _____

Outcomes:

Outcome #1: Her will participate in at least 2 volunteer opportunities of his choice
Summarize Steps:

Outcome #2: Her will accurately sign one chosen ASL sign per day
Summarize Steps:

Communication Style:
Verbal

Learning Style:
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>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>Eats independently, can use most utensils, may pocket or overstuff mouth</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>TBI, left side weakness DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>knows his physical limitations, can identify when he needs help</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>No meds @ PAI</u> <u>can take meds that are handed to him</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>uses restroom independently</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff will be with Her @ all times while in community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>using restroom</u> |
| Important to: <u>Family, working on site and in community, having opportunities to shop</u> | |
| Important for: <u>support to remain healthy and safe</u> <u>access to employment opportunities</u> | |
| Likes: <u>working, watching cartoons, movies, shopping @ Hmong Village</u> <u>going to church, variety of foods</u> | |
| Dislikes: <u>Attending team meetings, getting up early, being bored</u> | |

Lead Review Completed: CK

Staff: Danielle Mendez
Date: 3-18-22



Service Recipient: Nia X.
Service Span: _____

Outcomes:

Outcome #1: Nia will trace his name 5x in the morning
Summarize Steps: independently

Outcome #2: _____
Summarize Steps: _____

Communication Style:
Verbal

Learning Style:
Verbal directions/demonstrations

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Seizure history - receptive to help</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>reminders to slow down</u> <u>assistance with cutting food - bite size</u> |
| 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 <u>asthma - receptive to support</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Needs support with taking meds</u> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Walks quickly - ambulate independently</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>With staff @ all times in community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Hearing loss - due to chronic ear infections</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: | <u>Being helpful, music, dancing, spending time w/ friends</u> |
| Important for: | <u>opportunity to work, interact with peers and family</u> |
| Likes: | <u>Movies, helping others, working @ Pacedwill, looking nice</u> |
| Dislikes: | <u>doing heavy household chores, being told no</u> <u>Country music</u> |

Lead Review Completed: CL

Staff: Danielle Mendez



Service Recipient: Liz B.

Date: 3.16.22

Service Span: _____

Outcomes:

Outcome #1: Journal daily
Summarize Steps: _____

Outcome #2: Tell someone when she is feeling anxious
Summarize Steps: _____

Communication Style:
Verbal

Learning Style:
Verbal - demonstration / directions

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

| | |
|---|---|
| Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Doxycycline, retinoids, Oxycodone, Ultracet, Carbamazepine, hydromorphone, neomycin Polymyxin, cefepime, aspan, tramadol, barbitol</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independently</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Water, healthy food choices - Knows the importance</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Hypertension, chronic sinus and ear infections</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Chronic pain, GERD, migraines, IBS, asthma, COPD - Will advocate for herself</u> |
| Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independently manages medications</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independently uses restroom</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Unsteady gait, chronic pain - Willingly accepts help and assistance</u> |
| Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Can safely navigate in the community</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>PTSD - Manages mental health well</u> <u>Panic disorder, bipolar I, CAD, eating disorder, personality disorder</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Using restroom</u> |
| Important to: | <u>Meeting new ppl, health, friends, keeping in touch w/dad</u> |
| Important for: | <u>Maintaining good health, having part time job</u> |
| Likes: | <u>Reading, word search, movies, friends, fiance, coloring</u> |
| Dislikes: | |

Aware of allergies well

Staff: Danielle Mendez

Date: 3.17.22



Service Recipient: Adam L.

Service Span: _____

Outcomes:

Outcome #1: practice 3 ASL signs daily in morning home room.
Summarize Steps:

Outcome #2: participate in making purchases in the community
Summarize Steps:

Communication Style:

verbal, ASL

Learning Style:

verbal demonstration/directions

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>can describe symptoms</u> <u>Dust - can tell others when not feeling well</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independently</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>can choose food accepts coaching on healthy choices</u> <u>over eating and making unhealthy choices</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</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>NO meds @ PAI</u> <u>can take meds handed to him</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff is w/ Adam @ all times in the community</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>wears glasses - may need help cleaning them</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>using restroom</u> |
| Important to: | <u>going out to eat, spending time w/ dad, doing fun activities</u> |
| Important for: | <u>staying healthy and active, varied opportunities to participate in community</u> |
| Likes: | <u>Mudie (Red solo cup) making & looking nice, wearing color key hats & pins, hanging w/ dad</u> |
| Dislikes: | <u>bussy peers, not getting to choose where he sits, broccoli</u> |