

**STAFF ORIENTATION TRAINING PLAN - GENERAL**

Staff name: Jane Miller

Date of hire: 5/10/22

Date of background study submission:

Date of background study clearance:

Date of first supervised contact: 5/17/22

Date of first unsupervised contact: 6/6/22

\*Date Completed Training to Individual Needs: 6/3/22

\*Completed orientation to individual service recipient needs for all individuals initially trained or

**Orientation training:** Within 60 calendar days of hire, the license holder must provide and ensure completion of orientation sufficient to create staff competency for direct support staff that combines supervised on-the-job training with review and instruction in the following areas. \*Maltreatment reporting requirements must be completed within 72 hours of first providing direct contact services with persons served by the company.

Orientation to program requirement topics	Date of completion	Date and type of competency	Length of training	Name of trainer and company, if applicable
Job description and how to complete specific job functions	5/10/22		.25hr	Anneliese Robinson, PS PAI
Current 245D policies and procedures including location and access and staff responsibilities related to implementation	5/20/22		.5hr	Anneliese Robinson, PS
Data privacy: MN Government Data Practices Act and HIPAA and staff responsibilities related to complying with data privacy practices	5/23/22		1hr.	Star Services
Service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights	5/23/22		1.5hr	Star Services
Vulnerable adult maltreatment reporting: *See attached Training Index for VAA maltreatment training topics.	5/16/22		1.75hr	Star Services
Maltreatment of minors reporting: *See attached Training Index for MOMA maltreatment training topics.	5/17/22		1.25hr	Star Services
Principles of person-centered service planning and delivery and how they apply to direct support provided by staff (also part of PSR Core Training)	5/18/22		.5hr	Star Services
Sexual violence: strategies to minimize the risk of sexual violence, including concepts of healthy relationships, consent, and bodily autonomy of people with disabilities	5/23/22		.5hr	Star Services
First aid (can be certification or basic training)	6/14/22		7.5hr	Healy Counseling Course
Emergency use of manual restraint (EUMR), prohibited procedures, and Positive Support Rule 8 hour core training. *See attached Training Index for all topics included for this training.	5/18/22	LMS- online training and quiz	7.5 hours	Star Services
PAI's Approved EUMR's In-Person Demonstration	6/9/22	In-person demonstration & practice	.5 hours	Anneliese Robinson, PS
Positive Support Rule: 4 hour function-specific training (if applicable). *See attached Training Index for function-specific training topics.	5/18/22		4hr	Star Services
Positive Support Rule: 2 hour function-specific training (if applicable). *See attached Training Index for function-specific training topics.	5/19/22		2hr	Star Services
Universal Precautions/Bloodborne Pathogens	5/23/22		.75hr	Star Services
Fraud Prevention	5/23/22		.75hr	Star Services
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company (this may include CPR): Topic:				

Staff signature: Jane Miller

Date: 6-9-22

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

## STAFF ORIENTATION TRAINING PLAN - PERSON SPECIFIC

Staff name: Sue Warren

Date of hire: 5/10/2022

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: ASM, VS, JO, BA, DE, BS, TP, SP, KM, NG, DP, CS, MS, JF, MG, FD, EF, NA, CH, EJ, AL, PL, MM, MJ, AO, DR, HS, JT, MB  
~~MS~~

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
CPR, if required by the CSSP or CSSP Addendum	<u>6/8/22</u>		<u>4 hrs.</u>	<u>ATA</u>
CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	<u>6/3/22</u>		<u>14.5 hrs</u>	<u>PTI Staff Anneliese Robinson, PS</u>
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	<u>6/3/22</u>		<u>7.25 hrs</u>	<u>PTI Staff Anneliese Robinson, PS</u>
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	<u>5/25/22</u>		<u>1 hr.</u>	<u>Toni Anderson, RN</u>

<p>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</p>	5/25/22	1 hr.	Toni Anderson, RN
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	6/13/22		PAI staff Annaliese Robinson, IPS
<p>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:</p>			

*[Handwritten Signature]*

Staff signature

6-9-22

Date

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

## GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Sue Cullen DATE 5-25-22

LENGTH OF TRAINING 1 hour

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                          |                                                                             |
|-------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Epi-pen – purpose and use                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. DNR/DNI – POLST                                                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Diabetes – general overview, diet, meds                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 5. Other _____                                                              |

- The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.

1. I fully understand the above information and am willing to assume responsibility for performing the any of the above training/procedures.
2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.

Sue Cullen  
Staff Signature

[Signature]  
Nurse Signature



## JOB DESCRIPTION

<b>Title:</b> Direct Support Professional	<b>Employment Status:</b> Full time
<b>Department:</b> All Sites	<b>FLSA Status:</b> Non-Exempt

### SUMMARY / OBJECTIVE:

Provide direct, person-centered support and services to individuals with developmental and intellectual disabilities. Work effectively as a team member to ensure that the individual's preferences and full potential are met. Ensure a positive, clean, and safe environment.

**ESSENTIAL FUNCTIONS AND PRIMARY RESPONSIBILITIES** – Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. Provide person-centered support, coaching, and supervision to individuals with varying levels of abilities.
2. Read, sign, and follow all individualized program plans for each person served.
3. Ensure the least restrictive interventions necessary to support achievement of personal goals.
4. Deliver, or assist in delivering, programming and class instruction to a small group of individuals. Develop lesson plans or compile material to teach during these classes as assigned.
5. Provide support to individuals working on-site or as a job coach as applicable. Assist with keeping work sites stocked, recording production levels, and accommodating individuals with varying work skills.
6. Follow the site's schedule, which may include the daily assignment of responsibilities including but not limited to: medication administration, lunchroom duties, personal cares, busing, community outings, job coaching, class instruction, production floor management, and cleaning tasks.
7. Promptly document related service information as assigned (outcome data, production levels, progress notes, etc.).
8. Transport individuals served to and from their community job as needed using a PAI vehicle or own vehicle (mileage reimbursed).
9. Work effectively as a team member.

### SECONDARY RESPONSIBILITIES

1. Actively participate in staff meetings and contribute ideas.
2. Complete assigned trainings.
3. Be receptive to taking on new tasks as assigned, including opportunities to support individuals in the community or as a job coach off-site.
4. Demonstrate competency in appropriate safety and emergency policies.
5. Follow data privacy laws and HIPPA requirements.
6. Adhere to recommended transfer/lifting procedures and body mechanics.
7. Utilize adaptive equipment in an effective and safe manner.

8. Follow PAI's medication administration policy.

**JOB SPECIFICATIONS**

**Education, Experience, and Credentials**

**Required**

1. High school degree or G.E.D. and be 18 years of age or older.
2. Pass DHS background study and maintain clearance to provide direct services without continuous supervision.
3. Reliable transportation for work driving purposes, valid driver's license, proof of valid car insurance, satisfy insurance criteria for driving history and permit driving record checks as needed.

**Skills and Experience**

**Required**

1. Demonstrate effective oral and written communication skills.
2. Ability to maintain professional and positive relationships with a wide variety of people.
3. Flexibility and ability to adjust to changing work demands.
4. Strong time management skills.

**Desired**

1. Experience supporting individuals with intellectual disabilities, preferably in a 245D licensed service.
2. Education or training in the human services field.
3. Experience using technology including, but not limited to, computers, iPads, tablets, tv's, and smartboards.

**PHYSICAL REQUIREMENTS NECESSARY TO PERFORM THIS JOB**

**R = Rarely (0-15%) O = Occasionally (16-45%) F = Frequently (46-100%)**

The DSP must be able to:

1. Perform heavy lifting (between 50-80 lbs.)	O
2. Perform light lifting (less than 50 lbs., usually around 5 lbs.), squatting, kneeling, reach overhead, operate office equipment.	F
3. Push/pull persons who weigh between 100-150 lbs. in wheelchairs.	F
4. Assist clients with mobility and other actions	O
5. Perform other physical requirements such as sitting, standing, walking, grasping/grabbing, using a keyboard and/or mouse, bending/twisting,	F
6. Hear and speak in order to use telephone and/or communicate with people inside and outside of organization.	F

**TOOLS AND EQUIPMENT USED**

- Ability to operate office equipment, track systems and other adaptive equipment.

**WORK ENVIRONMENT**

Ability to work in a noisy environment with distractions, including loud noises, odors, and multiple interruptions. Most of the job is indoors but may need to travel to other locations or participate in outdoor activities.

**AAP / EEO STATEMENT**

PAI is fully committed to equal employment opportunities (EEO). All employment decisions will be made without regard to race, color, age, religion, sex, pregnancy, marital status, familial status, disability, national origin, sexual orientation, veteran status, status with regard to public assistance or activity in a local human rights commission. In addition, we comply with all applicable state and local laws governing nondiscrimination in employment in every location in which we maintain facilities.

Decisions concerning employment are based strictly on an individual's qualifications and ability to perform the job under consideration, the comparative qualifications and abilities of the other applicants or employees, and the individual's past performance within the organization. Employment decisions include, but are not limited to: recruitment, hiring, promotions, salary or other compensation, benefits, transfers, corrective actions, layoffs, termination and training.

If you believe that an employment decision has been made that does not conform to management's commitment to equal opportunity, the matter should be brought promptly to the attention of Human Resources. Your complaint will be thoroughly investigated. There will be no retaliation against any employee who files a complaint in good faith, even if the result of the investigation produces insufficient evidence to support the complaint. Please see the PAI Workplace Harassment Policy for additional information.

*I acknowledge that I have read, understand, and agree with the contents of this position description. I agree to use my best efforts to fulfill all expectations of the position. I also acknowledge that I am an at-will employee.*

*This job description does not necessarily list all the functions or accountabilities of the job. Employees may be asked by management to perform additional duties and tasks. Management reserves the right to revise and update job descriptions at any time.*



Employee Signature

5-16-22

Date



Supervisor Signature

5/16/22

Date

**Sue Cullen - DSP**

Monday	Tuesday	Wednesday	Thursday	Friday
7:15AM – 1:30PM	7:15AM – 2:30PM	7:15AM – 1:30PM	7:15AM – 2:15PM	7:15AM – 1:30PM

DSP Signature *Sue Cullen*

Date: 5-16-22

Staff: Sue Cullen  
 Date: 5-31-22



Michelle  
 Service Recipient: Barrows  
 Service Span: thru May 2022

**Outcomes:**

**Outcome #1:** enjoys matching, work finds, wants to keep her brain healthy & strong  
 Summarize Steps: memory. Will work on matching skills 50% of all trials.

**Outcome #2:** has goal of being more independent & her finances.  
 Summarize Steps: when in the community, Michelle will had cashier her money & obtain the receipt and change 25% of all trials.

**Communication Style:**  
 verbal

**Learning Style:**  
 verbal

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Allergic to Sulfa - Penicillin - raspberries.
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cant use a knife - foods cut between dime and quarter size
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: lactose intolerant, specific 1200 calorie diet
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: manual w/c + can self propel. DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes short distances - uses her feet. Has osteoporosis and Ataxia (wide gait) may <del>imp</del> impact balance.
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can take med handed to her. cannot self administer - cant read - does not understand the purpose
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses gait belt - grabbar & pivot. Needs help cleaning up - Staff stay in restroom & give privacy.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: specific risk - osteoporosis & Ataxia - (wide gait)
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may not follow pedestrian safety & stranger danger. speaks quietly
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: wears glasses - Has history of breaking her glasses & not wearing them.
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA

of each med.

**Important to:** her family, favorite foods & drinks. staying busy and doing fun things.

**Important for:** consistent & reliable supports. and continued opportunities to work & incorporate in community.

**Likes:** going to the fair shopping, swimming, ipad, pepsi, chocolate milk, country music, pizza & spaghetti

**Dislikes:** living away from her parents, going to appointments, when people fight or invade her personal space.

Staff: Sue Cullen

Date: May 31



Service Recipient: Fred Dean

Service Span: thru Oct. 22

**Outcomes:**

<p><b>Outcome #1:</b> Fred has said not being able to read or write has been a barrier in the past.  Summarize Steps: Would like to learn more about technology.  Fred will work on Ipad/tech skills 75% of all trials.</p>
<p><b>Outcome #2:</b> Enjoys being in the community. Would like more money skills - counting.  Summarize Steps:  Once a week. Staff will count bills and coins 75% of all trials.</p>
<p><b>Communication Style:</b>  verbal</p>
<p><b>Learning Style:</b>  verbal</p>

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

<p><b>Allergies:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: fred knows what he is allergic to &amp; can recognize an allergic reaction</p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  NA</p>
<p><b>Choking:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p><b>Specialized Diet:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  NA</p>
<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: fred knows his chronic medical conditions well, and can tell others about them. Fred knows his physical limitations  DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p><b>Medication at PAI:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p><b>Personal Cares:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  NA</p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: can use public transportation routes. He has a car and can drive. carries his money on him. understands pedestrian safety</p>
<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: wears his glasses - chooses not to wear his hearing aids.</p>
<p><b>Behavior Support:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  NA</p>
<p><b>Unsupervised Time:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  NA</p>
<p><b>Important to:</b> knowing his schedule a head of time. living alone, having a car &amp; staying healthy.</p>	
<p><b>Important for:</b> self determination - assistance setting up appointments &amp; meds. staying active in the community</p>	
<p><b>Likes:</b> spending time with friends, fishing, camping, going on trips. time alone.</p>	
<p><b>Dislikes:</b> not having his phone calls returned. feeling anxious - not knowing his schedule ahead of time.</p>	

Staff: Sue Cullen

Date: May 31



Service Recipient: Elissa Fisher

Service Span: thru Feb 23

Outcomes:

**Outcome #1:** Elissa has interest in learning a 2nd language - like Spanish.  
 Summarize Steps: Elissa will identify 2 or 3 Spanish flash cards. 60% of all trials.

**Outcome #2:** Elissa likes trying new outings and going out in the community.  
 Summarize Steps: Elissa will pick and participate in at least 1 new community activity per month. 70% of all trials.

**Communication Style:**  
verbal

**Learning Style:**

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>sensitive to dairy. Can tell others when she is not feeling well. Understands difference between allergies &amp; a cold.</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May eat food fast. May carry food around to finish it putting herself at risk for choking.</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>only one low calorie soda daily. Will try to get more food or pop - not having the self control to make good decisions.</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>seasonal allergies</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>* No chronic medical conditions.</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>does not have the time or management skills to correctly &amp; consistently take medications.</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has fallen on slippery surfaces. Worries about falling again.</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can become distracted &amp; not follow pedestrian rules. hugs others w/o asking. likes attention of others in the community.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Wears glasses - may need help cleaning her glasses.</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>can become physically aggressive - kicking or slapping.</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:

**Important to:** being caring to her friends, staff at PAI, her mom, stepdad, dogs. shopping & going out to eat, working

**Important for:** staying active in the community. and following a healthy diet

**Likes:** rock & roll music, Elvis, Prince, Selena, Michael Jackson, going shopping & out to eat, sleeping & bowling.

**Dislikes:** Being cold, when peers boss her around. spicy & greasy foods, new people at work & when people yell & scream.

Staff: Sue Cullen

Date: 5-31-22



Service Recipient: Molly Harnett

Service Span: thru July 22

Outcomes:

**Outcome #1:** feel more confident in telling time and managing her schedule.  
Summarize Steps: Molly will accurately identify important times in her schedules. With one prompt or less 60% of trials

**Outcome #2:** Wants to be more independent in making purchases and handling money.  
Summarize Steps: Molly will personally hand her money to the cashier when in the community at least once a month - 80% of trials

**Communication Style:**  
verbal

**Learning Style:**

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May eat too fast. Cannot use a knife to cut up food. Not good judgement in bite size pieces.</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</span> <u>NA</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have the time and management skills to self administration correctly &amp; consistently</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>had knee surgery. May become distracted and not identify slippery and uneven terrain - uses a walker</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cannot always recognize stranger danger. May relay all ID under pressure. May not follow safe rules.</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Important to:</b> <u>family and living with family. having fun activities to do and staying busy.</u>	
<b>Important for:</b> <u>having opportunities to work &amp; new varied activities in the community.</u>	
<b>Likes:</b> <u>Classes - cooking &amp; gardening, helping mom clean, music. Ed Sheeran, Taylor Swift, Carrie Underwood - Kelly Clarkson, playing board games, watching TV.</u>	
<b>Dislikes:</b> <u>Some vegetables. loud people. hard questions. feeling stressed.</u>	

Staff: Sue Cullen

Date: May 31, 22



Service Recipient: Craig Hartman

Service Span: Feb 2023

Outcomes:

Outcome #1: like to work on identifying and reading numbers. An important skill to have.  
Summarize Steps: will practice reading numbers out loud - getting at least 2 out of 3 correct 60% of trials.

Outcome #2: would like to learn how to read.  
Summarize Steps: Will work with staff on reading skills every morning for at least 10 minutes. 75% of all trials.

Communication Style:  
verbal instruction

Learning Style:  
verbal instruction & visual demonstrations

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: allergic to some medications - self care products free of dyes and perfumes.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: has had seizures in the past. Takes daily medication to prevent future occurrences.
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: prediabetic & should make make healthier choices doesn't always use self control. - Low cholesterol - limit caffeine
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: prediabetes - Bowel blockages DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Takes daily medication. Will take medication that is handed to him. Can't manage on his own.
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <del>NA</del>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: not at risk
Community Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Needs reminders to take caution around strangers. NO. and traffic. Unable to drive or carry ID.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: loud noises overwhelm him. Does not always recognize becoming stressed.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Important to:	positive affirmations. when doing a good job at work. Making a positive impact. helping eagles. spend time c. lisa. staying busy.
Important for:	following a healthy diet. opportunities to work. support from staff keeping him safe in the community.
Likes:	country music. top 40 music. volunteering. helping others. helping animals. watching the news. shopping. bowling. napping. being with family.
Dislikes:	eating junk food. loud noises. cleaning up icky messes.

Staff: Sue Suller  
 Date: 5-31-22



Elizabeth  
 Service Recipient: Jantzen  
 Service Span: thru Feb 23

Outcomes:

**Outcome #1:** wants to learn her new address  
 Summarize Steps: will practice her home address by copying it down in writing and then reading it out loud 75% of all trials

**Outcome #2:** While shopping she will carry her own money and would like to grow this ability 75%  
 Summarize Steps: Staff will help with her transactions and she will carry her own money 60% of all trials.

**Communication Style:**  
verbal

**Learning Style:**  
verbal, demonstration, & practice

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Does not comprehend that she is allergic to morphine and could not advocate on her behalf.</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>If a seizure, would need emergency help. Can not administer her seizure medication.</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can eat too fast at times &amp; neglect to properly chew her food. Some food may be too difficult for her to cut up.</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lactose intolerant. May not be aware of Lactose in some dairy products</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>no chronic medical conditions</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>would not remember to take medication herself. She cannot read. Has an order to brush teeth after meals w/o staff reminder.</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Some times she won't come out of the bathroom - brushes teeth @ lunch</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She likes to climb and may climb items that are not intended to be climbed such as fences, walls &amp; statues.</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>would get lost, not a good sense of direction. Pedestrian danger. Has a seizure PRN - Staff c her always</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses. Has diagnosis of Myopia nearsightedness</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Important to:</b> <u>spending time c parents. Hang out c neices &amp; nephews. having good food to eat staying busy &amp; having opportunities to work</u>	
<b>Important for:</b> <u>following her diet &amp; living a healthy &amp; active lifestyle. Having a consistent place to live and go to.</u>	
<b>Likes:</b> <u>animals, salad, joking, affirmations &amp; attention, drawing, coloring, puzzles.</u> <u>and</u>	
<b>Dislikes:</b> <u>being rushed &amp; being bored</u>	

Staff: Sue Cullen

Date: May 31



Service Recipient: Arnold Levine

Service Span: Levin - March 23

Outcomes:

Outcome #1: staying active & involved in the community.  
Summarize Steps: will pick and participate in one community activity per a month for 6 months

Outcome #2: likes sticking to a strict schedule. Has a better day when on a consistent schedule.  
Summarize Steps: will independently let staff know when he would like to use the bathroom. after lunch 60% of trials.

Communication Style:  
verbal

Learning Style:  
verbal instruction & practice

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>adhesive, bacitracin, latex, Neosporin, hydrocortisone, triple antibiotic ointments</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wears dentures. can eat too fast or take too large bites putting him at risk for choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has history of being underweight. would not eat enough or a balanced diet w/o help &amp; food prep.</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>NO</u>	Describe Supports: <u>can take meds if handed to him. doesn't have time or self management skills to take meds consistently.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cannot empty his catheter &amp; catheter bag. May need help cleaning up after a bowel 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 when walking. May need to hold on to someone's arm.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>his speech may be difficult for others to understand. May get distracted not watching where he is going around streets &amp; cars.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss in both ears. Left ear worse than right. may not always hear what others are saying.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>picks at cuticles. Adjustment disorder can be NA aggressive toward others.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>

Important to: taking off work, resting at home, going shopping, working on greeting cards, coffee & vacations.

Important for: maintaining good health, staying active & continuing to incorporate in his community.

Likes: consistent scheduled day, coffee, shopping, resting at home, vacations, working on greeting cards.

Dislikes: people bossing him around, ice cream, rude people.

Staff: Sue Cullen  
 Date: May 31, 23



Service Recipient: Pahoua Lee  
 Service Span: January 2023

**Outcomes:**

**Outcome #1:** to check in with staff once a week independently approach staff when I is closer to end of class.  
 Summarize Steps:  
Will check in with staff 75% of times.

**Outcome #2:** USES ASL to communicate 7 friends in ASL classes. likes time c friends & class.  
 Summarize Steps:  
Will attend ASL class 75% of all trials

**Communication Style:**  
ASL - & writing in her notebook

**Learning Style:**  
written instructions & modeling

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</span> <u>NA</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cant take medication if handed to her. cannot does not have the time or self management skills to take meds consistently or correctly.</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>sometimes she is in the bathroom longer time - check on her</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can sometimes get distracted and walk out to street cars - would not know who to ask for help. has limited verbal communication</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>DECK</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Important to:</b> <u>communication ASL note book - family - working - positive attitude - staying busy.</u>	
<b>Important for:</b> <u>strong connections &amp; family - the opportunity to work.</u>	
<b>Likes:</b> <u>taking classes working on cards - Park tool kits - Art - hot dogs - rice - chicken wings - pizza + sandwiches.</u>	
<b>Dislikes:</b> <u>spicy peppers - being rushed - negative people.</u>	

Staff: Sue Cullen

Date: May 31, 22



Service Recipient: Mac Meron

Service Span: Aug 22

Outcomes:

Outcome #1: to be more independent making purchases wants to work on money skills.  
Summarize Steps: Mac will participate in community purchases 70% of all trials

Outcome #2: math skills: addition & subtraction to become more confident in using money.  
Summarize Steps: Mac will accurately add bills and coins 60% of all trials.

Communication Style:  
verbal

Learning Style:  
simple instructions & practice

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alternaria · mold · grass · hay · farm animals · hair pets Comes Epi Pen may need help with Epi Pen.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mac may not always recognize that some foods may need to be cut up and may need assistance cutting tougher foods.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</span> <u>NA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have time management skills to take his meds consistently would not be able to administer his own epi pen in event of emergency allergic reaction</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need help wiping after BM. Has had accidents before due to poor muscle tone - wears adult briefs.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not recognize all potential obstacles. may need assistance with escalators.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not consistently follow all safe pedestrian rules and stranger safety. Under pressure he may not recall all personal ID information</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears eyeglasses vision has declined. may need help cleaning eyeglasses.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>

Important to: family & friends - working & making a paycheck

Important for: opportunities to work & stay involved in the community

Likes: working (greeting cards) · games (connect 4, skipbo, bean bag toss)

Dislikes: unkind people · people that start drama · being sick · being bored.

Staff: Sue Cullen

Date: May 31, 22



Service Recipient: Mary Jo Otley

Service Span: January '23

Outcomes:

Outcome #1: Enrolling in Emp. Serv. & will begin working toward goal of community employment

Summarize Steps: Mary Jo will work c EMP SPEC. & make progress toward her goal of obtaining community employment.

Outcome #2: Mary Jo will continue her current outcome & will choose 1 outing - then attend.

Summarize Steps: Mary Jo will participate in comm. outing 85% of all trials. #3 would like to learn of more jobs & look on internet to see what she might like. Mary Jo will work on Ipad 4x wk to search for job 75% of all trials.

Communication Style: verbally - receptively - expressively

Learning Style: verbal paired & visual demonstrations.

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sometimes she may experience gagging &amp; choking. She can usually clear her airway. wears dentures. forgets to chew &amp; slow down eating.</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sometimes gags &amp; chokes. Can usually clear her airway. forgets to slow down when eating. wears dentures.</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have time management or self management skills to take meds consistently &amp; correctly</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has unsteady gait &amp; impaired balance. may shuffle feet uses a walker</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>knows who to contact. can dial a phone. verbally communicates. Can ambulate on even ground. Is at risk for falling</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Wears glasses everyday - vision impairment - both eyes.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Important to:</b>	<u>to continue living w her husband. Find another place to live &amp; for her &amp; her husband to stay healthy.</u>
<b>Important for:</b>	<u>continue to eat healthy. Staying active in her community &amp; having opportunity to work.</u>
<b>Likes:</b>	<u>Out to lunch w friends, pizza, spaghetti, baked salmon - cooking - baking dollar tree.</u>
<b>Dislikes:</b>	<u>scary movies. cleaning. exercising. activities on/near large body of water. Arguing.</u>

Staff: Sue Cullen  
 Date: 6-1-22



Service Recipient: Anthony Qualley  
 Service Span: Jan '23

**Outcomes:**

**Outcome #1:** learning ASL - will choose on card daily (ASL) & demonstrate how to say word/phrase.  
 Summarize Steps: Will ask Anthony to demonstrate at least 203 phrases in ASL. 80% of All trials.

**Outcome #2:** Continue staying active - tea-time & friends. Choose 1 outing/month.  
 Summarize Steps: will pick & participate in one outing per month. 60% of trials.

**Communication Style:** Verbal

**Learning Style:**  
verbal directions

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Yes</u>	Describe Supports: <u>no supports required</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u> <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can take med handed to him. Does not have time or self management skills to take meds consistently &amp; correctly.</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has had hip replacement - uses a walker for balance. At risk on uneven or slippery surfaces.</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>had hip replacement. Does not have time or self management skills to take meds consistently &amp; correctly.</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>understands street safety. Can walk &amp; walker independently. Relies on staff direction &amp; cautions. Can be soft spoken.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>glasses &amp; hearing aides.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Important to:</b> <u>living &amp; brother. watching tv (Cartoons) coming to PAI - friends.</u>	
<b>Important for:</b> <u>staying active &amp; mobile, work, friends. family support.</u>	
<b>Likes:</b> <u>working on cards. 50s music (Elvis) tv. pirates &amp; pirate ships tea Cindy Lauper</u>	
<b>Dislikes:</b> <u>spinach snow &amp; rain.</u>	

Staff: Sue Cullen



Service Recipient: Dawn Roy

Date: \_\_\_\_\_

Service Span: May 22

**Outcomes:**

**Outcome #1:** wants to work on money skills has been shorted change when making purchases.  
Summarize Steps: Dawn will accurately practice making change 80% of the time.

**Outcome #2:** wants to get out into the community - wants to volunteer  
Summarize Steps: Dawn will participate in volunteer opportunity at PAI once a month.

**Communication Style:**  
verbal

**Learning Style:**  
verbal paired & demonstration

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>no staff help needed</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>avoids caffeine &amp; dairy.</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Thyroid disorder. can read &amp; take med on her own. needs help setting up appointments</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can take her med w/o assistance. may need help filling prescriptions.</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Dawn lives alone. Takes Metro mobility independently. May not know when someone is taking advantage of her. May not count.</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses independently.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Important to:</b>	<u>maintaining her independence. being &amp; friends. trust. coping skills. going out to eat &amp; stay safe</u>
<b>Important for:</b>	<u>having <del>sue</del> access to work. getting in to the community. stay safe living independently.</u>
<b>Likes:</b>	<u>all animals. her cat. being &amp; friends. cousin Stephanie. fishing. bowling. Ipad. spaghetti. lasagna. pizza</u>
<b>Dislikes:</b>	<u>asparagus. creamed corn. routine changes. being out of her comfort zone. undefined tasks and expectations.</u>

correctly

Staff: Shirley Cullen  
 Date: 6-22



Service Recipient: Hollie Shuette  
 Service Span: June '22

**Outcomes:**

**Outcome #1:** Wants to be more independent & money or technical skill if she were to choose employment  
 Summarize Steps: on outing Holly will hand her money to cashier & obtain the receipt 75% of trials

**Outcome #2:** same as #1  
 Summarize Steps: Holly will practice money skills on Ipad 85% of all trials.

**Communication Style:**  
Verbal

**Learning Style:**  
simple instructions + visual demonstrations

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>can identify allergies.</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cannot use a knife to cut her food. If not cut up she will take too large of bites.</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, mega colon, chronic constipation, scoliosis, obsessive compulsive disorder, cerebral palsy.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have the skills to take medication consistently and correctly. Doesn't know what meds she takes.</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has unsteady gait &amp; balance. Wears AFO's on her legs + uses a walker. Sometimes uses walker unsafely - Staff walks with Holly</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>could not give her ID info in an emergency or know who to ask for help. Doesn't demonstrate pedestrian/s stranger safety.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Holly wears glasses. She does have a pair of prescription glasses to correct vision. She may still try to wear her reading glasses.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Holly had begun picking her hair + would repeat this action throughout the day. May bite her arm or wrist if not feeling well.</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Important to:</b> <u>time &amp; family + friends, coffee, good food, electronics, looking nice, and out in the community</u>	
<b>Important for:</b> <u>have the opportunity to work, new varied opportunities to incorporate into her community, &amp; having physical supports to remain safe &amp; healthy</u>	
<b>Likes:</b> <u>music, Lady Gaga, Country, snacks, out to eat, shopping, watching the Simpsons</u>	
<b>Dislikes:</b> <u>salads &amp; veg tables, misplacing her items, doctor appointments, when peers tell her what to do, when she gets hurt, not feeling well.</u>	

hold on to gait belt ALL times

Staff: Sue Cullen

Date: 6-1-22



Service Recipient: Mary Zender

Service Span: March '23

Outcomes:

Outcome #1: N/A Will be developed at 45 day meeting  
Summarize Steps:

Outcome #2: N/A Will be developed @ 45 day meeting  
Summarize Steps:

Communication Style:  
Verbal

Learning Style:  
Verbal direction & modeling

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Allergic to Ability &amp; Zyrtec</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diagnosed w/ seizures not had one in several years. If she has a seizure follow PAI protocol</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prefers to have staff cut her meat to make it easier to chew.</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Diagnosed w/ Epilepsy, anxiety disorder. physically, verbally aggressive. self injurious behaviors- Redirect</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not currently take meds. I need a rose staff would administer meds.</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>can be physically, verbally aggressive toward others including - punching - pulls hair, - throws thing - Has cut &amp; bitten herself</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:

Important to: working- save \$ for Disney trip.

Important for: maintaining strong relationships w/ mom/guardian and participate in things she likes

Likes: shopping - Dollar tree, classes - bowling - going out to eat, crossword puzzles alone time - helping others - MN Vikings - state fairs arts & crafts.

Dislikes: cleaning

Staff: Sue Cullen

Date: May 23, 2022



Service Recipient: Andy St. Martin

Service Span: thru March 2023

**Outcomes:**

**Outcome #1:** Will complete a worksheet daily to improve his money skills. 80% of all trials.

Summarize Steps: ① Approach & ask if he'd like to complete his worksheet to build his money skills. If yes, provide a worksheet & assist as needed.

**Outcome #2:** Participate in community/outing of his choice once a month. 90% of the time/monthly.

Summarize Steps: ① Staff will share available outings for the month. Staff will assist Andy signing up for the outing he chooses. On the day of the outing, Andy will attend.

**Communication Style:** verbal

**Learning Style:** verbal

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Can chew & swallow food independently. No staff supports needed.
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</span> NA
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Willingly takes meds when given. Does not take meds @ PAI
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: NA
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff accompany in community. Staff made safe skills & verbal cues to look both ways when risks are presented
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: offered quiet area if over stimulated
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: have control over his schedule @ PAI, try new things. have his stuff not touched, ask not force, respect, not around loud people
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Important to:</b>	responsibility @ work, having a routine/schedule to follow. Have a space to go to when over stimulated - have opportunities to try new things.
<b>Important for:</b>	opportunity to try new things - have staff be patient - let him figure out things independently if possible - quiet space - assistance in communicating when needed.
<b>Likes:</b>	responsibility @ work. Valleyfair/MoA/ Science Museum/Volunteering/Movies/Swimming/Thrill stores/Potato chips/pretzels - carrots, apples, sprite, biking, cooking
<b>Dislikes:</b>	Forced to try new things: some one touching his stuff, loud people, invasion of boundaries - space - change in schedule - meeting someone new w/o advance notice

Staff: Sue Cullen  
 Date: 5-23-22



Service Recipient: Linda Schroder  
 Service Span: thru Aug 2022

**Outcomes:**

**Outcome #1:** Linda will greet a peer and begin a conversation 2 that peer at least twice.  
 Summarize Steps: a day- 90% of all trials.  
 ① Staff will encourage Linda to strike up a conversation ② Staff will cue Linda if she feels stuck & needs help ~~beginning~~ to start Linda will engage in conversation twice during the day.

**Outcome #2:** Linda will walk the halls or stretch ~~at~~ daily @ PAI 95% of all trials.  
 Summarize Steps: Staff will encourage Linda to move her body - walking or stretching at least 1 time a day. Staff will remind Linda the importance of moving her body to remain physically healthy.

**Communication Style:**  
verbally

**Learning Style:**  
verbal

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>penicillin, strong scented perfume. Staff will give Linda medication <del>per</del> prescribed. Staff will limit use of strong perfumes.</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Will sometimes have coughing spells while eating if she doesn't chew food properly. a prompt Linda to slow down while eating &amp; slow down to chew food <del>properly</del> thoroughly.</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Low calorie diet. Her staff pack her lunch. Staff ensure Linda eats the lunch packed for her.</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>History of breast cancer</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She may not want to take medication if she doesn't understand staff will explain what the medication is for.</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Does not like standing for long periods of time. Allow to sit down as needed Remind to use hand rails on stairs</u>
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 or 2 activities a month</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Important to:</b> <u>Living 2 females her age. Attending church 2 her family.</u>	
<b>Important for:</b> <u>Maintain low calorie diet. Be physically active, structure and stability, staying active, advocating for herself.</u>	
<b>Likes:</b> <u>vacation, cabin, camping, church, brother, family, crafts, arts, bingo</u>	
<b>Dislikes:</b> <u>unclear expectations, mean people, feeling like people are upset with her.</u>	

Staff: Sue Cullen  
 Date: May 24, 2022



Service Recipient: Juan'ne Durham  
 Service Span: thru March 2023

**Outcomes:**

**Outcome #1:** Upon arrival, Juan'ne will stretch arms & legs - minimum 5min day. 75% trials.  
 Summarize Steps: Staff will approach Juan'ne, ask if she is ready to start stretching. Staff aware stretches are for Range of Motion. Juan'ne will stretch for 5min minimum.

**Outcome #2:** Once a week, Juan'ne will greet her peers upon arrival within her home room. 15% trials  
 Summarize Steps: Juan'ne is very social & will continue greeting and creating relationships while at PAI.

**Communication Style:**  
 Verbal

**Learning Style:**  
 Verbal - visual demonstrations

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can feed herself can choke - staff in room cerebral palsy
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can choke - staff in room
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: food cut int bite size pieces & may need assistance
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: medical - manual w/c & electric w/c self-propel can self propel DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: struggle w/ taking meds timely manner understands meds - cerebral palsy
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2 person
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: understands & knows fall risks self propel w/c Doesn't always ask for help
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may struggle self propelling in w/c knows street safety + uses her cell phone
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Important to:</b> Art projects, playing games, hanging out w friends & family	
<b>Important for:</b> Having access to work and leisure activities and having the appropriate supports to do so.	
<b>Likes:</b> socializing, art, R & B music, chicken, burgers, pasta, being a greeter, organizing, shopping	
<b>Dislikes:</b> Beets, Brussel sprouts, being board, doing dirty jobs staying home, rude people.	

Staff: Sue Cullen  
 Date: May 24, 2022



Service Recipient: Brittany Geisenhof  
 Service Span: Geisenhof  
thru 11-22

**Outcomes:**

<p><b>Outcome #1:</b> Practice social skills by watching videos. Practice 1:1 scenarios w/ Staff or Worksheets</p> <p>Summarize Steps: Staff will ask Brittany to choose between video, scenario, or worksheet to practice social skills. Brittany will choose her materials. <span style="float: right;">90%</span>          then she will practice &amp; participate in social skills.</p>
<p><b>Outcome #2:</b> Once a week Brittany will participate in on/off volunteer site-volunteer 75% - me</p> <p>Summarize Steps: Staff will approach Brittany &amp; planned volunteer opportunities. Staff will explain the opportunities. Brittany will choose. Staff will encourage Brittany to follow through on her choice of volunteering.</p>
<p><b>Communication Style:</b>          verbally</p>
<p><b>Learning Style:</b>          verbal &amp; role model</p>

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

<p><b>Allergies:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:          NA</p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          NA</p>
<p><b>Choking:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: eats independently. No staff support</p>
<p><b>Specialized Diet:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          NA</p>
<p><b>Chronic Medical Conditions:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</span>          NA</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: occasionally takes meds.          staff support needed.</p>
<p><b>Personal Cares:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          NA</p>
<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          NA</p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: stranger danger          staff support required</p>
<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:          NA</p>
<p><b>Behavior Support:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:          NA</p>
<p><b>Unsupervised Time:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          NA</p>
<p><b>Important to:</b> Going out to eat, swimming - facetime w/ family</p>	
<p><b>Important for:</b> staying safe &amp; healthy in community, including being cautious in parking lots. Be aware of her surroundings</p>	
<p><b>Likes:</b> Going out to eat, going to mall, facetime, country music</p>	
<p><b>Dislikes:</b> Vegetables, extreme temperatures, barking dogs, holding multiple items with her hands, being told what to do, unfriendly &amp; loud people</p>	

Staff: Sue Cullen  
 Date: May 24, 2022



Service Recipient: Daniel Geisenhof  
 Service Span: thru Oct 2022

**Outcomes:**

**Outcome #1:** Daniel will maintain appropriate boundaries & peers 95% of all tasks.  
 Summarize Steps: staff will teach, model & encourage everyone at PAI to maintain appropriate physical boundaries. If staff sees Daniel touching another peer will politely ask Daniel to keep his hands to himself. Teach the importance of boundaries @ work.

**Outcome #2:** Dan will model good role model qualities & maintain a positive attitude.  
 Summarize Steps: When presenting class/activity, staff will explain what the class is going to be doing and the rationale behind the activity. If Dan has negative feedback, in front of peers, staff will ask Dan to give it a try before judging it.

**Communication Style:**  
verbal

**Learning Style:**  
verbal with practice

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</span> <u>NA Diagnosed w pneumonia - has inhaler</u>
<b>Medication at PAI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>does not self manage staff support needed</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>reminders needed to stay on task staff support needed</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Important to:</b>	<u>Staying active - shooting hoops swimming. Spending time in community w girlfriend. Trying new things</u>
<b>Important for:</b>	<u>Having opportunity to work &amp; take classes. Being given time/space/trusted person to talk with &amp; time to process info</u>
<b>Likes:</b>	<u>Watch TV, attending church, making money so he can spend money video games face time w friends &amp; Pirates of the Caribbean movie series.</u>
<b>Dislikes:</b>	<u>most veggies - especially tomatoes. Being argued with. others trying to irritate him &amp; get a reaction out of him.</u>

Staff: Sue Cullen  
 Date: 5-23-22



Service Recipient: Brooke Shelstad  
 Service Span: thru Aug 22

**Outcomes:**

**Outcome #1:** Brook will stretch and/or exercise using available equipment 75% of all trials.  
 Summarize Steps: Encourage Brook to begin stretches upon arrival. Staff will give Brook exercise equipment & printout of exercises. Brooke will begin her exercises.

**Outcome #2:** Brook will practice pedestrian & street safety & emergency protocol with staff assistance 75% of trials. On outings Brook & staff will practice her ped & street safety. Staff will provide worksheets with emergency info for Brooke. Outing days Brook will complete emergency worksheets.

**Communication Style:**  
 verbal

**Learning Style:**  
 simple verbal instructions - visual demonstrations

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: eats independently. may not cut her food into bite size pieces. Staff supports required.
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hypertthyroidism DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes No chronic medical conditions
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: needs help & meds No staff supports are needed
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: NA
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can read signs & will ask for help
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Brook wears her glasses
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Important to:</b> Being social - working, earning a paycheck - people being mindful of her personal space	
<b>Important for:</b> family, opportunity to work & make \$ - Being independent, traveling, Being mindful of her personal space. Ice cream - spending time & her PCA 'Katie'	
<b>Likes:</b> cooking classes, music, french fries, hot dish, pasta, cheer leading, singing, dancing, Basketball, friends, family, Bingo, arts, crafts & going to the movies	
<b>Dislikes:</b> Spicy food, salad, ketchup, being touched, being alone @ night, people yelling, storms, noises, People taking advantage of her.	

Staff: Sue Cullen

Date: May 24, 2022



Service Recipient: Tiffany Kraemer

Service Span: thru July 2022

**Outcomes:**

**Outcome #1:** Tiffany will raise her hand when out of work with 2 verbal prompts. 75% of trials  
 Summarize Steps: Tiffany will raise her hand when she is ready to complete another round of work. If she doesn't raise her hand staff will use two or fewer verbal prompts

**Outcome #2:** Tiffany will greet or say good bye to community member or while on site as a visitor 75% of the trials  
 Summarize Steps: Staff will verbally prompt Tiffany to greet community member or say good bye. And also at PAI site.

**Communication Style:**  
verbal

**Learning Style:**  
verbal & visual demonstration

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>eats independently. staff support not required.</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</span> <u>NA</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>requires staff support for meds</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>very friendly. May talk to strangers</u> <u>staff support is needed</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Important to:</b>	<u>time w family, especially <del>me</del> niece. Her dogs, interaction w children outings w peers - work in the community</u>
<b>Important for:</b>	<u>opportunity for outings and work. to make choices based on her needs and interactions with others</u>
<b>Likes:</b>	<u>movies, spaghetti &amp; meatballs, trying new things, pontoon ride, mall walking - friends - cleaning</u>
<b>Dislikes:</b>	<u>working at "Dynamic Air" negativity; peers talking to much.</u>

Staff: Sue Cullen  
 Date: May 23, 2020



Service Recipient: Sarah Poulsen  
 Service Span: July 2022

**Outcomes:**

<b>Outcome #1:</b> When offered on-site work, Sarah will try it for one hour $\pm$ 2 verbal cues - 90% of all trials. <b>Summarize Steps:</b> Staff will encourage Sarah to try the on-site work. Staff will remind Sarah the purpose of why it is important. Staff will verbally encourage Sarah + reinforce her. Staff will verbally <del>encourage</del> encourage Sarah to work to focus on during work periods.
<b>Outcome #2:</b> Once a month Sarah will choose a community outing 75% of all trials. <b>Summarize Steps:</b> At beginning of month, staff will approach Sarah & outing calendar. Staff will encourage Sarah to choose an outing. On Sarah's chosen outing, Sarah will attend.
<b>Communication Style:</b> verbal
<b>Learning Style:</b> verbal

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Allergies: Glycopyrolate & Lamictal (lamotrigine) Does need staff support
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Epilepsy - has seizures. Support required according to CSSP Addendum
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: needs help cutting food - bite size May eat too fast. Staff supports needed
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: eats independently - needs help & portion control supports are required.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</span> AA constipation & bone loss.
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: needs physical assistance support required
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <del>has depth perception issues + balance issues</del> support needed
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: has depth perception issues + balance issues support needed may walk slow - assistance on stairs + uneven terrain
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: easily distracted, may go in unsafe areas. Pulls her hair AA wear hat in community to protect head
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: sensitive to loud noises Needs to squint - autism.
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Important to:</b>	cooking, pet therapy, music classes. Being around familiar people. quiet environment, set routine, patience, family, choices, work.
<b>Important for:</b>	opportunity to work. Having set routines, activities with people she trusts. Having time to respond & process, making choices + being respected.
<b>Likes:</b>	Jigsaw puzzles, watching T.V. church hymns, pop music, tortillas, cheese cereal - outing to eat. going to movies
<b>Dislikes:</b>	casseroles. when food touches, crowds, congestion, loud noises, not being listened to

Staff: Sue Cullen  
 Date: May 24, 2022



Service Recipient: Rachel Moore  
 Service Span: Thru Aug, 2022

**Outcomes:**

<b>Outcome #1:</b> Practice counting, matching, budgeting - worksheets - 70% of trials. Summarize Steps: Staff will gather supplies and set up for Rachel - when she is ready to practice staff will utilize pictures of money & coins as well as worksheets. Staff will help her make corrections on worksheets if needed.
<b>Outcome #2:</b> Rachel will attend volunteering/community activity once a month - 80% of trials. Summarize Steps: Staff will present Rachel with volunteer/community activities. Rachel will choose what she wants to participate in. when the time comes, Rachel will participate.
<b>Communication Style:</b> verbal
<b>Learning Style:</b> Verbal

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has seizure disorder - understands meds. Seizure-like episodes during/after eating. Staff support required.
<b>Choking:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: packs her own lunch. Eats bite size pieces - may over eat if unattended. Staff supports required.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hemangioma - staff will limit her activity. Staff supports required.
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: willingly takes her meds. She cannot self administer her meds. Staff supports needed.
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Rachel is trusting. Belives anyone that smiles at her is her friend. Staff support is required.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: wears glasses
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Important to:</b> To be able to do her own thing. friends. family. mom. coffee. shopping.	
<b>Important for:</b> have as much independence as can be offered. To be social. To have trusting & safe people in her life.	
<b>Likes:</b> Books, movies, games, Christian music, pizza, pasta, mac & cheese. hot dogs. likes to make cards, trace.	
<b>Dislikes:</b> spicy or fried food. Rock & Rap music. doesn't like it too hot outside. being stared at. Being told she can't go somewhere because she isn't listening.	

Staff: Sue Cullen  
 Date: May 24, 2022



Service Recipient: Michael Garaghty  
 Service Span: thru Feb 2023

**Outcomes:**

**Outcome #1:** Michael will choose an activity to do during break 75% of trials  
 Summarize Steps: Michael has a 15 minute break each day. Will stop working and restart. Staff will ask Michael what he would like to do during break and get him the items needed.

**Outcome #2:** Once a month Michael will choose an outing or activity to attend 75% of trials  
 Summarize Steps: Staff will approach Michael with outing calendar. Michael will choose what he'd like to do that doesn't require money. On the chosen day Michael will attend.

**Communication Style:**  
verbal

**Learning Style:**  
verbal and practice

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>eats up &amp; chews well. No staff support needed.</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of substance abuse sober 10 yrs. will inform staff of feeling symptomatic Staff supports are required</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mike now relies on his staff to administer his meds. Supports are needed</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>when he feels unsteady will tell staff &amp; may need to take a break-sit. Uses a 4 wheel walker with a seat</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>wears eye glasses</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Important to:</b>	<u>Maintaining his sobriety, setting &amp; keeping boundaries. healthy relationships, maintain independence, lose weight.</u>
<b>Important for:</b>	<u>maintain his sobriety maintain his independence</u>
<b>Likes:</b>	<u>Wii game, golfing &amp; Brother DVD movies action movies talking about movies</u>
<b>Dislikes:</b>	<u>An inconsistent schedule</u>

Staff: Sue Cullen  
 Date: 5-23-22



Service Recipient: Carrie Skinner  
 Service Span: July 2022

**Outcomes:**

**Outcome #1:** Carrie will practice counting/matching/money skills once a day 75% of trials  
 Summarize Steps: Each day staff will approach Carrie e.a skill lesson (money, matching)  
If Carrie is to comply - staff will provide Carrie w the necessary materials to complete the lesson.

**Outcome #2:** Once a month, Carrie will participate in a volunteer opportunity on or off site. 80% time  
 Summarize Steps: Monthly, staff will approach Carrie with dates of available volunteer opportunities, Carrie will choose what she wants to do. On the volunteer day of the opportunity, Carrie will attend.

**Communication Style:**  
verbal

**Learning Style:**  
verbal

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>some foods are difficult to cut up - meat &amp; pizza crust. Staff supports required</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>does not have time or management skills to take meds independently - staff support needed</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Important to:</b> <u>Having patient staff that are receptive of Carrie's choices. Spending time w her friends, the opportunity to go to work.</u>	
<b>Important for:</b> <u>Having patient staff that are receptive of Carrie's choices &amp; feelings. make choices, set schedule, maintain independence. Improve social &amp; advocacy skills</u>	
<b>Likes:</b> <u>friends, going out to eat, to mall, volunteering, social media, arts, crafts soft ball - 80's music, pizza, pasta &amp; chicken</u>	
<b>Dislikes:</b> <u>Being asked to do things that she doesn't want to do, or not on her schedule. meat loaf, opera music, being teased or being asked too many personal questions.</u>	

Staff: She Cullen

Date: May 23 2022



Service Recipient: Molly Sarne

Service Span: thru 4-27-22

Outcomes:

**Outcome #1:** Molly will participate volunteering/working in community 95% trials. 6 months.  
 Summarize Steps: Staff will help molly schedule volunteering + outings in community. Staff will record choices on Mollys calendar. Staff will post her schedule inside her locker. when date arrives- molly will attend.

**Outcome #2:** Molly will put all of her belongings away by 8:30 a.m. 75% of all trials.  
 Summarize Steps: Staff will encourage Molly to store her stuff in her locker. If Molly doesn't want to. Staff will prompt Molly at 8:30. Mollys belongings will be stored in her locker until end of day.

**Communication Style:**  
verbally

**Learning Style:**  
verbally

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Molly is at risk <del>at</del> at choking due to formation of her palate &amp; scarring in her trachea. Support is needed.</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>malformation skull, face, hands &amp; feet</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>support is needed</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>does not take meds. If needed, needs to be in a correct and timely manner. Support is needed.</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walks independently &amp; will listen to cues. skips when walking. may risk falling. Support is needed</u>
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can be alone in community up to 30 minutes may need assistance &amp; pedestrian safety. Support is needed</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>relies on hard contact lenses to correct vision. limited hearing in both ears-hole in wear - prone to infections</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>picks skin to point of bleeding. redirect support is needed.</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>alone in community up to 30 mins. may need assistance &amp; pedestrian safety. Support needed.</u>
<b>Important to:</b>	<u>Doing a good job, making money, making a difference in the world. Working &amp; animals, advocating for animals, being on time. choices. Being listened to.</u>
<b>Important for:</b>	<u>opportunities to work &amp; contribute to society. Support to maintain her independence. listen to her wants &amp; needs. grace when making mistakes.</u>
<b>Likes:</b>	<u>Playing games, working, shopping, time in the community animals, sleeping in, comfort foods, friends, family, music, chocolate chip cookies, spaghetti chick noodle soup</u>
<b>Dislikes:</b>	<u>When others dont listen to her, steak, venison, getting yelled at, abuse-any form, judging, bullying, negativity, racism</u>

Supports needed

Staff: Sue Cullen  
 Date: May 24, 2022



Service Recipient: Jericho Frost  
 Service Span: thru Dec. 2022

**Outcomes:**

<b>Outcome #1:</b> Jericho will practice advanced money skills & knowledge 80% of all trials Summarize Steps: Staff will ask Jericho if he'd like to do a worksheet or money skills. If Jericho complies, staff will provide the necessary materials and assist Jericho as needed.
<b>Outcome #2:</b> Jericho will approach staff weekly to converse about his week - share <del>any</del> anxieties Summarize Steps: Jericho will approach staff to converse about how his week was. If Jericho does not approach staff - staff will approach him. Jericho will share anything he would like to share - perhaps how his staff can support him.
<b>Communication Style:</b> Verbal
<b>Learning Style:</b> Verbal - with demonstrations (visual)

75% Trials

75%

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: not required
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: is aware & knows when he has seizure. Not able to self manage meds. support is needed
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: supposed to follow a low sugar diet. If excessive sugar. notify mom. Support is needed
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: due to lack of reading ability can not self manage meds. independently. Support is needed
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: needs verbal reminders to stay on task. May not recognize strangers & dangers. support is needed.
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may scratch & pick skin. <del>NA</del> support is needed
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Important to:</b>	Positive feedback at work. Having opportunities to do activities where he feels like he's making a positive impact. Staying busy
<b>Important for:</b>	Having staff support to keep him safe and incorporate into his community. Having opportunities to volunteer and work
<b>Likes:</b>	Shopping, watching Disney movies. going on vacation
<b>Dislikes:</b>	Loud noises, rude people, arguing or fighting.