

STAFF ORIENTATION TRAINING PLAN - PERSON SPECIFIC

Staff name: LeAnn Silverness

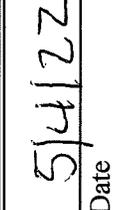
Date of hire: 3/21/2022

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: MBa, MBe, AB, EB, BB, SB, HB, SB, AC, LD, RD, LD, BD, ND, JD, PD, SE, TF, AF, EF, SF, JF, MG, BG, DG, SG, AG, JG, MH, CH, HH, DH, JH, MH, EJ, HJ, JJ, MJ, JK, TK, KL, ML, PL, DLe, TL, ALe, DLi, ALo, KL, AMcQ, AMcV, MM, RM, NN, MO, JP, DP, SP, AQ, AR, BR, CR, DR, AS, MS, LSchr, HS, NS, JS, PS, BS, CS, ASIM, RS, AS, JS, KS, JTi, JTr, HV, AW, RW, CX, HX, MY, MZ

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 C SSP or C SSP Addendum	11/4/2021		completed in previous job - certificate provided	
C SSP, C SSP 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	4/13/2022	Written Test	45 hrs	Kevin Kmetz, PAI
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	"	"	"	"
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	n/a	---	---	---
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	"	"	"	"

Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	4/13/2022	Written Test	hours counted above	Kevin Kmetz, PAI
Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company: Topic: Topic: Topic:	n/a	---	---	---


Staff signature

5/4/22
Date

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

Staff: LeAnn Silverness



Service Recipient: Sean Boyd

Date: 4/1/2022

Service Span: _____

Outcomes:

Outcome #1: Learn a new fact about Africa once a week
Summarize Steps:

Outcome #2: Will greet a community member at least once a month
Summarize Steps:

Outcome #3: meeting with employment specialist weekly

Communication Style:
Verbal

Learning Style: wears glasses
has sometimes hard time pronouncing words - reduction

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 fruits, tomatoes</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Sean is not at an increased risk of choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Low fat, low calorie limit soda consumption</u> ^{has high} <u>cholesterol</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</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>relied on staff to administer medications</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal but may be difficult to understand</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>some vision loss - corrected w/ glasses</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be w/ him in community always</u>
Important to:	<u>Participate in the community, doing jobs cleaning, spending time w/ peers + staff</u>
Important for:	<u>wanting in the community</u> <u>To gain and maintain independence, maintaining health</u>
Likes:	<u>movies, music, chicken, Thanksgiving, cleaning jobs</u>
Dislikes:	<u>Oranges, grapefruit, tomato paste, man walking being told what to do.</u>

Staff: Leann Silverness
 Date: 4/4/2022



Sameera Fiomor
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will pick up journaling prompt from provided list each morning
 Summarize Steps:

Outcome #2: Will participate in at least one new activity each month.
 Summarize Steps:

Communication Style:
Verbal, iPad

Learning Style:
Verbal cues, iPad

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>chews and swallows food independently</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No pork or gelatin per personal preference</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>Autism, Fragile X Syndrome</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have self management skills</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tends to walk fast may slip on wet or slippery surface</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can get distracted not know way home</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>being in community</u>
Important for:	<u>having time to relax, friendships, opportunity to work, visiting parents</u>
Likes:	<u>Consistent supports work on social skills, having opportunities to work</u> <u>friends spending time w/ family</u> <u>working on cards, relaxing in room, playing on computer, music</u>
Dislikes:	<u>Bad weather, changes to schedule some peers, some classes</u> <u>closed in spaces.</u>

Staff: Leann Silverness

Date: 4/5/2022



Jason Gysbers
Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Will choose a class each week willing to attend
Summarize Steps:

Outcome #2: Will go off site and have an experience in community at least once a month
Summarize Steps:

Communication Style:
Verbal

Learning Style:
verbal - cues - direction - Ipad

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>Keppra</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent seizures - In an event needs support + care from others</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can eat very fast may be at ↑ risk</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may get angry when asked to record calories 1800 calorie Diet / may try to get food out in community</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Blood clot protocol. Higher risk of heart attack + stroke</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>Does not have time or self management skills</u> Duty to clot
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>struggle to ask for help Becomes distracted, may make food purchases that against diet</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses and hearing aides does decline to wear</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>physical + verbal - Becomes overwhelmed has history</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>playing video games, making a paycheck, talking to friends</u>
Important for:	<u>following a healthy diet having opportunities to work</u>
Likes:	<u>playing video games, shopping, watching movies, making money</u>
Dislikes:	<u>following his diet, people who yell and are mean</u>

Staff: Leann Silvermeis
 Date: 4/6/2022



Hanna Johnson
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: will help choose and participate in an outing twice a month
 Summarize Steps:

Outcome #2: will review and practice social skills with staff each morning
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal - reads - writes - draws

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>Ciprofloxacin, cephalexin</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independently eats her meals</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have independent time management skills</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>may not recognize stranger/danger</u> <u>verbal reminders to watch for traffic</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with in community</u>
Important to:	<u>doing art projects, bowling, hanging out with family + friends</u>
Important for:	<u>access to work, having opportunities and supports for employment</u>
Likes:	<u>Lasagna, pizza, gardening, cooking, baking, animals, friends, family, fishing, bowling, music, spaghetti</u>
Dislikes:	<u>asparagus, cream of corn, aggressive + argumentative people, unfind tasks and expectations.</u>

Lead Review Completed: _____

Staff: Leann Silverness
 Date: 4/16/2022



Katie Lammers
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Daily will utilize her exercise handouts to strengthen and
 Summarize Steps: maintain her balance

Outcome #2: Once a week will review and practice social skills with staff upon
 Summarize Steps: arrival

Outcome #3: Once a week will practice interviewing skills through mock interviews
 Summarize Steps: with a chosen staff member

Communication Style:
verbal

Learning Style:
verbal direction - read - iPad

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</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>Risk - liquid drinks fast</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: DNR/DNI: <input type="checkbox"/> No <input checked="" 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>Forgets can not follow through w/ any treatment orders</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses walker, wheelchair may not ask for help/assistance</u> <u>unsteady gait, limited gross coordination of muscle</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>make not good decisions</u> <u>memory loss - cannot identify emergency situations</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses to correct vision</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>being active, gaining and maintaining independence</u> <u>opportunity to work, opportunity to be social with peers and staff</u>
Important for:	<u>gaining more independence</u> <u>socialize with friends, included in work and outings</u>
Likes:	<u>pasta, music, working, exercising</u> <u>Baking, making bracelets, watching hockey, peppermint bubble gum, ice cream</u>
Dislikes:	<u>Spicy foods, loud people, rude people</u>

Staff: Lynn Silverman

Date: 4/6/2022



Service Recipient: Miyal Lee

Service Span: _____

Outcomes:

Outcome #1: Will meet and greet a staff member or peer each morning
Summarize Steps: using sign language

Outcome #2: will join a walking group or take a walk
Summarize Steps: around building in winter months

Communication Style:
verbal - limited - ASL

Learning Style:
verbal directions - ASL

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

Allergies: No Yes
List & Describe Supports: Lactose intolerance

Seizures: No Yes
Describe Supports: N/A

Choking: No Yes
Describe Supports: may eat too fast placing her at ↑ risk

Specialized Diet: No Yes
Describe Supports: chocolate sensitive to spicy foods, dairy products, canned fruit

Chronic Medical Conditions: No Yes
List & Describe Supports: mild arthritis in the knee DNR/DNI: No Yes

Medication at PAI: No Yes
Describe Supports: not aware of names or why she takes

Personal Cares: No Yes
Describe Supports: may have occasional accidents

Mobility/Fall Risk: No Yes
Describe Supports: N/A

Community Support: No Yes
Describe Supports: limited personal safety skills

Sensory Support: No Yes
List & Describe Supports: hearing loss - may not wear glasses or hearing aids
Has myopia, esotropia, nystagmus, astigmatism

Behavior Support: No Yes
List & Describe Supports: when irritated rubs hair

Unsupervised Time: No Yes
Describe Supports: PAI staff will be with her in community

Important to: music, having short hair
meaningful relationships, community connections, friends, family

Important for: social skills, maintaining + gaining independence
meaningful relationships, opportunities in community, live w/ her family

Likes: cleaning @ Armony, puns, animals, short hair, trying new things,
jokes, friends and family, music, cooking, h/mong cultural events

Dislikes: when people tell her to put away her things, Hair grows long

Staff: Leann Silverness
 Date: 4/7/2022



Down Line
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will utilize a skill when reactive and get back to baseline with (2) verbal skills
 Summarize Steps:

Outcome #2: As often as needed will set a boundary and assert her needs so she can regulate her emotions w/ (2) verbal cues
 Summarize Steps:

Communication Style:
Verbal - tablet

Learning Style: verbal direction - visual uses tablets, internet and phone - history of abusing technology

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>Dust</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can chew and swallow safely</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: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Susac's syndrome, Berd</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>forgets to take medications no time management</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Susac's diagnosis - history of dizziness + balance issue</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no self awareness of strangers History of manipulation from men (abusive)</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>should wear glasses (retuses) sensitive to smell</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>physical and verbal - has history of being both ^{harsh} towards others</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>Her (2) dogs parents, horse therapy, softball, relationships, Vikings, Independence, things to look forward to, animals</u>
Important for:	<u>Horse therapy, activities to keep busy, DBT skills</u>
Likes:	<u>Horses, vikings, DBT, working, animals and caffeine</u>
Dislikes:	<u>Being told what to do, vikings losing football games</u>

Staff: Leann Silvernails
 Date: 4/7/2022



Angel McQuiston
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will practice more advanced money skills and knowledge
 Summarize Steps: daily

Outcome #2: Will participate in volunteering opportunity in community
 Summarize Steps: once a month

Communication Style:
verbal

Learning Style:
verbal direction - identifies - writes - iPad

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</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>may have difficulty chewing and may need reminders</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>ADHD, migraines, Asthma, Laryngomalacia</u>
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>self administers - at this time no medications at PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>may become uncomfortable in unfamiliar places</u> <u>may have difficulty responding quickly in an emergency</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>loud voices or noise</u> <u>wears glasses and independently takes care of them</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>(can get frustrated)</u> <u>mental and emotional - difficult w/ organization + direction</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>maintain relationships, eating favorite foods, verbal validation, encourage spending time with family, shopping, fashion, making money</u>
Important for:	<u>having time to process, opportunities to be social, making money when staff are patient for her to process, being offered choices as the decision maker</u>
Likes:	<u>learning new things, trying new things, having fun, shopping, music, fashion, using technology, being helpful, laughing</u>
Dislikes:	<u>long car rides</u> <u>Too much noise, loud people, crowds, expectations not explained to her</u>

Staff: Leann Silverness
 Date: 4/7/2022



Amy McVary
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: will stretch and exercise each day she attends PAI for a minimum of 5 minutes
 Summarize Steps:

Outcome #2: will attend a scheduled outing of her choosing twice a month
 Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal cues/direction - iPad - computers - phone

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, Nitrofur, nickel</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure-like activity related to TBI</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will eat independently - but has history of choking</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</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>Drop foot - tingling in legs</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs supports</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>has balance issues, esp onset w/ migraines, weakness ^{or} side</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>she knows how to ask for help - but relies on staff support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>experiences increased pain during headaches blurred vision w/ migraines and headaches</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>following rules, happiness and positivity, staff support to listen to her, migraines opportunities to participate in community outings, going to work, attend classes</u>
Important for:	<u>staying relaxed having a positive attitude opportunity to work, opportunity to participate in community</u>
Likes:	<u>swimming with dolphins, being creative, smiles, listened to, funny, family doing puzzles, m. Twins, country music, pasta, tacos, being creative</u>
Dislikes:	<u>when people don't follow rules, noise or chaos, negative people, bossy people</u>

Staff: Leann Silverross
 Date: 4/11/2022



Alex Rabideau
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will sign himself into PAI every morning writing his name, date and time with verbal prompt or less
 Summarize Steps:

Outcome #2: Will daily check his blood sugar during break with one or less verbal prompt
 Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal direction, read, write - Technology

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Is independent while eating</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Diabetic 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>Type I diabetes needs supports if displays ↑ or ↓ Blood Sugar</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Insulin pump may need support addressing alarms</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Navigate in community wears life alert pendant</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI Staff will be with him in Community</u>
Important to:	<u>outings, rules and routines, socialize w/ peers, manage diabetes, happy Technology, staying active, helping others volunteering, community</u>
Important for:	<u>gain and maintain independence</u>
Likes:	<u>drinking soda, helping others, technology, routines, free time friends Re Receptors, video games, riding bike, country music, tacos, bras</u>
Dislikes:	<u>being bothered when working, mean people mushrooms, green olive, cleaning, change in rules and routines</u>

Staff: Learn Silverness
 Date: 4/11/2022



Brent Roberts
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Ducky will raise his hand to let staff know ready for another round of work or verbally ask staff
 Summarize Steps:

Outcome #2: Once a week will greet peers upon arrival within 10 minutes with verbal prompts or led.
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal direction - schedule

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>Levetiracetam/Keppra</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Controlled with anti-convulsive medications</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Able to eat independently</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: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>hyperlipidemia, Lymphocytosis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Not able to take medications in a timely manner</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>Needs reminders of street and stranger safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensitive to lights and sound</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sub-biting hand/or fingers</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to: <u>staying busy, family, relaxing in rocking chair, helpful to others, completing tasks, organized, being active</u>	
Important for: <u>stul waiting after 45 day?</u>	
Likes: ↓ ↓	
Dislikes:	

Staff: Leann Silverness

Date: 4/13/2022



Adam Wagner

Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: To be discussed still at 45 day review
Summarize Steps:

Outcome #2: _____
Summarize Steps:

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>N/A</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>(fringed may of been due to medication) only has had (1) seizure back in 1987</u>	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can chew and swallow safely / Dentures</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>Fixed vertebrae in neck, hyperactive thyroid, high cholesterol</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>Does not take medication @ PAI / manages medications</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
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>may need reminders of time of voice, may need reminders to stay by staff in community</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss may talk loud due to hearing loss</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may have loud/very verbal tone to others</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>	
Important to:	<u>have more (sister) working, mtn twins, Vikings, daily routine</u>	
Important for:	<u>being encourage to try new things, working frequently, staying busy, having daily routine</u>	
Likes:	<u>going to movies, bowling, dancing, coloring, eating out, cleaning, working, man walking</u>	
Dislikes:	<u>Deftening from his daily routine</u>	

Staff: Leann Silvermess

Date: 4/13/2022



Nia Xiong

Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Will trace his name 5 times in morning independently
Summarize Steps:

Outcome #2: _____
Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal direction - Ipad

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>NIA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure review (history)</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can eat independently</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cutting up food, slowing down</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</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not know his medications or has time management</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can walk quickly - not watch where he is going</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs consistent supervision for overall safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss - infections - perforation (R) ear</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in the community</u>
Important to:	<u>work, dressing nice, building independence skills Being helpful, music, dancing, spending time w/ friends + family</u>
Important for:	<u>gain + maintain independence personal grooming skills opportunities to work, being helpful, interact with peers + family</u>
Likes:	<u>listening music, asian food, working, looking nice, making money movies, helping others, PAI, spending time w/ friends, dancing</u>
Dislikes:	<u>heavy household chores, being told "no", misunderstood, ^{community} music</u>

Staff: Leann Silvermess
 Date: 4/13/2022



Service Recipient: Meng Yang
 Service Span: _____

Outcomes:

Outcome #1: will at least take a 5 minute work daily at a slow controlled pace @ PAI
 Summarize Steps:

Outcome #2: once a month will assist staff in teaching ASL class
 Summarize Steps:

Communication Style:
Verbal - ASL

Learning Style:
Verbal direction - ASL - reads - writes - iPad - computers

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hyponatremic seizures, takes medication to manage</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Able to eat independently</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not eat beef</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Central diabetes Insipidus, hypersomnia Langerhans cell histiocytosis, cerebellar ataxis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>not able to manage not aware of names or reason of medications</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walking steady on uneven ground S-shaped scoliosis has difficulties w/ balance</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limiting community survival skills Unsteady manual walking - verbalization may be difficult</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>conductive hearing loss</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>listening music, community, art, organizing work Sign language + teaching to others, family + friends, mom + dad</u>
Important for:	<u>using/teaching sign language, staying away from angry + mean people To work and make money, remaining and gaining independence</u>
Likes:	<u>volunteering, fun in the community, coffee, organizing, sorting Sign language, listening music, pepperoni pizza, egg rolls, working</u>
Dislikes:	<u>mean people, disrespectful people, danger, waking too early in morning</u>

Staff: Leann Silvernes

Date: 4/1/2022



Service Recipient: Aaron Burns

Service Span: _____

Outcomes:

Outcome #1: chose a morning activity

Summarize Steps: _____

Outcome #2: _____

Summarize Steps: _____

Communication Style:
Verbal

Learning Style:
Verbal cues -

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>chews and succulents feed adequately</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: _____ DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NIA</u>
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>No Staff supports are needed</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: _____
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can be easily distracted and might not be aware of traffic</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be w/ him in community</u>
Important to:	<u>sticking to a schedule, video games movies, sports Karate</u>
Important for:	<u>helping sticking to schedule, notify him of changes praising him</u>
Likes:	<u>working out, puzzles, music, hot dogs, mac-n-cheese, video games</u>
Dislikes:	<u>chicken legs, raisins, bananas, going to grocery store schedule suddenly changes</u>

Lead Review Completed: _____

Staff: Leann Silverness
 Date: 4/11/2022



Daniel Ryan
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will participate in a community activity twice a month
 Summarize Steps:

Outcome #2: _____
 Summarize Steps:

Communication Style:
verbal (soft spoken)

Learning Style:
verbal direction

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>Aspirin</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent while while eating</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>high (1500mg) calcium daily 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>osteoporosis, high blood pressure, arthritis, ^{Cerebral} palsy</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs help complying w/medications</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>may need some assistance</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Unsteady gait due to arthritis (r) knee, osteoporosis in hip and lumbar spine, not full use of (r) arm+hand</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Speech difficult to understand / mobility + risks to falls</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>cataracts in both eyes, no feeling (r) lower leg + foot</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - may hit or throw things may hurt himself</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to: <u>have people listen to his wants and needs</u>	
<u>spend time with family and friends, try new things, meet people</u>	
Important for: <u>healthy eating choices, take care of his body</u>	
<u>to have people around him and keep him on task, staying busy</u>	
Likes: <u>going shopping, bowling, cem dug, chili dug, pizza, country music, going out to eat</u>	
Dislikes: <u>loud noise, sitting around and being bored, onions, too many people talking at once</u>	

Staff: Leann Silverness

Date: 4/1/2022



Andy Berkowitz
Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Will greet and say goodbye to a community member in community
Summarize Steps:

Outcome #2: Research for a new gluten-free recipe once a week
Summarize Steps:

#3 Identity has money skills
Communication Style:
Verbal

Learning Style:
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>milk, oats, and all their by-products</u> <u>Gluten, wheat durum, semolina, kamut, spelt, rye, barley</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Eats independently - not increased risk of choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>gluten free due to celiac disease</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Celiac disease</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>staff supports</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>relies on staff support in the community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be w/ him in community always</u>
Important to:	<u>working out, meal making, music, dancing, cleaning, social w/ ^{peers,} staff + family</u>
Important for:	<u>opportunities to be included in the community social w/ ^{advocate} peers + staff for himself</u>
Likes:	<u>working out, bowling, flowers, playing bocce, mn Twins, checkers, country music</u>
Dislikes:	<u>foods that give him a stomach ache, co-workers shake their fists.</u>

Staff: Leann Silvernes

Date: 4/1/2022



Sabrina B...
Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Will choose lunch w/ a friend
Summarize Steps:

Outcome #2: Practical matching, calculating, budgeting worksheets
Summarize Steps:

Communication Style:
Verbal - has cell phone and tablet

Learning Style:
Verbal reminders - tablet

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>Sulfa medications</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eats quickly</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NIA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not remember to take meds - PAI staff Administers meds</u>
Personal Cares: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>assistance w/ buttons, ties + zippers In pull-ups needs assistance w/ wiping</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no awareness of stranger danger</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Can get upset and violent against others</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will be w/ a PAI staff in community</u>
Important to:	<u>mom + grandma (deceased) family, electronics, staying busy + active</u>
Important for:	<u>decreasing aggressive interactions</u>
Likes:	<u>someone to talk to when she needs it, socialization, community activities</u>
Dislikes:	<u>Being told no, losing phone privileges, brushing teeth or hair, cleaning house</u>

Staff: LeAnn Siverness

Date: 4/1/2022



Service Recipient: Liz Bourke

Service Span: _____

Outcomes:

Outcome #1: Journal daily
Summarize Steps: _____

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

Communication Style:
Verbal

Learning Style:
Chooses what classes she wants, has cell phone

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>clarithromycin, neomycin-polymyxin, acetaminophen, barbituates, espn, tremadol, Doxycycline, retinoids, oxycodone, gabapentin, ultracet, hydromorphone</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <u>NOT required</u> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>needs to stay hydrated and encourage healthy food choices</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>↓ ↓ ↓</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>migraines, IBS, asthma, COPD, multiple joint osteoarthritis, hypertension, chronic sinus and ear infections, chronic pain, Bercel</u>
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Not required</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: _____
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs supports w/ a walker / may prefer to sit instead of stand</u>
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: _____
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>mental and emotional health</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with in community</u>
Important to:	<u>Finance, cars, support systems, health</u>
Important for:	<u>listen to what she says, advocate for self, don't do things for her</u>
Likes:	<u>coloring + journaling, reading, word search, movies, being w/ friends/family</u>
Dislikes:	<u>N/A</u>

Staff: Leann Silverness

Date: 4/4/2022



April Cowley
Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Check in w/ staff daily when feeling anxious or having concerns
Summarize Steps:

Outcome #2: Review and practice social skills with staff once a week
Summarize Steps:

Communication Style:
verbal, phone, laptop

Learning Style:
verbal - needs time to process 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>Bugs, grass and ragweed</u> <u>Abilify, amoxicillin, cymbalta, Wellbutrin, Lithium, Nystatin</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>eats independently and not at increased risk of choking</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Low calorie diet</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</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>IS able to administer own medication - carries w/ 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>Dr. encourages she uses walker.</u> <u>Joint pain unable to stand long periods of time</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need help in community of unfamiliar area</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Depression, bipolar</u> <u>mental health diagnosis - schizophrenia ^{personality}</u> <u>Has history of past self-injurious behavior - cutting</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community at all times</u>
Important to:	<u>Brother, healthy relationships w/ others, therapy, PAI, working</u>
Important for:	<u>Support and maintain gain independence, work (make money) ^{sets to} talk to people</u>
Likes:	<u>Cats, word finds, work, being social, music, trying new instruments</u>
Dislikes:	<u>loud music and noises, hectic workdays, changes in her schedule</u>

Staff: Leann Silverness
 Date: 4/4/2022



Bill Dobihal
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Daily will review his schedule upon arrival
 Summarize Steps:

Outcome #2: Volunteering opportunity off site once monthly
 Summarize Steps:

Communication Style:
Verbal - cues, uses phone

Learning Style:
wears glasses - cues from staff

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>RISK at choking does take large bites</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</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>NIA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Not able to comply with Dr orders - understand medicine</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Wears glasses may need help cleaning them</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can be unstable on uneven terrain or icy surfaces</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Speech can be difficult to understand - have difficulty ^{reading} _{some}</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Significant vision impairment, Depth perception</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be w/ him in community at all times</u>
Important to:	<u>feeling happy daily, PAI, keeping track of belongings, positive attitude, doing the right thing, participate in community</u>
Important for:	<u>positive environment, PAI, open and maintain independence, being part of a group</u>
Likes:	<u>carbon coffee, macnuggets, wendys newsletters, State Fair, doing puzzles, Batman, classic rock, harmonica, lasagna</u>
Dislikes:	<u>Rude people, being poked, being disrespected, teasing</u>

Staff: Leann Silverness

Date: 4/4/2022



Samantha Engen

Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Choose a class each week willing to attend
Summarize Steps:

Outcome #2: Participate in volunteering and creating once a month
Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal, Ipad

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>Codeine, Sulfur, Cefoxitin</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy diagnosis (well controlled by meds) last seizure 2014</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent and not at high risk of choking</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: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Cardiac condition stable lifting restriction of 2016</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not currently take medications @ PAI / discuss if Team should</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>VISION - has difficulty navigating in unfamiliar areas</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may have difficulties acting in fast changing environment</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses and legally blind trouble w/ depth perception</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>mental + emotional health - Distress when feels "stuck"</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>music, volunteering, helping others, coping skills book</u>
Important for:	<u>advocating her needs, maintain her health and safety relationships</u> social
Likes:	<u>Sorting crayons w/ friends, baking dog bones, dog, church, animals</u> Central coffee, stuffing
Dislikes:	<u>Chaotic environments, loud noises, large groups of people</u>

Staff: Leann Silverman
 Date: 4/4/2022



Abenezer Aida
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will check and participate in outing once a month
 Summarize Steps:

Outcome #2: Once a week meet with employment specialist to discuss opportunities.
 Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal cues - has computer @ home.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>24 hr. monitor care / may fall during seizures</u> <u>Seizure disorder - has Epilepsy takes medication</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs help setting up and cutting up foods.</u> <u>cannot use his (R) side due to hemiparesis</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>anoxic brain injury</u> <u>Epilepsy, bilateral mild cerebellar atrophy</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>unable to manage medications</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs (may) assistance (transfers)</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteady gait, may cross feet when walking or upset</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not always understand safety skills stranger</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>yelling, swearing threatening to hurt himself</u> <u>cutting and running away, pushing, hitting things</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community all times</u>
Important to:	<u>spending time w/ friends, being w/ family or friends, consistency</u>
Important for:	<u>Being included on decisions</u> <u>learning + using coping skills, gain independence & working w/</u>
Likes:	<u>playing video games, music, singing, projects and drawing</u>
Dislikes:	<u>N/A?</u>

Staff: Leann Silverness
 Date: 4/5/2022



Sara Brahn
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: once a week will research and save new and healthy recipe
 Summarize Steps:

Outcome #2: once a month will hand her cash to the cashier obtain change and receipt then give to staff member
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal - draws - writes - iPad

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent while eating not at high risk</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>hypothyroidism (underactive thyroid)</u> <u>Hypotonic Cerebral Palsy (spastic extremely stiff muscles)</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>Does not understand medications names or why she takes</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Due to Cerebral Palsy she is weak on (left) side of body</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not know how to identify safe contact person</u> <u>can be over friendly and trusting to strangers</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment - wears glasses may need help to clean</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to: <u>staying healthy, being a good friend out to eat out for coffee</u> <u>obtain a job in community, being independent, feeling safe, taking care</u>	
Important for: <u>staff supports making decisions and choices</u> <u>having supports available to motivate her, being healthy, limit caffeine</u>	
Likes: <u>music, arts and crafts</u> <u>coffee, bowling, games, Dollar Tree, 5 below, talking on the phone</u>	
Dislikes: <u>people telling her what to do</u> <u>mushrooms, spicy foods, talking out garbage, disrupted while working</u>	

Staff: Leann Silverness

Date: 4/5/2022



Heather Hawkins
Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Each day will stretching arms & legs independently
Summarize Steps:

Outcome #2: Once a month will choose community outing/activities like to attend
Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal, computer, tablet

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>Dyes, fragrances, strawberries</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure-like episode - experienced in may 2008</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may put too much food in her mouth & eat quickly</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1700-2000 calorie 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>Dry skin, hemorrhoids, constipation</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reviews on staff to help w/ treatment orders</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walks slow may hesitate w/ stairs, slippery surfaces</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pedestrian safety help - overall help in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses to correct vision</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>making money, having staff around support her fears & anxiety, participate in community, opportunity to work, spending time w/ peers</u>
Important for:	<u>Included in the community, opportunity to work, w/ peers & concrete support as needed</u>
Likes:	<u>Coffee, TV shows, Bowling, shopping, music, donuts, special olympics, dance class</u>
Dislikes:	<u>strawberries, transitions, loud noises, thunderstorms, needles</u>

Staff: Leann Silvernes
 Date: 4/6/2022



Toby LePage
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will greet a peer upon arrival
 Summarize Steps:

Outcome #2: Twice a month will choose a community outing to attend
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal direction - iPad

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can independently chew + swallow</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</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 and hypothyroidism</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not know his medications or why he takes</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>His flat feet walks on big toes. may slip often</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Help w/ pedestrian safety unable to recognize danger</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears eye glasses</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI Staff will be with him in community</u>
Important to:	<u>Yoga, family and friends</u>
Important for:	<u>Going to community in a meaningful way - being active, swimming, being heard and listened to</u>
Likes:	<u>opportunities to volunteer, staying physically active, maintain independence</u>
Dislikes:	<u>movies, TV, video games, music, cheeseburgers, rat beer being active</u>
	<u>olives, most fruits, getting hands dirty, noisy environments, large crowds</u>

Staff: Leann Silverness
 Date: 4/16/2022



Jenny Johnson
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: No outcomes yet new admission
 Summarize Steps:

Outcome #2: _____
 Summarize Steps:

Communication Style:
Verbal - soft spoken maybe hard to understand

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</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>PAI staff would administer</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - can pick at her scabs</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>Poster housemate and brother</u>
Important for:	<u>encourage to join groups and socialize staying engaged in activities, redirect when isolating from others</u>
Likes:	<u>Karaoke, dancing, listening to music, spending time w/ ^{babies, children} animals</u>
Dislikes:	<u>NIA @ this time</u>

Staff: Leann Silverness
 Date: 4/6/2022



Debbie Leo
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will plan and participate in 3 community activities per month
 Summarize Steps:

Outcome #2: Will participate in a volunteer through PAI twice per month
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal - Direction - Ipad

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>NIA</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need help cutting up food</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Incontinence</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>self administers any medications she may have</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficultly responding in an emergency may have difficulty responding quickly</u>	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>can feel frustrated mental + emotional - fetal alcohol syndrome - ^{confused} frustrated</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>	
Important to:	<u>Friends, family, eating breakfast, stuffed animals, music</u>	
Important for:	<u>eating a good breakfast, healthy diet choices, ^{sleep} being w/ others</u>	
Likes:	<u>Breakfast, movies, out to eat being w/ friends</u>	
Dislikes:	<u>Chaos, conflict arguments, loud noises</u>	

Staff: Leann Silvernes
 Date: 4/7/2022



Jeannie Parks
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Upon arrival each day will come up with (2) positive thoughts to think about during day given 2-3 verbal prompts

Summarize Steps:

Outcome #2: once a month will choose which community dining or activity she would like to attend

Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal direction - Ipad - computer

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</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may eat too fast or put too much food in her mouth</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Caffeine sensitivity</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>chronic ear wax build up cataracts</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>not aware of names or why she takes them</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>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can be overly friendly or trusting to strangers</u> <u>Does not know how to contact safe person if an emergency</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>has hearing aids - unaware vision changing (cataract)</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>verbal/functional - gets upset social conflicts with others</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>going out to eat taking a break when needed, positive encouragement</u> <u>being a good friend, doing the right thing, going out for coffee,</u>
Important for:	<u>limit caffeine intake, supports on talking through concerns</u>
Likes:	<u>coffee, bowling, playing games, Dollar Tree, getting her nails done</u>
Dislikes:	<u>Broccoli, people telling her what to do.</u>

Staff: Leann Silverness

Date: 4/11/2022



Service Recipient: Alyssa Saniti

Service Span: _____

Outcomes:

Outcome #1: Will make a peer record (holiday, birthday etc) once a week
 Summarize Steps: w/ one verbal prompt

Outcome #2: Will pick and participate in at least one community activity.
 Summarize Steps: once a month

#3 will meet her employment specialist bi-weekly

Communication Style:
Verbal

Learning Style:
verbal direction, iPad, read, write

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independently chews and swallows food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>make healthy food choices</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>migraines</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not take medications at PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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: <i>personal information</i> <u>maynt use recreational caution w/ others may give out</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to: <u>going on outings</u> <u>family, fishing with dad, living near family, working on artskt</u>	
Important for: <u>healthy food options to choose from, making healthy food choices</u> <u>making a plan for the day and sticking to it, spoken to directly in park</u>	
Likes: <u>Starbucks coffee, music and most foods</u> <u>being w/ family, being treated w/ respect, having as much of independence</u>	
Dislikes: <u>working on park tool trays</u> <u>coffee at PAI, group home coffee, onions, exercising, being bored</u>	

Staff: Leann Silverness
 Date: 4/12/2022



Jeff Stroth
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Daily upon arrival will come up w/ (3) positive thoughts to think about during day given (1) verbal prompt
 Summarize Steps:

Outcome #2: On an outing will push wheel chair button for himself and peers
 Summarize Steps: entering/leaving vicinity of outing with (1) verbal prompt

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>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure disorder controlled by medications</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cannot independently cut up his food</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: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Blisters/sores, spinal curvature</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not understand treatment orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs assistance w/ transfers / grooming care</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Self propels wheel chair slow cannot exit quickly</u> <u>Cerebral Palsy - unbalanced pain stretching back</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>trustworthy risk with strangers</u> <u>Distracted not aware of traffic around him</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>risk of ear infections (has had tubes in ears)</u> <u>vision impaired - risk @ seeing obstacles, hearing low</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>when people around him are getting along</u>
Important for:	<u>opportunity to be social w/ peers, included in community, going to work</u> <u>going out in the community</u> <u>interact and socialize with peers, opportunity to work when possible</u>
Likes:	<u>chicken noodle soup, medications, dynamic art, computer, chatting w/ peers from</u> <u>shopping, bowling, mall walking, scary movies, rap + country music</u>
Dislikes:	<u>being told what to do, argues + fighting, hospital</u> <u>Rice, sandwiches, going to dentist, listening to staff at home at radio</u>

Staff: Leann Silverkes
 Date: 4/1/2022



Hannah Brough
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Practice budgeting skills weekly
 Summarize Steps:

Outcome #2: Complete interview once per month
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Independent iPad - also cell phone

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>chocolate, cows, and many</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure meds and epilepsy pills</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>chewy foods</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need low carb diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tinnitus</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can not manage own medications</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>walks independently without assistance</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Branches - can share personal information to shares</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>with diagnosis Tinnitus - may need to hold on to staff</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will be w/ PAI staff in community</u>
Important to:	<u>family, relationship, church, phone, iPad, games, CD's for herself</u>
Important for:	<u>independence living, family support, socializing w/ friends & family</u>
Likes:	<u>wandering in farm fields, cruises, Aunt, her room, napping, shopping</u>
Dislikes:	<u>people yelling @ her - loud voices, arguing, not involved in her decision making</u>

Staff: Leann Silverness

Date: 4/4/2022



Lynic Dampier

Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Will follow through appropriate social skills
Summarize Steps:

Outcome #2: Review and practice social skills with staff each morning.
Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal - talks to others in private (knows to take a break)

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

Allergies:
 No Yes
List & Describe Supports:
NIA

Seizures:
 No Yes
Describe Supports:
NIA

Choking:
 No Yes
Describe Supports:
eats independently swallows safely

Specialized Diet:
 No Yes
Describe Supports:
NIA

Chronic Medical Conditions:
 No Yes
List & Describe Supports:
may interpret something wrong verbal expression
DNR/DNI: No Yes
Intellectual disability - interacts and responds to others

Medication at PAI:
 No Yes
Describe Supports:
Does not have time management

Personal Cares:
 No Yes
Describe Supports:

Mobility/Fall Risk:
 No Yes
Describe Supports:
NIA

Community Support:
 No Yes
Describe Supports:
may share personal information, follow safety rules. does not maintain appropriate boundaries w/ strangers

Sensory Support:
 No Yes
List & Describe Supports:
NIA

Behavior Support:
 No Yes
List & Describe Supports:
How her body language or tone may be towards others
Verbal - frequently misinterprets situations difficulty coping

Unsupervised Time:
 No Yes
Describe Supports:
PAI staff will be with always in community

Important to:
getting a job, working on social skills, family and friends

Important for:
constructive feedback, checking in, family support at home, activities

Likes:
shopping, hanging out w/ friends, routine, social, helping others, crafts

Dislikes:
changes to schedule, conflict w/ peers, being told what to do, peers are loud.

Staff: Leann Silverness

Date: 4/4/2022



Service Recipient: Leann Detviler

Service Span: _____

Outcomes:

Outcome #1: will identify 2-3 ABC signs or full sentences daily
Summarize Steps:

Outcome #2: participate in volunteering one time per month
Summarize Steps:

Communication Style: Verbal - Ipad

Learning Style: let me work at my own pace - wears glasses
Verbal - give clear directions and feedback -

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

Allergies: No Yes List & Describe Supports: N/A

Seizures: No Yes Describe Supports: N/A

Choking: No Yes Describe Supports: can chew and swallow safely

Specialized Diet: No Yes Describe Supports: N/A

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

Medication at PAI: No Yes Describe Supports: Does not have time management skills

Personal Cares: No Yes Describe Supports:

Mobility/Fall Risk: No Yes Describe Supports: lazy left eye could leave her vulnerable to falling

Community Support: No Yes Describe Supports: not ablu to communicate in an emergency
Does not follow safety or stranger safety

Sensory Support: No Yes List & Describe Supports: may need help washing glasses
lazy eye (L) and wears glasses for vision

Behavior Support: No Yes List & Describe Supports: N/A

Unsupervised Time: No Yes Describe Supports: PAI staff will be present out in community

Important to: working, living w/ her mom, stepdad, dog, having fun activities to do.

Important for: maintaining good quality of life opportunities to incorporate and work in the community

Likes: dancing, cooking, music, pizza, going on vacation cards to cards

Dislikes: old PCA (Twitine) being told what to do by peers, bread, feeling sick

Staff: Leann Silvernes

Date: 4/4/2022



Service Recipient: Nathan Pott

Service Span: _____

Outcomes:

Outcome #1: Follow 3 steps/3 tasks instructions with one prompt or less.
Summarize Steps:

Outcome #2: Participate in one community outing per month.
Summarize Steps:

Communication Style:
verbal - Does not know how to read

Learning Style:
verbal - iPad - phone

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>good judgment able to chew + swallow safely</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</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>NIA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unable to read does not have time management skills</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>reminders to use the bathroom may need assistance changing brief</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>recognize if a stranger could be dangerous</u> <u>Information difficult, following safety rules</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>going shopping, finding a girlfriend, getting a job, spending time w/ family, video games, radio, going out to eat, friends</u>
Important for:	<u>staying safe and healthy, activities participate in community</u>
Likes:	<u>shopping, going out to eat, mcdonalds, subway</u>
Dislikes:	<u>fruits and vegetables, yelling or screaming being told what to do</u>

Staff: Leann Silverness
 Date: 4/4/2022



Tracy Fast
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Work until end of shift with one prompt
 Summarize Steps:

Outcome #2: Pick and participate in one community activity different where she went previous month
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal - cues / occasionally uses iPad

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can chew and swallow safely</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</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 <u>microvalve prolapse (infections prior to surgery)</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Not able to understand purpose can not read and understand medication labels</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>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not know ID information does not understand safety of stranger's danger</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses for her vision may need help to clean</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>her family, her dolls, socializing with others, working @ PAI</u>
Important for:	<u>opportunities to do activities / hobbies she likes and continue to do</u>
Likes:	<u>music, hanging out w/ siblings, working on cards, dolls & shipping for them, making and painting them, coloring, shopping</u>
Dislikes:	<u>being told what to do by others, salad dressing, being rushed, being reminded sad things from past</u>

Staff: Loann Silvermess
 Date: 4/5/2022



Matthew Hutchinson
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will follow written microwave instructions warm up his lunch
 Summarize Steps: w/ one prompt or help

Outcome #2: Will use his communication device to order food at a restaurant
 Summarize Steps:

Communication Style:
Nonverbal Communication Device - answers simple questions verbally

Learning Style:
Communication device - some 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>N/A</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>chews food fast can place risk of choking</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>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>PAI staff would administer</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs assistance w/ hygiene in restroom after a BM</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>may wander and leave group in community</u> <u>not consistent following stranger safety rules + pedestrian</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hum and rock body back and forth</u> <u>when he is over stimulated may jump up and down</u>	<u>Heeels (w/ for dirty)</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>	
Important to:	<u>spending time with family, communication device, consistent schedule</u>	
Important for:	<u>family support, active in the community, staying healthy, communication device</u>	
Likes:	<u>restaurants, mta, ymca, shopping, sleeping, reading, goldfish, microwave, computer, clear directions and expectations, roller coasters, trains, swimming</u>	
Dislikes:	<u>not knowing what to expect, arts and crafts loud noise and sirens, getting hands wet, messy situations, routine changes, power outages</u>	

Staff: Leann Silverness

Date: 4/16/2022



Mark Johnson

Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: once a week with staff coaching will talk or interact w/ peer and share something new + exciting
Summarize Steps:

Outcome #2: will participate in one community activity different where he went previous month
Summarize Steps:

Communication Style:
can communicate somewhat verbal speech is unintelligible

Learning Style:
Verbal cues - Ipad

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>Insect bites</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>recent history of seizures - (2020) protocol in place</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can eat too fast can choke and vomit</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no citrus foods and drinks</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>N/A</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have time management skills</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does need assistance with toileting</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>may not respond if an emergency</u> <u>Does not follow pedestrian or stranger safety skills</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to: <u>living w/ his parents, working and staying busy.</u>	
Important for: <u>staying safe and maintaining good health, staying active ⁱⁿ community</u>	
Likes: <u>living with parents, chips, pizza and hot beer</u> <u>watching TV, old movies, game shows, music, cards @ PAI, pickles</u>	
Dislikes: <u>touch or invade a person's space - being bored.</u>	

Staff: Lynn Silverness
 Date: 4/7/2022



Karen Coven
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: After a conflict or disagreement with staff will ask staff if they can talk in private or leave room to go to program supervisor
 Summarize Steps: _____

Outcome #2: will work on social skills scenarios each morning in home room practice to recognize difference between aggressive, passive aggressive and assertive
 Summarize Steps: _____

Communication Style:
verbal

Learning Style:
verbal direction - iPad - writes

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, Sulfur, Lactose Intolerant, nuts, Seasonal</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can eat independently and safely</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input 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>high cholesterol, acid reflux</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>williams syndrome, heart murmur/mitral valve prolapse</u> <u>Does not have time management skills to accurately take</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>may not know when in community who to trust</u> <u>wouldn't be able to find way home, may need her inhaler</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Wears hearing aids and glasses</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>family, dogs, consistent schedule, supports, having nice bathroom</u>
Important for:	<u>work and desired activities</u> <u>maintaining good health, being happy, opportunities in the community</u>
Likes:	<u>watching TV</u> <u>coming to PAI, staff, dogs, family, shopping, hanging out in room</u>
Dislikes:	<u>when staff don't count her cards</u> <u>rudeness or inconsiderate people, when people use phrase "you guys" or "hey"</u>

Staff: Leann Silverness
 Date: 4/7/2022



Hu Nguyen
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will write in her planner at beginning and end of day
 Summarize Steps:

Outcome #2: Will choose at least one community activity per month that involves physical activity
 Summarize Steps:

Communication Style:
Verbal - Learning ASL

Learning Style:
verbal cues/direction reads, writes - Ipad

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>Shellfish</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Eats independently and safely</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>Type 2 Diabetes</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>Takes medication when handed to her</u>	<u>Does not have time management</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
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>would not know how to respond in an emergency</u> <u>Does not display pedestrian or safety skills</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses, can not read without them</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>	
Important to:	<u>staying active in community</u> <u>making money, working maintain healthy diet (control diabetes)</u>	
Important for:	<u>Wo</u> <u>exercise, working, family, watching TV</u>	
Likes:	<u>working, vitamins, music, going to PAI</u> <u>watching TV, going to library, going out to eat, living with parents</u>	
Dislikes:	<u>rude/mean people having to wait being woken up, being sick</u>	

Staff: Leann Silverness
 Date: 4/11/2022



Wanda Scherrer
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will be mindful of germs and not pick things off the floor or from the garage
 Summarize Steps:

Outcome #2: Will pick and participate in (1) community activity per month, different from where she went previous month
 Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal direction - iPad

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may eat fast @ risk of vomiting eating/dinnering fast</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <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>Does not have time self-management skills</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Older age sometimes unsteady, not always observant of surroundings</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not exhibit appropriate boundaries w/ strangers or know if someone is dangerous</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may not always wear hearing aides or make eye contact</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>going shopping, her personal belongings and working</u>
Important for:	<u>the having job opportunities, staying active, incorporating into community</u>
Likes:	<u>going out for coffee, music, dancing, working, going on outings going shopping</u>
Dislikes:	<u>when peers are angry and yelling, doing laundry</u>

Staff: Leann Silverness
 Date: 4/11/2022



Paul Shaw
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: will use iPad daily to practice online shopping and accurately complete prompt task given
 Summarize Steps:

Outcome #2: will pick and participate in one community activity per month
 Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal direction - iPad

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can chew and swallow independently</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <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>Does not have type self-management skills</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>Too trusting to strangers Can make bad judgement calls comes to pedestrian safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>moderate to met high hearing loss</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI Staff will be with him in community</u>
Important to:	<u>shopping and working helping around the house, living w/ his foster parents,</u>
Important for:	<u>having opportunities to incorporate in the community having opportunities trying new and more complex jobs,</u>
Likes:	<u>work, country music helping around the house, living w/ foster parents, pop, snacks</u>
Dislikes:	<u>people dont leave part alone chew mein, doing cards on work tier when people pass away</u>

Staff: Leann Silvers
 Date: 4/11/2022



Nick Seng
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: will verbally greet a peer each morning he attends PAI.
 Summarize Steps:

Outcome #2: will work on Ipad/Technology skills once a week.
 Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal direction - Ipad

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can chew and swallow safely</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Celiac disease, gluten free</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>N/A</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have skills to take medications on own</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>may get distracted and not exhibit proper caution ^{skills}</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses and hearing aides ^{may not realize when} vision or hearing changes</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI will be in community with him</u>
Important to:	<u>being part of groups, staying active his family, being a good brother, leading an active life,</u>
Important for:	<u>working towards community involvement, gluten-free diet, building independence skills</u>
Likes:	<u>volunteering, movies, going to science museum, sports, going to the dog park, performing @ Art of Me, going to zoo</u>
Dislikes:	<u>getting up early, doctors appointments, participating in more academic classes, being bossed around</u>

Staff: Leann Silverness
 Date: 4/12/2022



Ann Strassburg
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will pursue finding peers outside of work monthly over 6 months
 Summarize Steps:

Outcome #2: Will check in with PAI staff each time she meets with VES. Let them know how meeting was, what they worked on until Ann finds a job
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal Direction - Ipad

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can chew and swallow safely</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diabetes, over weight</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>Arm tremors (not diagnosed)</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>not good time management skills would forget to take</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Is Hepatitis B carrier</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>Trusting was she has been with stranger danger Does not recognize negative consequences, food choices</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Has glasses but chooses not to wear them</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>staying active in the community working, trying new jobs, social relationships, her family</u>
Important for:	<u>opportunities in the community, leisure activities maintaining good health, stabilizing blood sugar levels</u>
Likes:	<u>music, cooking and using Ipad working (esp in community) spending time with her family, asian food</u>
Dislikes:	<u>people interrupting her, people who are nice. Drama with peers/friends, working on earlier jobs taking classes</u>

Staff: Leann Silverness
 Date: 4/13/2022



Hung Vo
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: <u>Will personally hand his money to the cashier when purchasing items in the community</u>
Summarize Steps:
Outcome #2: <u>Will work on time skills daily and accurately project future times</u>
Summarize Steps:
Communication Style: <u>Verbal</u>
Learning Style: <u>Verbal directum -</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>Seasonal</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Would need to call 911 if has seizure history - has not had seizures in several years</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>risc at swallowing wrong, sometimes forgets to focus on eating (talks, gets excited)</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>Cerebral Palsy</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>Does not have fine motor skills Does not have time-self management</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses helper and sling needs help w/ cares (transfers, toileting)</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can not bare wgt as of 2020 (has not accepted) difficulty seeing things below waist level while driving ^{wheel chair}</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Speech can be hard to understand to give information in case of an emergency</u>
Sensory Support: <input checked="" type="checkbox"/> No <input 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>when has anxiety may yell at others physical/verbal/emotional - may drive his wheelchair into others</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in the community</u>
Important to:	<u>working and making money, activities in the community having strong friendships and relationships with others,</u>
Important for:	<u>work and make money, opportunities to incorporate in community Supports to continue to live healthy and in a safe manner,</u>
Likes:	<u>music (Justin bieber, Taylor swift) movies and tv shows working on cereals, book club, mall walking, bowling,</u>
Dislikes:	<u>people do not take time to listen to him when people pass away (esp remembering mm) people yell at him</u>

Staff: Leann Silverness
 Date: 4/13/2022



Her Xiong
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: will participate in at least (2) volunteering opportunities.
 Summarize Steps: of his choosing per month until next review

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

Communication Style:
Verbal - ASL

Learning Style:
verbal direction - 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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>(L) side weakness may over stuff his mouth while eating</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</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>TBE - (L) side weakness</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have time - self management skills</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>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may make impulsive decisions where safety is sometimes has difficulty expressing language. concern</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>opportunities in community family, working onsite and community, shopping</u>
Important for:	<u>staying active in community employment opportunities, supports maintaining safe and healthy</u>
Likes:	<u>variety of foods (esp asian dishes) going to church with family working (esp Dynamic Air and army) cartoons, movies, shopping @ Home Depot</u>
Dislikes:	<u>attending team meetings, getting up early, being bored</u>

Staff: Leann Silverness

Date: 4/1/2022



Michelle Bergman

Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Work on iPad skills once a week

Summarize Steps:

Outcome #2: _____

Summarize Steps:

Communication Style:
Verbal - communicates well with others

Learning Style: Visual (calendar), kinesthetic
Works on iPad - communicates

PAI, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Elm / knows she is allergic to elm / med but doesn't always remember name</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>Elm</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>meat and veg with veggie meals maybe receptive to ^{coaching} on healthy diet.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Demel</u> <u>wheelchair w/ DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>for out of wheelchair (hard).</u> <u>memory loss and memory loss.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>TBI - has affected (1) side weakness history of falls.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cannot propel wheelchair for long distances</u> <u>memory loss - will always be w/ PAI staff in community</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses independently</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 type="checkbox"/> Yes	Describe Supports: <u>will have PAI staff w/ her in community</u>
Important to:	<u>Family, art and education</u>
Important for:	<u>safety, assistance to be as independent as possible, pain management</u>
Likes:	<u>PB and apple sandwiches, pingies going to YMCRA w/ mom</u>
Dislikes:	<u>Beef, pork, cottage cheese and fish</u>

#1

- ① Once a week during homeroom or break she will borrow one of PAI's iPads.
- ② Staff will stay with Michelle the duration of her using iPad.
- ③ She will work with staff to help determine skills and tasks she already knows how to do and what she still needs to learn.
- ④ Staff will suggest different tasks to try and will watch her to test her proficiency and offer advice. This may include
 - a. Opening a web browser
 - b. making search on google
 - c. checking the weather - app or google search
 - d. finding company's web page - furthermore the phone #, address etc.
 - e. Down loading app
 - f. checking her email
- ⑤ Michelle actively participate and be willing to try new things

Staff: Loann Silvernos
 Date: 4/4/2022



Brian Baker
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Contact a family or friend by Ipad once monthly
 Summarize Steps:

Outcome #2: Try out a volunteer opportunity @ PAI once monthly
 Summarize Steps:

Communication Style:
verbal, phone, Ipad

Learning Style:
verbal and Ipad

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</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>will ask if he needs help eats independently and has good judgement</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs assistance to prepare foods - Does have Dr order avoid carrots, celery, can green bean veggie</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind, Cerebral Palsy history of bowel obstruction</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>Lack of reading does not have capability administer meds</u> PAI staff
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does need staff assistance w/ cares (ileostomy bag)</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind - verbal cues to navigate</u> Cerebral palsy has risk of falls during transitions
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Understands safety signs but may be unable to see street signs or obstacles when navigating in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind and colored blind - may not be able to see obstacles</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff would be w/ him all times in community</u>
Important to:	<u>Doing activities to stay busy, working/volunteering, outings in community</u>
Important for:	<u>Support from staff to stay safe, opportunities to volunteer/work</u>
Likes:	<u>music, movies, going out to eat cooking and coming to PAI</u>
Dislikes:	<u>negative and rude people working on some Trane kits.</u>

#1

- ① Beginning of month staff will approach Brian with a list of Deeps on the calendar in which it will fit into the schedule to contact a friend or family member
 - ② Staff will schedule a time to make the call.
 - ③ When the day arrives he will help get the call set up and call the friend.
-

#2

- ① When volunteer opportunities are available staff will tell Brian and explain what the volunteer opportunity is.
- ② Brian will decide whether or not he would like to try it. And let staff know.
- ③ Brian will attend at least one of these volunteer options per month.

Staff: Leann Silverness
 Date: 4/4/2022



Paul Dwyer
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Pick and participate in one community activity monthly for 10 months
 Summarize Steps:

Outcome #2: Will choose a break time activity from 2 options provided by staff
 Summarize Steps:

Communication Style:
Non-verbal / smile or laugh when you are understanding
Learning Style:
can point and gesture / Ask clear yes or no questions

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</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>may take too large of bites pieces him @ choking risk</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1250cal bite sized diet spastic quadriplegia may need additional</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>recurring eye infections, vasovagal (fainting passing @ Bm) (call 911)</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>Time or self management skills</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs assistance w/ personal cares / transfer belt 2 person assist</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unable to stand or transfer on his own</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not recognize strangers / Doesn't non-verbal limits can not ask for help</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses needs assistance to clean glasses</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be w/ him in community</u>

Important to:
spending time w/ family, fun activities, PAI, friends

Important for:
having access to new activities, staying active and maintain good health

Likes:
Christmas movie, coffee, dancing, family, pasta, library, cards, outings

Dislikes:
being rushed, picked on by others, others in his personal space, loud noises

Staff: Leann Silverness

Date: 4/5/2022



Alvaro Campos-Butierre
Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Will practice accurately reciting words in English/Spanish using flash cards
Summarize Steps:

Outcome #2: Will pick and participate in one community activity once a month
Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal (Speaks English + Spanish) Ipad

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

Allergies:
 No Yes
List & Describe Supports:
N/A

Seizures:
 No Yes
Describe Supports:
Epilepsy/seizure disorder - Staff assistance if has a seizure

Choking:
 No Yes
Describe Supports:
may not recognize to cut up food

Specialized Diet:
 No Yes
Describe Supports:
N/A

Chronic Medical Conditions:
 No Yes
List & Describe Supports: DNR/DNI: No Yes
Developmental Disability, Epilepsy/Seizure disorder

Medication at PAI:
 No Yes
Describe Supports:
Does not have the time management skills

Personal Cares:
 No Yes
Describe Supports:

Mobility/Fall Risk:
 No Yes
Describe Supports:
may be unsteady at times, has cataracts that may trip ^{cause}

Community Support:
 No Yes
Describe Supports:
Can not independently follow street or safety rules

Sensory Support:
 No Yes
List & Describe Supports:
Has bilateral cataracts can not see well w/out glasses

Behavior Support:
 No Yes
List & Describe Supports:
N/A

Unsupervised Time:
 No Yes
Describe Supports:
PAI staff will be with him in community

Important to:
Living with his family, going to work, having people to chat with ^{and laugh}

Important for:
supports to stay healthy and happy
opportunities to work, engage in community, staff support w/ communication

Likes:
music (esp Spanish music) dancing, Mexican food and working

Dislikes:
anxious and frustrated at a new job.

- #1
- ① During downtime in his hammock, Staff will ask him to get out his flashcards
 - ② Staff will choose a flashcard to show Alvaro, depicting a common word that would be helpful for him to know in English and Spanish to communicate w/ others.
 - ③ Staff will ask him to say the words in Spanish. If he doesn't know the word in Spanish or can't figure it out from the picture Staff will tell him the Spanish word.
 - ④ Staff will ask him to say the word in English. If he does not know it Staff will tell him the English translation.
 - ⑤ Staff will quiz him on 3 words a day he needs to get correct English count down to achieve return.
-

- #2
- ① Staff will approach him beginning of month and explain different outing choices available.
 - ② He will choose an outing to participate in.
 - ③ If he chooses the same outing at month before Staff will ask him to choose something new.

Staff: Leann Silvernew
 Date: 4/5/2022



Deborah Hawthorn
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will work on iPad/technology skills once a week
 Summarize Steps:

Outcome #2: Will pick and participate
 Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal-learning iPad

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>mold</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Petit mal seizures - had a seizure staff needs to call 911</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>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: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Sunlight sensitivity, legally blind, cerebral palsy</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have self management skills</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>APO's needs walker for balance legally blind impairment makes it hard to see obstacles</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not know cell her ID information vision impairment interferes w/ability to follow pedestrian safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses legally blind needs assistance becoming familiar w/ new tools</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>Being independent, making decisions for herself, family, music</u>
Important for:	<u>Having physical supports she needs and maintaining her health</u>
Likes:	<u>using tablet, working, arts and crafts, knitting, family, exploring community</u>
Dislikes:	<u>individuals who are loud, gossip, sitting too long, being told where to sit on bus</u>

#1 ① Once a week in hominum Deb will borrow one of PAI's Ipad.

② Staff will stay with Deb during use of the Ipad.

③ She will work w/ Staff to determine skills and tasks she already knows to do what she needs to be learned.

④ Staff will suggest different tasks and watch her test her proficiency and offer advice. This includes:

a. opening a web browser c. choosing the weather
b. making search on google. d. finding company

⑤ She is actively participating and ^{web page} willing to try new things.

#2 ① Beginning of month staff will show her and let her know of upcoming community activities.

② She will have chances to ask questions

③ She will pick at least one routine to participate in for the month.

④ When day comes she will participate.

Staff: Leann Silverness
 Date: 4/5/2022



José Hernandez
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will complete a worksheet to help her settle in in morning at PAI
 Summarize Steps:

Outcome #2: Will participate in making transactions when in community
 Summarize Steps:

#3 Will volunteer once a month

Communication Style:
Verbal

Learning Style:
Verbal - Visual learner - Ipad

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can chew and swallow safely</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <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>she can not set up her own medications independently</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
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>unable to use phone to call for help / may need reminders for protection safety</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Crowds, loud noises and alarms may cause anxiety</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>(Has a PKN)</u> <u>mental + emotional - can be anxious / has anxiety</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her out in community</u>	
Important to:	<u>Family, staying engaged in activities, social events and scheduled trips</u>	
Important for:	<u>mental health support</u>	
Likes:	<u>crafts, looking for recipes and walking on trails, going to library, using train, friendship club, art, binge, family</u>	
Dislikes:	<u>unclear expectations, loud noises, crowds feeling like others are upset at her</u>	

#1 ① Upon arrival she will go to her room.

② She will get a worksheet and start working on independently.

③ If she is doing other things staff will ask her to get a worksheet.

④ If she refuses staff will remind her how it helps her anxiety and to build habit of doing but staff will not pressure her.

#2 ① Will be offered choice of activities Josu will choose one a month to participate in.

② She will carry her own money.

③ Staff will remind her to get money out and make the purchase.

④ She will hand money to cashier to make purchase, and take receipt and change from cashier. Staff will stay by for support.

#3 ① When volunteer opportunities arise staff will ask her if she would like to participate.

② If she does not want to participate she can say no and will not count against her.

③ She will achieve goal if she at least participates once a month.

Staff: Leann Silverness

Date: 4/6/2022



Jodi King

Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Will name at least 2 out of 3 peers each morning

Summarize Steps:

Outcome #2: Will participate in one volunteer opportunity per month

Summarize Steps:

Communication Style:

Verbal - ASL (can use)

Learning Style:

Verbal direction - ASL

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>rhinitis (hay fever) latex, cats, chocolate, strawberries, oranges</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>partial and grand mal seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>on bite sized diet needs staff to help cut food up</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>fluid restriction diet, bite sized diet low fat 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>osteopenia, left side hemiparesis, diabetes insipidus liver hemorrhage, high/low body temperature seizures</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no self management skills to take med independently</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will let staff know when she needs to use bathroom needs 2 ppl to assist w/ transfers using gait belt needs help w/ pinning wash hands</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs help propelling wheelchair - long distances DX: w/ osteopenia risk of breaking bones if she falls</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs help propelling wheelchair, may have seizures - may not follow pedestrian + stranger safety rules</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>cannot see things (L) eye still - not recognize if someone's ^{standing} behind her</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>opportunities being happy, pleasing others, staying busy, church being social w/ others</u>
Important for:	<u>having opportunities to work and make money having social activities planned, maintain good health following diet</u>
Likes:	<u>cards, board games, drums, music, animals, playing letters, sister, family church sewing, volunteer work, listening to the radio, tv, staying active</u>
Dislikes:	<u>being sick, people arguing/bickering, bad attitudes,</u>

- #1
- ① will arrive at PAI and get settled in.
 - ② staff will point to an individual and ask Jodi "Do you remember their name?" Staff will praise her if she gets correct.
 - ③ Staff will repeat this with 3 individuals and be different individuals each day.
-

- #2
- ① Staff will tell her about different opportunities as they are available
 - ② She will pick and participate in volunteer opportunities that interest her.
 - ③ when they are scheduled she will attend and participate.

Staff: Leann Silverness
 Date: 4/7/2022



Adam Long
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: will participate (3) ASL signs daily in the morning
 Summarize Steps:

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

Communication Style:
Verbal (soft spoken)

Learning Style:
verbal direction - Learning ASL (enjoys) identifies - writes

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>Dust</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>may over eat</u> <u>Independently chews and swallows</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>over eating and making unhealthy choices</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <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>Does not have time management skills</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>may not consistently follow pedestrian or safety rules. Soft spoken may be hard to understand</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears eye glasses</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>going out to eat, good food, spending time w/dad, fun activities</u> ^{winning}
Important for:	<u>staying healthy and active having varied opportunities to be in</u> ^{community}
Likes:	<u>dance class pay check, music watching tv w/dad looking nice, wearing cowboy hat + pen, dad, out to eat, state fair</u>
Dislikes:	<u>broccoli</u> <u>when peers are bossy, working on artist 1, not getting where</u> ^{where} <u>children sit</u>

Not currently @ PAI since Covid

Staff: Leann Silverness
 Date: 4/11/2022



Crystal Ronning
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will exercise for at least 10 minutes daily
 Summarize Steps:

Outcome #2: During work/class hours will have phone away in purse
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
verbal direction, reads, writes, cell phone

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Appropriate bites, chews + swallows independently</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Portion sizes</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Polycystic ovarian syndrome, insomnia, bunions</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>dentures</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have time or self management to administer</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>Does not exercise reasonable caution w/ strangers</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>verbal - may yell or swear when upset / managing mental stress sib, verbal, emotional mental - (sib) scratched legs till bleed</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>Her cat, working, her fiancé, Jeannie, more independent w/ meds</u>
Important for:	<u>using her coping and DBT skills following a healthy diet, taking care of medical health, Jim</u>
Likes:	<u>watching movies, family, friends, spaghetti, mac + cheese pizza, Jim, shopping, working, phone, facebook, games, youtube, Tik Tok, manicures, hardware</u>
Dislikes:	<u>fighting and arguing when people don't answer phone calls, broccoli, peas, disagreements w/ (nurse)</u>

#1 ① Offer her different fitness classes as well opportunity to exercise on her own.

② If she is taking a fitness class any day that will count as achieving the outcome.

③ If she is not doing she will use her break to stretch or walk for at least 10 min.

#2 ① During class and work time she will keep her phone in her purse at all times.

② she may listen to music w/ her headphones but her phone will be in her purse.

③ she can use her phone during break and lunch.

Staff: Leann Silverness
 Date: 4/11/2022



James Shaw
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: <u>beginning of month will talk with another staff about something he would like to learn about month in class</u>
Summarize Steps:
Outcome #2: <u>Will attend 4 scheduled days per week at PAI</u>
Summarize Steps:
#3 <u>Pick and participate in community activity per month</u>
Communication Style: <u>verbal</u>
Learning Style: <u>verbal 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>ketflex, Lisinopril</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Eats and chews independently</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>depression, TBI, hypertension, chronic respiration failure, anxiety, paranoid schizophrenia, COPD, alcohol dependency</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>Needs some assistance managing medications</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>If oxygen levels are low may get dizzy (fall risk)</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can not walk long distances due to COPD</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>If lighting in room bothers him may need to go ^{to darker} area</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>paranoia causes him to worry, hallucinations, verbal/emotional/mental - anger (anxiety may be cause)</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>Jims family, health, being more independent, working + France</u>
Important for:	<u>staying healthy safe and consistent living situations</u>
Likes:	<u>being social, working on his own, spending time w/ France, working, being involved choosing his services and how he receives them, independent</u>
Dislikes:	<u>bright lights, people standing or sitting behind him, health concerns</u>

#1 ① During first week of a new month he can either independently approach staff he will ask to complete outcome.

② He will have a conversation w/ staff about a lesson or topic that he would like to learn about that month.

③ Staff will find a way to implement his lesson/topic that month and let him know when its scheduled for.

#2 ① Staff will meet w/ Jim @ beginning of month and show him outings planned for the month.

② Staff will answer questions that he may have - how much walking it may have

③ He will pick at least one outing per month and participate in.

Staff: Leann Silvernes
 Date: 4/12/2022



Suzzy Stetter
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will make peers a card (holiday/birthday) once a week.
 Summarize Steps:

Outcome #2: Will attend at least one community event per month.
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal Direction, reads, writes, I-pools

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</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Able to chew and swallow safely</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No caffeine</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <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>Does not have time self management</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
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>Street or stranger Easily distracted and does not demonstrate safety</u>	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sometimes inappropriate interactions w/ others Verbally - may make rude comments under breathe</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>	
Important to:	<u>hanging out in room, exercising, her mom and working having staff around that are friendly, shopping, out to eat</u>	
Important for:	<u>working, healthy diet exercising, incorporate in community female staff look out for safety of her supports to stay healthy</u>	
Likes:	<u>quesadillas, pasta dishes, 80's + 90's music, vacations going to dances, PAI work floor, hanging in her room, egg rolls</u>	
Dislikes:	<u>peers talking about her behind her back covid protocols + quarantine, sushi, working in kitchen,</u>	

#1 ① Suzy will independently make a card for a peer once a week.

② will show designated lead when complete who will check that the material is appropriate in nature.

③ She will give the card to intended recipient.

④ If she has not completed by Thursday each week the lead will provide a verbal reminder.

#2 ① will meet with lead and discuss outings for that month.

② will pick the outing (guardian has approved) If a store or restaurant will have to ask guardian for approval.

③ If not approved outing by guardian lead and Suzy will look at other outings available.

Staff: Leann Silverness

Date: 4/12/2022



Bob Stewart

Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Will choose an activity during daily break
Summarize Steps:

Outcome #2: Will pick and participate in (1) community activity from provided list each month
Summarize Steps:

Outcome #3: Will work with employment specialist bi-weekly on job related expiriation

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>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may eat too fast - does not cut or chew food properly</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>low sodium, phosphorus and renal 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>cerebral palsy</u> <u>chronic kidney disease, renal failure,</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have time management or fine motor skills</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>restroom grooming cares</u> <u>needs assistance transfers used hoist</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind can't propel wheel chair around obstacles</u> <u>risk falling from wheel chair if seat belt is not fastened</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs assistance preparing wheel chair / legally blind</u> <u>may not react in emergency situations doesn't recognize street</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Has hearing loss in both ears and wears a loud</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>prone to get into arguments / power struggles</u> <u>physical/verbal/emotional - (upset) runs wheel chair into others</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>staying busy and active</u> <u>his dog Bentley, working and making a paycheck,</u>
Important for:	<u>staying active in his community</u> <u>physical supports during the day, following prescribed diet, attending dialysis</u>
Likes:	<u>work on wood projects, go fishing, work on cards, his dog Bentley</u>
Dislikes:	<u>bossy people, lazy staff, being bored, being rushed, mac 'n' cheese</u>

#1 ① Bob has a 15 minute break a day staff will make announcement to group to stop working and take a break.

② Staff will ask Bob what he would like to do during break. And help him get items needed. Offer options.

#2 ① Staff will approach him beginning of month with a list of planned outings. Staff will present w/ pictures.

② Staff will read the list and provide pictures

③ IF he has a hard time picking staff will choose (2) preferred activities by Robert and give him choice between two.

④ when the day comes for the activities Bob will attend.

Staff: Leann Silverness
 Date: 4/12/2022



Kelly Swenberger
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will participate in classwork for minimum of 30 minutes @.
 Summarize Steps: least once a day everyday for 6 months

Outcome #2: Will pick and participate in (1) community activity
 Summarize Steps: from a provided list each month

Communication Style:
Verbal

Learning Style:
verbal direction - Ipad

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</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>can not have thin liquids risk of aspiration</u> <u>needs food cut up in bite sized pieces - cannot cut up</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1800 cal diet, thickened liquids, (molar consistency)</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>Dysphagia, GERD, hypothyroidism, constipation</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can not read</u> <u>Does not have time self management skills.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can not go alone in restroom due to s/b situation</u> <u>Restroom - staff will assist and help clean if needed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>gait is unsteady and rigid poor balance needs hand to walk</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>would not be able to give information if an emergency</u> <u>high anxiety does not follow pedestrian or safety skills</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>may grab/pinch staffs arm, may stare</u> <u>s/b physical/verbal - may pick at eyebrows, eye, nose, pubic hair</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>getting sleep and lunch</u> <u>consistency in routine, my family, listening to music on Ipad</u>
Important for:	<u>constant supports from providers</u> <u>staying active, continued opportunities in the community</u>
Likes:	<u>puzzles, Ipad, music, napping, eating lunch</u> <u>going out for coffee, getting hair and nails done, animal watching</u>
Dislikes:	<u>waiting for lunch</u> <u>loud noises, transitions, changes in staff, staff waking her when asleep</u>

#1 ① Kelly has a set, predictable schedule filled w/ classes and work time.

② will remind her of schedule and ask her to participate.

③ She will participate in working on class activity for 30 minutes. Staff will provide encouragement & prompts she may need.

④ If she falls asleep, becomes anxious, and unhappy - needs a sensory activity will not achieve the outcome. But has 3 blocks for day to achieve Z.

#2 ① Staff will approach her at beginning of month with planned outings. Staff will have pictures, etc.

② Staff will read the list and show pictures to Kelly and ask her where she'd like to go.

③ If she is having trouble picking from choices staff will pick (Z) preferred activities and give her the choice between them.

④ when day of outing comes Kelly will attend.

Staff: Leann Silverness

Date: 4/12/2022



Service Recipient: June Tint

Service Span: _____

Outcomes:

Outcome #1: will greet a different staff member each morning using sign language
Summarize Steps:

Outcome #2: will work 1:1 w/ staff once a day with iPad skills
Summarize Steps:

Communication Style:
non-verbal - ASL

Learning Style:
verbal direction - ASL

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

Allergies: No Yes
List & Describe Supports: N/A

Seizures: No Yes
Describe Supports: had not had in years
Seizure disorder - has had evenings or mornings

Choking: No Yes
Describe Supports: can chew and swallow on her own

Specialized Diet: No Yes
Describe Supports: N/A

Chronic Medical Conditions: No Yes
List & Describe Supports: Hepatitis B carrier
DNR/DNI: No Yes

Medication at PAI: No Yes
Describe Supports: Does not have time - self management skills

Personal Cares: No Yes
Describe Supports:

Mobility/Fall Risk: No Yes
Describe Supports: cannot distinguish differences in surface heights ^{such} as curbs

Community Support: No Yes
Describe Supports: if an emergency non verbal would not know how to give information

Sensory Support: No Yes
List & Describe Supports: N/A

Behavior Support: No Yes
List & Describe Supports: N/A

Unsupervised Time: No Yes
Describe Supports: PAI staff will be with her in community

Important to: family, working on greeting cards, staying active

Important for: monitoring her health, opportunities to work on site, community involvement

Likes: spending time with friends, using iPad, family working on cards, walks, going out to eat

Dislikes: being sick or injured, loud and disruptive behaviors not following rules

#1 ① Will arrive to PAI and report to home room.

② Will give 5 min to approach staff or peers and greet that person w/ sign language.

③ If she does not greet someone in 5 min w/ sign language staff will greet her using sign language, and encourage her to greet back.

④ Has few peers she is comfortable talking to purpose of out-come is to communicate w/ others more.

#2 ① Once a day staff will offer her iPad to use.

② Staff will stay with her while using iPad.

③ Staff will suggest tasks try to watch Julie order advise this includes:

- a. opening web browser
- b. finding video on youtube
- c. making search on google
- d. checking weather
- e. opening game/app

④ She actively participate & willing to try new things

Staff: Leann Silverness
 Date: 4/13/2022



Service Recipient: Julie Trombley
 Service Span: _____

Outcomes:

Outcome #1: determined being discharged @ 45 day review.
 Summarize Steps:

Outcome #2: _____
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal direction, reads, writes, technology

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</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Chews and swallows independently</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>diabetes, bipolar, anxiety, arthritis</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Chronic kidney disease, hyperlipidemia</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has not well time self-management</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>may not know how to react in an emergency</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>eye glasses</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>gets manic when upset others tones of voice her</u> <u>may affect</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>check in regularly</u> <u>being independent, having people check in see how she is feeling</u>
Important for:	<u>continuing to live at home</u> <u>maintaining good health, maintaining independence, PAI</u>
Likes:	<u>adult coloring books, going in the community</u> <u>watching TV (Kylie-n-Ryan, Phoebe is right) playing cards, out to eat</u>
Dislikes:	<u>conflict, feeling like she cannot fully explain how she is feeling</u>

Staff: Loann Silvernes

Date: 4/13/2022



Raynisha Watson
Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: once a day during downtime will verbally restate PAI's address accurately
Summarize Steps:

Outcome #2: will initiate a conversation once a month with her service coordinator and identify experience in community that she would like to have that month
Summarize Steps:

Communication Style:
Verbal

Learning Style:
verbal direction - iPad - phone

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>they order for bite sized pieces and needs assistance to cut up food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>avoids eating pork, lactose intolerant</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>Quadriplegia, Cerebral Palsy</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have fine motor skills to prep or administer</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, sipper for transfers needs assistance w/ clothes (toileting)</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need assistance steering wheelchair can not support herself standing due to quadriplegia</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need help steering wheelchair may need reminders for pedestrian + stranger safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>glasses - does not have fine motor skills to clean them</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>becoming more independent her family (esp. her aunt) working, working towards goals</u>
Important for:	<u>new experience in the community having everyday physical supports she needs, exploring jobs</u>
Likes:	<u>working, making money, friends, church, painting, music, painting, getting her nails done, shopping, hanging out w/ aunt, lawling</u>
Dislikes:	<u>going to hospital, staff not supporting her adequately loud noises + atmosphere, being bored sitting around, police</u>

#1 ① During downtime she will recite PAI'S address

② IF she does not know part of address staff will slowly recite to her and ask her to repeat it.

#2 ① When new opportunities arrive staff will let her know.

② mid-month she will initiate a conversation w/ her service designate about somewhere or something she would like to go in the community

③ IF she does not do mid-month on a monday service designate will remind her that she needs to initiate the conversation - by saying what she'd like to talk about this week or what she wants to do. let her know when she is ready to talk.

Staff: Loann Silverness

Date: 4/11/2022



Michelle Barrows

Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: matching activities, work finds
Summarize Steps:

Outcome #2: More Independent with her finances
Summarize Steps:

Communication Style: verbal- talks quietly, I pad
Learning Style: wears glasses
legally blind talks very quiet

Is this person able to self-manage _____

Allergies: No Yes
List & Describe Supports: Allergies to raspberries - staff are trained on allergies

Seizures: No Yes
Describe Supports: NIA

Choking: No Yes
Describe Supports: Does know how to help up food

Specialized Diet: No Yes
Describe Supports: Lactose Intolerance

Chronic Medical Conditions: No Yes
List & Describe Supports: use self for short distances may impact her mobility

Medication at PAI: No Yes
Describe Supports: needs assistance with medication administration w/ trained staff

Personal Cares: No Yes
Describe Supports:

Mobility/Fall Risk: No Yes
Describe Supports: needs help to navigate wheel chair for long distances, assistance w/ transfers using gait belt, grab bar & person assist

Community Support: No Yes
Describe Supports: needs help propelling wheel chair for long distances, legally blind, not able to give an information in community

Sensory Support: No Yes
List & Describe Supports: wears glasses due to legally blind history breaking glasses and not wear them

Behavior Support: No Yes
List & Describe Supports: NIA

Unsupervised Time: No Yes
Describe Supports: will always have PAI staff w/ her in community

Important to: her family, favorite foods, staying busy, fun activities

Important for: consistency and reliable supports at home and community

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

Dislikes: living away from her family, going to appointments, people fight or people in her space or in her way propelling her wheel chair

WORK FROM

DEMY

on back

#1
① Staff will ask michelle if she is ready to play a matching game.

② staff will explain game or activity and help michelle get set up

③ michelle will complete the matching activity / game work on it for 5 minutes

④ Staff will coach michelle through correct answers if she is having trouble and be close by support.

⑤ Staff will make games / activities progressively harder or match michelle success wise

#2
① will carry her own cash on her when attending an outing

② when she makes a purchase michelle will retrieve from her bag / wallet hand cash to cashier.

③ Staff will then help michelle ensure she was given correct change and receipt in her wallet / bag

Staff: Leann Silverness

Date: 4/4/2022



Fred Dean
Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: work on iPad skills once a week
Summarize Steps: _____

Outcome #2: _____
Summarize Steps: _____

Communication Style: may be difficult to understand
Verbal - does not know how to read or write

Learning Style:
Verbal - wears glasses (chooses not to wear hearing aides)

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>Ranitidine, Seasonal allergies</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can chew and swallow safely</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>med asthma</u> <u>Cord, knee replacements, arthritis, hypertension</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>takes medication independently at home</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
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>trouble w/ distinguishing personal information</u> <u>Has a car can drive, gambling problem</u>	
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses, chooses not to wear hearing aides</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>understanding interpersonal relationships</u> <u>mental + emotional - Isolation, difficulty sustaining relationships</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be w/ in community</u>	
Important to:	<u>working, spending time at home.</u>	
Important for:	<u>spending time with close friends, fishing, camping, going on trips</u> <u>active in the community, continue to work on relationships</u> <u>Self determination, assistance setting up appointments + meds</u>	
Likes:	<u>staying healthy</u> <u>knowing his schedule, control his anxiety, independence living alone</u>	
Dislikes:	<u>people not returning calls or answering phone</u> <u>feeling annoyed, not knowing schedule</u>	

Lead Review Completed: _____

- ① Once a week Fred will borrow one of PAI'S Ipad
 - ② Staff will stay w/ Fred duration of him using Ipad.
 - ③ Fred will work w/ staff to help determine skills and tasks he already knows how to do and what he needs to learn
 - ④ Staff will suggest different tasks to try to test proficiency and offer advice.
 - a) opening a web browser
 - b) making a search on google
 - c) checking weather
 - d) finding company's web page
 - ⑤ Fred is actively willing to try new things
-

Staff: Leann Silverness

Date: 4/4/2022



Shaw'ne Durham
Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Stretch her arm and legs for 5 minutes daily with one verbal prompt
Summarize Steps:

Outcome #2: Greet peers once a week in homeroom w/ one verbal prompt
Summarize Steps:

#3 meet w/ employment specialist bi-weekly work towards getting a job

Communication Style:
Smart phone, Ipad

Learning Style:
Ipad, verbal, cues

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

Allergies:
 No Yes
List & Describe Supports:
N/A

Seizures:
 No Yes
Describe Supports: Follow protocol if experiences a seizure
Has not experienced a seizure since 2012

Choking:
 No Yes
Describe Supports: Diagnosed w/ Cerebral Palsy can have affect on ^{eating} + ^{drinking}

Specialized Diet:
 No Yes
Describe Supports: Needs help cutting and preparing food - ^{can feed herself}

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

Medication at PAI:
 No Yes
Describe Supports: Struggles to do things in timely matter.

Personal Cares:
 No Yes
Describe Supports: Needs help w/ personal cares (restroom cares)

Mobility/Fall Risk:
 No Yes
Describe Supports: Needs help with transfers at risk during transfers

Community Support:
 No Yes
Describe Supports: Struggle to navigate safety
may need help propelling wheel chair @ long distances

Sensory Support:
 No Yes
List & Describe Supports:
N/A

Behavior Support:
 No Yes
List & Describe Supports:
N/A

Unsupervised Time:
 No Yes
Describe Supports: PAI staff will be w/ her in community

Important to:
Art projects, piecing games, hanging out w/ family and friends

Important for:
access to work, activities, supports

Likes: organizing, shopping
socializing, art, R+B music, chicken, burgers, pasta being a greeter

Dislikes: Beets, Brussel Sprouts, pungent food, doing dirty jobs, staying home, ^{hugs} people

2

creating and continuing relationships
at PHE

3

① staff will keep her up to date w/ her
meeting schedule

② on day of scheduled meeting will
attend to meet her employment specialist

1

① upon arrival staff will approach her
and ask her if she is ready to begin
stretching

② staff are aware stretches can be very
basic just to expand ROM in arms + legs

③ she will stretch her arms and legs as she
has practiced independently or assisted by staff
as needed with finding appropriate stretches
that will benefit her.

④ will stretch each morning for a minimum
of 5 minutes w/ assistance from staff as needed

Staff: Leann Silverness
 Date: 4/4/2022



Elissa Fisher
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will accurately identify 2-3 Spanish flash cards
 Summarize Steps:

Outcome #2: Will create and participate in at least one new activity monthly
 Summarize Steps:

Outcome #3: work + develop skills and activities meet bi-weekly w/ employment specialist staff

Communication Style:
Verbal

Learning Style:
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>Seasonal (all year long) sensitive to dairy</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>Can tend on eating food too fast.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1200-1300 cal diet sensitive to dairy 1 pop per day</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>seasonal - red/runny/congested nose</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have time management skills</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not always have the balance out of history of falling slippery surfaces/overweight breathe</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>attention from strangers can become distracted - boundaries may need strangers</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>upset may kick and slap others verbal - swears said racial remarks yell/mocked others</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>going to her friends, staff at PAI, mom + dad dogs, shopping</u> <u>step going out to eat working</u>
Important for:	<u>staying active in community following healthy diet</u>
Likes:	<u>rock-n-roll, Elvis, Prince, Selena, michael Jackson, shopping, out to eat</u> <u>sleeping and bathing</u>
Dislikes:	<u>being cold, peers boss her around or give directions, spicy or greasy food, new people @ work or people yell or scream.</u>

#1

- ① During morning homeroom she will get her spanish flashcards
 - ② staff will randomly select a card and show her the english side
 - ③ she will try to recall the spanish word if she doesn't know staff will tell and show her and practice to pronounce it.
 - ④ staff will repeat this w/ 2 more flashcards if she gets 2/3 right she will achieve output for day
-

#2

- ① staff will approach her at beginning of month and explain different outings available for that month
- ② she will choose at least (1) outing to participate in - If she chooses the same outing as much before staff will ask her to try somewhere new

Staff: Lecann Silverness
 Date: 4/5/2022



Jericho Frost
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: will practice more advanced money skills and knowledge daily
 Summarize Steps:

Outcome #2: will approach staff on weekly basis converse about his week and if he experienced any anxieties
 Summarize Steps:

Communication Style:
verbal

Learning Style: - iPad, cell phone, writes + reads

#3 will sign out at front desk each day leaving for job or community

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>N/A tree pollen and mold</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Isolated - unknown</u>	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Eats independently not at high risk</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>low sugar diet</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <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>Does not have self-management skills to take independently</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
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>needs verbal reminders w/ traffic</u>	<u>may not recognize stranger danger</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>will pick and scratch at scabs or scratches on body</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>	
Important to:	<u>receiving affirmation if he is doing a good job, activities, staying safe</u>	
Important for:	<u>staying safe and incorporate into community, volunteer and work</u>	
Likes:	<u>shopping, watching Disney movies going on vacation</u>	
Dislikes:	<u>Loud noises, rude people arguing or fighting</u>	

#1

- ① Staff will approach him daily and ask if he would like to complete a worksheet or money skill lessons to continue building his money skills
 - ② If he is to comply, staff will supply the necessary materials to him and assist him as needed
-

#2

- ① He will approach staff once a week to converse about how his week has been.
- ② If he does not approach staff - staff will approach him and ask how his week has been
- ③ He will show anything he would like about his week and perhaps show anything that staff could further support him

Staff: Leann Silverness
 Date: 4/5/2022



Michael Baraghty
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will choose activity to do during break daily
 Summarize Steps:

Outcome #2: Once a month will choose what outing to attend
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal - reads - writes - phone - iPad

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can chew and swallow safely</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</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>History of substance abuse</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Depends on staff supports to administer</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>W/ a walker is aware if he is unsteady ^{with let} staff know</u>
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent in community but will always stay by staff</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>wears eye glasses can independently care for them</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>mental + emotional health anxiety or anger</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>W/ golfing w/ brother, DVD's, action movies, talking about movies</u>
Important for:	<u>maintaining sobriety, maintaining his independence</u>
Likes:	<u>sobriety, keeping boundaries,</u>
Dislikes:	<u>An inconsistent schedule</u>

#1 ① He is scheduled a 15 min break every day consistently at the same time. When it's break ~~turn~~ turn staff will make an announcement to the group to stop working and take a break.

② Staff will ask him what he would like to do during break and help him get the items needed to enjoy his break time. If he says he does not want to do anything, staff will encourage him to do something with his break time and offer him options to choose from.

#2 ① Staff will approach him @ the beginning of each month w/ the outing calendar

② Staff will encourage him to choose which community outing or activity he would like to attend

③ If he were to state he does not want to attend outing due to issue of money staff will encourage him to choose an outing free.

④ On the chosen day of the outing he will attend

Staff: Leann Silvernes
 Date: 4/5/2022



Brittany Gewenhof
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: will choose and practice social skills each morning
 Summarize Steps:

Outcome #2: will choose and attend community outing/activity monthly
 Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal reminders-cues -Ipad

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>chews and swallows food independently</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</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>NIA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Doesn't have self-management skills to take independently</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>around to be</u> <u>needs verbal reminders to stay on task caution and straps</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI Staff will be with her in community</u>
Important to:	<u>going out to eat, swimming, facetime family</u>
Important for:	<u>being aware of dangerous strangers + physical surroundings, staying safe and healthy, outings, cautious walking through parking</u>
Likes:	<u>country music, going out to eat, going to mall, facetime family + friends</u>
Dislikes:	<u>told what to do, unfriendly people, people who yell and scream, vegetables, extreme temperatures, barking dogs, holding multiple items w/ hands</u>

#1

- ① Each morning during downtime she will work on social skills activity w/ staff - this may include worksheets to choose from, and reviewing worksheets
 - ② She will actively participate
-

#2

- ① At beginning of month staff will approach her w/ a list of month's planned community outings
 - ② staff will explain the options for an outing, ask her to choose at least ① to participate in.
 - ③ on day of outing Britney will attend
-

Staff: Leann Silverness
 Date: 4/5/2022



Daniel Beisenhof
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will maintain appropriate physical boundaries w/ peers.
 Summarize Steps:

Outcome #2: Will model good role model qualities and maintain positive attitude.
 Summarize Steps:

Communication Style: verbal on back

Learning Style: verbal - iPad - understands 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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>chews and swallows independently not at a time</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</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 - Dr. orders for inhaler</u>
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>may need help reading bottle or opening container</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not know to ask for help, may not recognize danger, may not know how to respond in an emergency situation</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>girlfriend, attending events and trying new things</u>
Important for:	<u>staying active, basketball, swimming, spending time in community</u>
Likes:	<u>trusted person to talk to, time to process information, opportunity to work and take classes, given time and space</u>
Dislikes:	<u>few time friends, pirates of the Caribbean movie, TV, attending church, make money to spend money, video games</u>
Dislikes:	<u>others imitating him, getting a reaction out of him, most vegetables especially tomatoes, being argued with</u>

#1
① staff will model, teach, and encourage appropriate physical boundaries with others
Peers should avoid touching other peers
waist area, face, body, partaking in 1mg hugs, tickling each other other touch activities that staff deem cross the line.

② If staff see that Dan is touching a peer staff will intervene and politely ask him and peer to keep their hands to themselves
In private staff will remind Dan of boundaries in work setting and how it could impact success at a community job.

#2

① Staff will explain what the class is going to be doing and rationale behind the activities

② If he chimes in with negative feedback in front of peers staff will ask him to give activity a try first before judging. Staff will provide feedback how to be a role model
should ask remind him how his options should be

Staff: Loann Silverness

Date: 4/5/2022



Molly Harnett

Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Will accurately identify important times in her schedule with one prompt
Summarize Steps:

Outcome #2: Will personally hand her money to cashier when purchasing items. at least once a month
Summarize Steps:

Communication Style:

Verbal

Learning Style:

Verbal - needs time to communicate thoughts, iPad

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>NIA</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She may eat too fast placing risk of choking</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</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>Does not have time management skills</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>check in using restroom does need help when in menus</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>after surgery still building muscle still can't walk cannot walk safely on uneven or slippery terrain</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>relay ID information may not recognize stranger's danger, not be able to ask for help</u>	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB + physical - history of hitting self/others pulling hair</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>	
Important to:	<u>her family and living with them, activities to do, staying busy</u>	
Important for:	<u>new opportunities to work, new and varied activities in community</u>	
Likes:	<u>going shopping classes at PAI, cooking with mom, cleaning, music, board games, TV</u>	
Dislikes:	<u>some vegetables, people that are loud, hard questions, feeling stressed</u>	

#1 ① Daily during break staff will ask her if she is ready to practice telling time she will get flash cards out.

② Staff will show flashcard w/ time on it she will read the time. If she reads correctly staff will ask her at that time what is she doing.

③ If she can't read the time staff would prompt her remind her what she normally would be doing at this time.

④ If she still can't read time staff will offer additional prompts to identify + say time.

⑤ Staff will go through flashcards in chronological order

#2 ① Molly will carry her own money in the community on outings

② Will get her money out ready to make purchases

③ Molly will hand money to cashier to purchase items

Staff: Leann Silvernuss

Date: 4/5/2022



Craig Hartman
Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Will read numbers aloud get at least 23 correct daily

Summarize Steps:

Outcome #2: Will work on reading skills every morning for at least 10 minutes

Summarize Steps:

Communication Style:

Verbal -

Learning Style:

Verbal - Direction - written, draws - Does not have reading skills

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>Aspirin, Zorontin, Depacote, perfumes and dyes in soaps</u> ^{Detergents}
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History - takes medication but if has seizure ^{longer} 3min call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independently chews and swallows</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: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Pre diabetes, bowel blockages</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have time management or reading skills</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can walk independently</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unable to carry ID information, stranger danger reminders to stay on task caution around traffic + Strangers</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Does not recognize when getting stressed should not ^{leave area} to ^{overrule}</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - uncommon but may scratch, hit or bite self</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>help Eagles, spend time w/ Lisa, staying busy receive affirmations when he does a good job, opportunities doing a good job</u>
Important for:	<u>opportunities to work healthy diet, support from care givers, stay safe + incorporate in ^{Activities} community</u>
Likes:	<u>watching news, shopping, lawnmower, happiness, visiting family country top 40 music, volunteering, helping others animals</u>
Dislikes:	<u>eating junk food, loud noises, cleaning up picky messes</u>

#1 ① Each day he will get out his number flashcards and number board.

② number board will have 1-20 head will read each number and point to each number

③ flashcards have 1-20 staff will pick

③ cards in random and show to Craig staff will ask him if he can read aloud

④ If he gets 2/3 right achieves his outcome

#2 ① Each morning staff will get his reading work or worksheet out to practice reading skills

② staff will work 1:1 w/ him on reading skills

③ If he participates for 10 minutes he achieved his outcome

Staff: Leann Silverness
 Date: 4/6/2022



Elizabeth Jantzen
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will practice home address daily by copying and writing daily and reading out loud!
 Summarize Steps:

Outcome #2: Will make transactions in the community
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal cues - practicing reading + writing

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>morphine - had difficulty coming out of anesthesia</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Generalized tonic seizures (protocol/medication)</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can eat fast and sometimes neglects to chew food</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lactose intolerant</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <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>would not remember to take medication / ^{does not} have memory</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may try to climb items that are fragile + not ^{support} weight</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no stranger/danger skills/cannot carry ID into ^{community} does not have a sense of direction and would get lost</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses may forget to clean glasses</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seatbelt - may remove seatbelt when vehicle moving</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>	
Important to:	<u>steering bus, opportunity to work</u>	
Important for:	<u>spending time with parents, nieces + nephews, good food to eat</u>	
Likes:	<u>consistent place to live and go during the day following diet living a healthy and active life, community,</u>	
Dislikes:	<u>animals, salads, joking with others, attention, drawing</u>	
	<u>being rushed, dentist, bored, disengaged</u>	

#1 ① Each morning staff will give her a copy of her address and paper + pen to practice writing it

② Staff will ask her if she copied it down
staff may need to ask again if she makes a mistake
staff will verbally and point the mistake

③ Staff will ask Elizabeth to say out loud
She may need additional prompts

#2 ① Elizabeth will carry her own money
② Staff will ask Elizabeth to get money out
③ She will hand money to cashier
with prompts
④ Elizabeth will take money + receipt
from cashier

Staff: Leann Silverners
 Date: 4/7/2022



Arnold Camine
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will pick and participate in one community activity per month
 Summarize Steps:

Outcome #2: Will attend mowing class independently
 Summarize Steps:

Communication Style:
Verbal - speech may be difficult to understand

Learning Style:
Verbal direction will occasionally use iPad

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 adhesive, bacitracin, latex, Neosporin, hydrocortisone</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>Has dentures can take large bites / eats fast</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>underweight - needs encouragement to eat</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <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>Does not the time or self management skills</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs assistance wiping after a bowel Has catheter needs assistance to empty movement</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not watch where he is going can be unsteady on slippery surfaces or uneven terrain</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Speech may be difficult to understand easily distracted may not be conscious of cars and traffic / punches w/ strength</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Has hearing loss in both ears</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Picks at nails, cuts and scrapes history of SIB, physical, verbal-physical aggression, verbal aggressive</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>shopping and going out for coffee taking days off, dreaming about vacations and trips</u>
Important for:	<u>maintaining good health, staying active, incorporate in Community</u>
Likes:	<u>shopping, coffee, going on vacations taking off of work, resting at home, health, active cards</u>
Dislikes:	<u>People being bossing, ice cream, rude people</u>

- #1
- ① staff will approach him 1st part of month will provide him a list of outings
 - ② staff will read list aloud and provide pictures of outings
 - ③ He will choose (1) activity that he will participate in
 - ④ Day of outing he will attend
-

- #2
- ① Arnold knows scheduled times of restroom breaks
 - ② will independently recognize time to use restroom may have to wait for staff to assist in care.
 - ③ staff will remind Arnold to use restroom that he hasn't used yet.

Staff: Leann Silverness
 Date: 4/10/2022



Rahoua Lee
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will check in with staff weekly about home
 Summarize Steps:

Outcome #2: Will attend ASL class weekly
 Summarize Steps:

Communication Style:
non-verbal - ASL

Learning Style:
communicates through Art writes on paper - ASL - IPAD

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>chews and swallows independently</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have time management skills</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lacks stranger danger skills</u> <u>can walk into street without looking; not know to ask for help</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>family, working, having a positive attitude staying busy</u>
Important for:	<u>strong connections with family opportunity to work in community</u>
Likes:	<u>pizza, sandwiches</u> <u>taking classes, working on cards art, hot dogs, rice chicken wings</u>
Dislikes:	<u>spicy peppers, being rushed and people that are negative</u>

#1

- ① Uses notebook to write things down to show with staff
 - ② Will share weekly what she has written in notebook
 - ③ If she hasn't shared at end of week staff will ask her how things were this week
-

#2

- ① Staff will help her find time in schedule for A&L class
- ② When scheduled she will be encouraged to attend class
- ③ If she attends + participates she achieved outcome

Staff: Leann Silverness

Date: 4/7/2022



Mac Meron

Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Will participate in making purchases in the community.
Summarize Steps:

Outcome #2: Will accurately add bills and coins.
Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal direction, reads-writes

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>Pets</u> <u>Alternaria, mold, grass, hair, some farm animals</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>may not always know when some food needs to be ^{cut} up</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>osteopenia, history of pica</u> <u>asthma, hydrocephalus, hypotonia, retinofeter Syndrome</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>Does not have time management to take medications</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent - may need help wiping after a BM</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may get herd on long walks, wears foot orthotics</u> <u>for support, may not recognize potential obstacles assistance ^{giving} providers</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not consistently follow all safe pedestrian</u> <u>safety rules - may not know who to ask for help</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses - may not recognize they need to be cleaned</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>working and making a paycheck, family and friends</u>
Important for:	<u>opportunity to work, staying involved in the community</u>
Likes:	<u>working, playing games, country music, friends, family, viking</u>
Dislikes:	<u>peers that are unkind, drama, being sick, being bored</u>

#1
① when on an outing staff will prompt him in checkout line to get his money ready

② will hand money to cashier & get change and receipt

③ staff will check to see if he got correct change

④ staff will provide additional prompts and supports if he needs help

#2
① Every morning staff will ask if he is ready to practice money skills and get money pieces out.

② staff will give him an amount he will then get correct coins and bills for that amount. staff may have to explain correction.

Staff: Leann Silverness

Date: 4/16/2022



Tiffany Kraemer
Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: Dorly will reuse her hand to inform staff ready for round of work w/ two verbal prompts
Summarize Steps:

Outcome #2: Will greet or say goodbye to community member while in community
Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal direction - iPad

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Eats independently not at risk</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Add milk</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <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>Does not understand importance of medication</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>may not be aware of stranger-danger</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>Go on outings with peers, spending time with family, dogs, children, work in community</u>
Important for:	<u>opportunities making choices based on her interests, opportunities to go on outings, opportunity to work, interactions w/ others</u>
Likes:	<u>new walking, friends, cleaning, movies, spaghetti and meatballs, trying new things, paint nails,</u>
Dislikes:	<u>working at Dynamic Air, negativity, peers talking too much</u>

#1

① She will raise her hand when ready for another round of work

② If she does not raise hand staff will ask if she needs more work to complete with (2) or fewer prompts

#2

① In the community staff will ask her to greet a community member by saying goodbye

② If community member at PAI staff will ask her to say goodbye to them

Staff: Loann Silvermiers
 Date: 4/7/2022



Rachel Moore
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will practice counting/matching budgeting money @ PAI.
 Summarize Steps:

Outcome #2: Will attend a volunteer or community activity once per month
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
verbal cues. iPad - Iphone

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure disorder (seizure-like episodes ^{during water aerobics} seem to occur)</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can chew and swallow independently</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Glenomy</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>Seizure disorder, hemangioma, cluster of blood vessels ^{in brain}</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can not self-administer</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>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty seeking assistance - thinks those who smile ^{are} friends</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses understands importance</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - will pick/pull @ hairs on head, eyebrows, lashes</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>mom, coffee, shopping, being with people that are important to her</u>
Important for:	<u>trusting and safe people in her life</u>
Likes:	<u>As much independence offered to her, social in the community</u> <u>hot dogs, work with paper making cards and frame job</u> <u>books, movies, playing games, christian music, pizza, mac n cheese</u>
Dislikes:	<u>stared at or told she can't do anything because not listening</u> <u>spicy or fried foods, rock and rap music, outside when its too hot</u>

#1

- ① Staff will gather supplies to set them up for Keenul when she is ready to practice.
 - ② Staff will utilize pictures/coins/bills for her to match, count, and budget money.
 - ③ After she attempted staff will give feedback and explain help and help her needed to make corrections.
-

#2

- ① Staff will present her w/ volunteers and community activities for the month
- ② she will pick out a volunteer or community activity for the month that she would like to participate in
- ③ When the time comes she will participate in chosen activity.

Staff: Leann Silverness
 Date: 4/7/2022



Mary Jo Okey
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will work with employment specialist and make progress toward goal of employment in community
 Summarize Steps:

Outcome #2: Will participate in community activity of her choice once a month
 Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal direction - Ipad

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has dentures may have difficult chewing</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Avoid very hard, chewy, sticky, dry + crunchy foods</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have time or self-management skills</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>use walker extends arms forward leans forward unsteady gait/impaired balance shuffle feet risk of trip</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may have trouble relying on details for an emergency</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses - vision impairment in both eyes</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>mental health - manages independently</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>for her and her husband to stay healthy continue to live with her husband, find another place in life</u>
Important for:	<u>continue to eat healthy, staying active, work opportunities</u>
Likes:	<u>shopping at dollar tree, cooking and baking going out to lunch with friends, pizza, spaghetti, baked salmon</u>
Dislikes:	<u>scary movies, cleaning, exercising, activities on/near large bodies of water and dredging</u>

#1

- ① She will meet PAI's employment Specialist bi-weekly and start process working towards integrated employment in the community.
 - ② She and employment Specialist will work on variety tasks and skills which may include: interviewing, work history, schedules, visit to community locations referred to vocational rehab services
-

#2

- ① Beginning of each month when routine schedule has been made by staff staff will approach her and have her pick at least one community activity that she would like to do.
- ② When the day comes when the routine is scheduled she will attend as planned. If she is unsure about attending staff will verbally encourage her.

Staff: Leann Silverness
 Date: 4/7/2022



Sarah Poulsen
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: When offered on-site work will try to work for 1 hour per week with (2) verbal cues
 Summarize Steps:

Outcome #2: once a month will choose a community outing or activity to attend
 Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal directions - reads - writes - good memory - iPad

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, Lamictal</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs help cutting up food (bite sized) may eat too fast</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>portion control</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>constipation, osteopenia</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does need physical assistance w/ medications</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u></u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may walk slowly (depth perception, balance)</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>easily distracted unable to identify unsafe situations</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensitive to loud noises glases abnormal alignment in both eyes</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>quiet environment consistently in routine + schedule, friends, family</u>
Important for:	<u>cooking classes, therapy class, music class, being around people she likes</u>
Likes:	<u>having time to process, to relax and making choices and being respected</u>
Dislikes:	<u>opportunity to work, maintain routine, activities, participate in community</u>
	<u>going out to eat, movies, friends and family</u>
	<u>word puzzles, TV, church hymns, pop music, tortillas, cheese, cereal</u>
	<u>fraternal kits, not being listened to</u>
	<u>Casseroles, when food touches, crowds/congestion, loud noise, balloons</u>

#1 ① Staff will socially engage with her and encourage her to try on-site work offered to her.

② Staff will remind her the purpose of the work and why it's important to do.

③ Staff will verbally encourage her as well to positively reinforce her.

④ With help of staff verbally encourage her to work, she will be able to focus during work periods and complete more of her work in time given.

① At beginning of month staff will approach her with each month's calendar

② Staff will encourage her to choose which outings she would like to attend.

③ On day of her outing Sarah will attend

Staff: Leann Silverness
 Date: 4/7/2022



Daniel Peterdorf
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: 3x a week will utilize tablet/computer to learn place of employment
 Summarize Steps: "cellars" and phone # copy on paper

Outcome #2: will participate in a volunteer opportunity once a month
 Summarize Steps: when available

Communication Style:
verbal

Learning Style:
verbal direction - Tablet - reads - writes

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>Tomatoes (whole)</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent with eating</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</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>N/A</u>
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Takes medications - staff gives at night route & times</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>Can be over friendly may not determine if a person is ^{trusting}</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses - vision loss</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>mom, family, friends, his home, working, PAI staff, positivity</u>
Important for:	<u>supports to remain as independent as possible</u> <u>Remaining busy, having opportunity to work at his job, friends, family</u>
Likes:	<u>video games, Imagine Dragons band, spinach pizza, hot Cheetos apple orchard visit, music, attending classes at PAI, cooking, walks, taking dogs on walks</u>
Dislikes:	<u>getting yelled at.</u> <u>Tomatoes, negativity, when peers mess with him or others</u>

#1 ① Dan will ask Staff if he can use computers or tablet upon arrival in morning.

② Staff will assist me, as needed to help him look up addresses and phone number of his place of employment

③ Upon finding the address and phone number of his place of employment Dan will copy address and phone number onto sheet of paper.

#2 ① In beginning of each month staff will approach him with a list of planned volunteer opportunities.

② Staff will explain the opportunities and ask him to pick at least one to attend.

③ Staff will encourage him to follow through and volunteer at least once a month when opportunity is available.

④ On the day of chosen opportunity Dan will attend.

Staff: Loann Silverness
 Date: 4/11/2022



Anthony Qualley
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will accurately demonstrate how to say at least 2-3 phrases or questions in ASL from flashcards
 Summarize Steps:

Outcome #2: Will pack and participate in one community activity per month
 Summarize Steps:

Communication Style:
Verbal - Learning ASL
Learning Style:
Verbal direction - Learning ASL, iPad, tablet, smartboard

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can chew and swallow food independently</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <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>Does not have time or self management skills</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has a walker is at risk of falling on uneven or slippery surfaces</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Relies on staff direction to take caution around street + stairs</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>His glasses and hearing aids may need reminders to clean glasses</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI Staff will be with him in community</u>	
Important to:	<u>Living with his brother, watching TV, coming to PAI to see his friends</u>	
Important for:	<u>Interacting w/ friends, support of family to keep living there, continuing to stay active and maintain mobility, opportunities to work</u>	
Likes:	<u>Old puzzles and read stories, Cindy Lauper expect to talk about her working on cards at PAI, 50's music, TV, puzzles, pin art shops, Tea</u>	
Dislikes:	<u>Spaghetti, snow and rain</u>	

#1 ① at break, staff/Anthony will get his ASL Book and his ASL flash cards

② Staff will approach Anthony and pick a flash card at random and ask him if he can sign and recognize phrase and question on card.

③ If he does it incorrectly or does not remember, staff will model how to do it correctly or help him look it up in his ASL book and practice the phrase or question.

④ Staff will repeat (3) times

⑤ Phrase will verbally phrase him if he gets correct whether right away or after staff have assisted.

#2 ① At the beginning of the month when the outing schedule has been made by staff - staff will approach him and have him pick at least one community outing that he would like to do that month

② When the day comes that outing is scheduled he will attend as planned and encourage him if needed.

Staff: Leann Silverness
 Date: 4/11/2022



Dawn Roy
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will accurately practice making change get majority of change right
 Summarize Steps:

Outcome #2: Will participate in a volunteer opportunity at PAI once a month
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal direction, iPad

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>NIA</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Cut up food - chew and swallow independently</u>	
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <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</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>may need help - doesn't know OTC meds to ^{regularly} take</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independently walks - may need reminders to walk ^{when} walking</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not count money correctly may not be able to understand when talking ^{with} advance of.</u>	
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses independently</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Verbal + emotional - may yell + shout at others and ^{then won't talk} cut off</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>	
Important to:	<u>friends, trust, coping skills, out to eat, shopping, work and ^{they} maintaining level of independence, stephanie support, family</u>	
Important for:	<u>stay safe living independently access to work, incorporate in her community, having supports,</u>	
Likes:	<u>going fishing, going bowling, iPad, listening to rock ^{music} spaghetti, pizza, ^{and} all animals, her cat, friends, family, cousin Stephanie, her children</u>	
Dislikes:	<u>aggressive + argumentative people, unfinished tasks and ^{and} expectations espousing, cream of corn changes to routine, pushing her out of ^{comfort zone}</u>	

#1 ① When she has free time at work she will work on money skills w/ at least 4 problem solving ~~boxes~~ scenarios asking her to identify & correct amount of change for each.

② Staff will encourage her to work on the scenarios herself first, has set of faux money that she keeps w/ her belongings

③ Knowing this can be a stressful skill to practice for her - staff will be near by and ready to help her -

④ Staff will walk through w/ her and see which ones she was able to identify correct answers for herself and which ones they can walk through

⑤ Whether done independently or not staff will verbally praise and encourage Dawn each time correct answer is identified.

#2 ① will participate in a volunteer activity once a month.

Staff: Leann Silverkess
 Date: 4/11/2022



Molly Sarne
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will participate, volunteering or working in community when available
 Summarize Steps:

Outcome #2: Daily molly will put things in her locker
 Summarize Steps:

Communication Style:
verbal

Learning Style:
verbal direction - technology

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>RISIC - formation of her palate scarring in trachea from infections</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: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Apert Syndrome, Chronic Trachea infections</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>would need help with her medications</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stumbles when walking which causes her to be distracted</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hearing loss - needs supervision around pedestrians</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss in her ears (both) glasses + hard contacts</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>SIB - will pick @ skin until it bleeds</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>working w/ animals, being on time making choices, being listened to, doing a good job, making money, making difference in the world</u>
Important for:	<u>listening to her wants and needs, giving grace when making mistakes, opportunities to work and being part of society, gaining independence</u>
Likes:	<u>shopping, napping, chocolate chip cookies, chicken noodle soup, spaghetti, listening to music, animals, working, jumping on trampoline, TV</u>
Dislikes:	<u>any kind of abuse, judging, bullying, criminals, negativity, racism when others don't listen to her, steak, venison, yelled at by parents</u>

#1 ① At beginning of each month staff will work with her to schedule volunteer and work outings in community each month

② Staff will record the activities she has chosen on calendar.

③ Staff will hang the calendar inside of Mary's locker

④ When the chosen outing day has arrived Mary will attend

#2 ① Upon arrival staff will encourage her to store things away in her locker

② If she does not want to put her belongings away immediately, staff will prompt her to put her things away

③ By 8:30a she will have her belongings stored and put away inside her locker until end of work day.

Staff: Leann Silvermess
 Date: 4/11/2022



Linda Schroeder
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will greet a peer begin a conversation w/ a peer at least twice a day
 Summarize Steps: _____

Outcome #2: Will walk the house/ stretch daily at PAI
 Summarize Steps: _____

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Penicillin, strong scented perfumes</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>will have coughing spells sometimes when eating</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: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Schizoaffective disorder, ocd, history of breast cancer</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need help crushing or mixing medications</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>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs help w/ pedestrian safety, struggles who knows ^{who to trust}</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses for vision</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>(due to dx schizoaffective disorder)</u> <u>verbal/emotional - may scream at/ or direction of her</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>annual trip to Richard w/ sister</u>
Important for:	<u>living w/ females around her age, attending church w/ family, family managing mental health, staying active, advocating for herself maintain low-calorie diet, be physically active, having stability/structure</u>
Likes:	<u>Bingo, spending time w/ family, spending time w/ special interests, taking vacations, shopping, attending church w/ family, arts and crafts</u>
Dislikes:	<u>unclear expectations, mean people, feeling like others are upset at her</u>

#1 ① Staff will encourage her to strike up conversation

② Staff will cue her when/if she feels stuck and needs a prompt to begin or engage in conversation

③ She will engage in conversation with a peer of her choosing twice during the day

#2 ① Staff will encourage her to move her body at least once a day at PAI

② Staff will remind her of the importance of utilizing movement for her body to remain physically healthy

Staff: Leann Silverness
 Date: 4/11/2022



Hollie Schulte
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: When in community will hand cashier and will obtain change and receipt
 Summarize Steps:

Outcome #2: Will practice money skills on Ipad
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
verbal simple directions - Ipad

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</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>Can not cut up food - may take too large of bites</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>Cerebral palsy</u> <u>Bleed, mega colon, chronic constipation, scoliosis, OCD</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>Does not have skills to self medicate</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>needs assistance walking</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs staff to walk by her using gait belt</u> <u>unsteady gait / unsteady balance, wears AFO's uses walker</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>would not know what to do if in an emergency</u> <u>Does not know safe pedestrian or stranger safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses (needs to wear prescription not reading ones)</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>when stressed may raise her voice.</u> <u>Sub/verbal/emotional - pick hair or take am when upset</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>looking nice, getting out in the community</u> <u>spending time with family + friends, coffee, good food, electronics</u>
Important for:	<u>physical supports she needs to remain safe and healthy</u> <u>opportunity to work, having new opportunities in the community</u>
Likes:	<u>going shopping</u> <u>music, eating snacks, watching the simpsons, going out to eat</u>
Dislikes:	<u>going to Dr appointments, peers teasing what to do about or not feeling well</u> <u>eating salads and vegetables, misplacing her belongings,</u>

#1 ① She wants to learn how to be more independent w/ money skills when she goes on an outing it involves her making a purchase. Staff will prompt her to get her money out then she will hand money to cashier and obtain change and receipt - staff will make sure she got correct change back.

#2 ① During downtime staff will ask her if she would like to work on her outcome
② staff will get her an Ipad and help her navigate to an app or website where she can play a game or do an activity that works w/ money skills
③ she will play game/activity for 5min and will not navigate from page staff help her find unless it is to switch to another money activity

Staff: Leann Silverness
 Date: 4/12/2022



Carrie Skinner
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Will practice counting/matching or budgeting money once a day
 Summarize Steps:

Outcome #2: Will participate in a volunteer opportunity on or off site when available
 Summarize Steps:

Outcome #3: will meet w/employment specialist bi-weekly to further competitive employment in community

Communication Style:

Learning Style:

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Some foods may be difficult for her to cut up</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <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>Does not have time-self-management skills</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>N/A</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>not know stranger danger or how to get back home can be distracted might not be cautious around cars</u>	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>expressive to others verbal/emotional - gets upset can't communicate</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>	
Important to: <u>spending time with friends opportunity to go to work</u>		
Important for: <u>set schedule, gain + maintain independence/social skills outlet stuff and receptive to her feelings, opportunity to make choices</u>		
Likes: <u>social media, arts + crafts, soft ball, soft music, pasta, pizza, chicken friends, going out to eat, going to the mall, volunteering</u>		
Dislikes: <u>attend extra classes, teased or asked too many questions asked to do things doesn't want to do, meatloaf, opera music</u>		

#1 ① Each day staff will approach her with a minimum skills lesson needed to complete counting/matching or budgeting

② If she is to comply staff will supply the necessary materials to her to assist her as needed

#2 ① Each month staff will approach her w/ dates of available volunteer opportunities

② She will choose which date she would like to participate in volunteering

③ On the day of chosen volunteering opportunity she will attend.

Staff: Leann Silverness
 Date: 4/12/2020



Brooke Shelstad
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Breely will stretch or exercise using available equipment upon arrival
 Summarize Steps:

Outcome #2: once a month will practice pedis from and street safety while in community knowing what to do in case of an emergency
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal direction - reads, writes, technology Computer
Internet

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not cut food up to bite sized</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>hyperthyroidism</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>may not understand treatment orders</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
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>may not know when to ask for help</u> <u>friendly and may not identify dangerous situations</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears eye glasses</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI Staff will be with her in community</u>	
Important to:	<u>people, being mindful of her personal space</u>	
Important for:	<u>relationships with others, working at PAI classes + independence</u>	
Likes:	<u>being supported and encouraged eating healthy and staying safe</u> <u>singing, basketball, dancing, friends, family, becoming, formal</u> <u>cooking class, music, fries, hot dishes, roller cheer leading</u>	
Dislikes:	<u>when people yell or inappropriate, taking advantage of ticks, bubbles, storms</u> <u>spicy food, salad, ketchup, being touched, being alone at night</u>	

#1 ① Staff will encourage her to begin her stretches and exercises upon arrival.

② Staff will approach her with exercise equipment and print outs of different stretches and exercises.

③ Once she has received her equipment and exercises she will begin her stretches and exercises.

#2 ① During each outing she has chosen to attend staff will work w/ her in participating her pedestrian + street safety.

② Staff will provide worksheets to her once a month to help her further her knowledge of what to do in case of emergency in the community.

③ Day of chosen outing she will participate and practice street and pedestrian safety as well as computing in case of emergency worksheet w/ assistance from staff as needed.

Staff: Leann Silvernes
 Date: 4/12/2022



Andy St. Martin
 Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: will complete a worksheet weekly to improve money skills
 Summarize Steps:

Outcome #2: will participate in a community activity (writing grants) once a month
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
verbal direction. Ipad-Chromebook

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can chew and swallow independently</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</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>NIA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unable to manage administration of medication</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wouldn't know what to do if he was lost + unable to navigate + cross street by himself</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensitive to touch and loud sounds</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with him in community</u>
Important to:	<u>space to have when overstimulated opportunities to try new things sense of responsibility to work, schedule or routine to follow</u>
Important for:	<u>having quiet spaces to go to, communicating his needs/wants opportunities to try new things, let him figure things out independently</u>
Likes:	<u>video learning, movies, swimming, thrift stores, Ipad, chips, carrots, Sprite sense of responsibility at work, Valley fair, MIA, Science museum</u>
Dislikes:	<u>having personal boundaries / space invaded Being forced to try new things, others touch his things, loud people</u>

#1 ① Staff will approach Andy and ask if he would like to complete his work in order to build his money skills

② If he is to comply, staff will provide the worksheets to him and assist him as needed.

#2 ① At beginning of each month staff will share the outings available to them during that month

② Staff will assist him in signing up for the outings he is interested in that month.

③ On day of chosen outing or activity he will attend.

Staff: Leann Silverness

Date: 4/13/2022



Service Recipient: Mary Zander

Service Span: _____

Outcomes:

Outcome #1: To be determined @ 45 day review
Summarize Steps:

Outcome #2: _____
Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbal direction - writes

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>Abilify and Zyprexa</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy - history of seizures but not has one in years</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut up food to bite sized</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>intermittent explosive disorder</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy, anxiety, personality disorder</u> <u>would need staff assistance medications at this time</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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>man need assistance understanding ^{redistman} stranger safety</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>throws items, yelling his buttern herself</u> <u>physical - verbal - SIB - pinching, punching, pull hair</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI staff will be with her in community</u>
Important to:	<u>independent job in the community</u> <u>working and making money, trip to Disney,</u>
Important for:	<u>strong relationship with mom and guardian,</u> <u>continue to participate in things she likes</u>
Likes:	<u>Crossword puzzles, stare fear, room, helping others, sports, crafts, viking,</u> <u>snapping at dollar tree, talking classes, hugging, going out to eat</u>
Dislikes:	<u>cleaning</u>