

Staff: Sue Cullen  
 Date: May 24, 2022



Service Recipient: Miya Lee  
 Service Span: thru May 2022

**Outcomes:**

**Outcome #1:** wants to work on communication & social skills. would like to know more ASL  
 Summarize Steps: Miya will greet a different staff member or peer using ASL 75% trials

**Outcome #2:** staying active & exercising - family requested time to walk - maybe a walking group  
 Summarize Steps: once a month Miya will walk in group around building 75% trials

**Communication Style:**  
non verbal - vocalizations some ASL

**Learning Style:**  
verbal instruction & demonstration

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>lactose intolerance Miya is not fully aware of her allergy to dairy products</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>she eats fast remind to eat slowly</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>remind to spicy food, dairy canned fruit &amp; chocolate, loose stool</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>knee - arthritis</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 take regular medications at PAI</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>is friendly &amp; trusting - enjoys being in community can alert staff when she needs help.</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses - doesn't wear often</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:

**Important to:** meaningful relationships - community connections. friends. family - through music - short hair

**Important for:** having opportunities at meaningful relationships & connections new activities, environments - increase communication - ASL

**Likes:** jokes, friends family music cooking, cultural events, purses, wallets jewelry stuffed animals, short hair,

**Dislikes:** when people tell her to put her things away - when her hair is growing long

Staff: Sue Cullen  
 Date: May 24, 2002



Service Recipient: Dawn Line  
 Service Span: August 2002

**Outcomes:**

<b>Outcome #1:</b> Utilizing DBT skills when frustrated when reactive attempt back at Baseline 75% Summarize Steps: Staff will encourage Dawn to use her DBT skills to have a positive day.
<b>Outcome #2:</b> Dawn will set boundary & assert her needs to regulate emotions - 2 verbal cues 75% Summarize Steps: Staff will give Dawn 2 verbal cues as needed
<b>Communication Style:</b> Verbal
<b>Learning Style:</b> Verbal & her DBT skills * 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: Allergies to dust - can avoid dust areas
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (NA)	Describe Supports: <del>Susac's syndrome - both compromised immune system</del>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Yes	Describe Supports: <del>ASSIST</del> (NA) support not required
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (NA)	Describe Supports: <del>assistance with meds</del> (NA)
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: history of stroke - GERD DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes impaired vision @ eye <del>not</del> Susac's syndrome - compromised immune system
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: has history of forgetting to take meds - Accepts assistance
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: falling - history of dizziness + balance issues not at this time - mobility
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: with staff at all times may not recognize unsafe environment
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: eye glasses - does not wear - sensitive to scents
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA - has had a charge of disorderly conduct
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Important to:</b>	advocates for her self, she is helpful, great sense of humor
<b>Important for:</b>	independence, her nephew, her 4 dogs, making money getting her life back together
<b>Likes:</b>	NA
<b>Dislikes:</b>	NA

Staff: Sue Cullen  
 Date: May 24 2022



Service Recipient: Sameera Flomer  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** Sameera will choose a journaling prompt each morning 90% trials  
 Summarize Steps: provide materials needed give prompt for journaling

**Outcome #2:** Sameera will participate in at least one new activity each month 75% trials  
 Summarize Steps: staff will encourage Sameera to try new things and visit new places

**Communication Style:**  
verbal

**Learning Style:**  
verbal explanations & 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>no support needed</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>avoids pork &amp; gelatin</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Autism &amp; Fragile X Syndrome</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 the time or self management skills to take meds correctly consistently</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>may fall on uneven or slippery surfaces - she may walk fast when excited or anxious</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may forget to take caution - stranger danger + cars - would not know how to get home or who to ask for help</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>consistent supports time to relax - friendships - working &amp; getting a paycheck - visiting parents - being in the community</u>	
<b>Important for:</b> <u>consistent supports, continuing to work on social skills opportunities to work</u>	
<b>Likes:</b> <u>working on cards - relaxing in her room - playing on her computer - listening to music friends at PAI - family time</u>	
<b>Dislikes:</b> <u>Bad weather, changes in her schedule w/o letting her know, some peers at PAI some class at PAI closed in spaces</u>	

Staff: Sue Cullen  
 Date: May 24, 2022



Service Recipient: Jason Gysbers  
 Service Span: thru Oct 2022

**Outcomes:**

<b>Outcome #1:</b> <u>to participate during class times - likes cooking</u> Summarize Steps: <u>staff will work with Jason to accomodate weekly cooking classes.</u>
<b>Outcome #2:</b> <u>Jason has a goal to make more money wants to explore community employment.</u> Summarize Steps: <u>Jason will go off site and have an experience in the community at least once a month</u>
<b>Communication Style:</b> <u>verbally</u>
<b>Learning Style:</b> <u>verbal directions &amp; demonstrations</u>

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>Keppra- trusts his physician and caregivers to know his medications</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Jason has a history of seizures in the event of a seizure Jason would need emergency support &amp; care.</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Jason can eat fast &amp; may not chew food thoroughly.</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Jason may try to eat food that does not follow his Dr. prescribed diet - May become angry</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Jason has a history of blood clots.</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>cant self manage to take medication correctly or consistently</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>understands street + safety rules.</u> <u>NA</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>understands street + safety rules. Can make small purchases. make purchase food not diet friendly</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Jason declines to wear his glasses + hearing aids.</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>playing video games making a pay check, talking to friends.</u>	
<b>Important for:</b> <u>following a healthy diet &amp; having opportunities to work.</u>	
<b>Likes:</b> <u>playing video games, going shopping, watching movies, making money.</u>	
<b>Dislikes:</b> <u>Being ordered around, following his diet, people who yell and are mean.</u>	

Staff: Sue Cullen

Date: June 2, 22



Alex  
Service Recipient: Rabideau

Service Span: July 22

**Outcomes:**

**Outcome #1:** It is important for alex to maintain work responsibilities @ PAI  
Summarize Steps: Alex will sign himself in morning - name - date - time independently 90% of trials

**Outcome #2:** It is important to maintain independence @ monitoring diabetes.  
Summarize Steps: Alex will check his blood sugar independently each day at PAI 90% of 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 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 support needed</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>follows his diabetic diet by counting carbs on his phone</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alex usually cares for his diabetes w/ CGM - glucose monitor. will need help from staff if ↓ blood sugar levels.</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 manage his diabetes. may need help in recognizing ↓ blood sugar + follow treatment plan.</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 checked="" type="checkbox"/> Yes	Describe Supports: <u>staff support not 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>technology - being active - helping others. volunteering. participating in community - consistency, rule + routines maintain his independence + being happy.</u>	
<b>Important for:</b> <u>opportunity to participate in community. managing his diabetes. socializing w/ peers.</u>	
<b>Likes:</b> <u>flying rc helicopters. videogames. bike riding. old country music. tacos brats. diet soda.</u>	
<b>Dislikes:</b> <u>Mushrooms. green olives. cleaning. changes in rules or routines. being bothered when trying to type. mean people.</u>	

Staff: Julia

Date: June 2, 22



Service Recipient: Brent Roberts

Service Span: Feb 2023

Outcomes:

Outcome #1: continue on site work. He can ask for more cards/pieces 75% of trials  
Summarize Steps: will raise his hand to inform staff for more work. or verbally ask 2 verbal prompts 75% of trials

Outcome #2: social-enjoy meeting others & introduce a handshake  
Summarize Steps: once a week Brent will greet his peers upon arrival in his room or cohort. 2 verbal prompts. 75% of all trials

Communication Style:  
verbal & gestures

Learning Style:  
verbal visual demonstration & 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>Allergic to medications. Level 2 Levetiracetam/Keppra-1</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure disorder diagnosed. Hasn't had a seizure in 8 or 9 years. seizures controlled c anti convulsive meds.</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>no support needed.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hyperlipidemia &amp; Lymphocytosis</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>may have a bump on his neck from time to time. Monitor cuts-bruises scratches- ↑ risk of blood clots.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>is not able to take meds independently in a timely manner. Meds administered by staff.</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need reminders of street &amp; stranger danger/safety. He can become loud-move to quiet location.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may become agitated in an environment too loud or too bright. may cover his ears &amp; bite fingers.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>frustrated/agitated may self injure when upset may bite his fingers or hands.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>Being helpful. being organized. being active. being in the community</u>
Important for:	<u>Being helpful to others. staying organized being active in community. staying busy. family. friends. rocking chair</u>
Likes:	<u>friends. family. rocking chair</u>
Dislikes:	<u>Bright or noisy places</u>

Staff: Sue Cullen

Date: June 1, 22



Service Recipient: Hannah Johnson

Service Span: NOV '22

Outcomes:

<b>Outcome #1:</b> <u>to be integrated in the community, social connections</u> Summarize Steps: <u>Hannah will help choose &amp; participate in outing 2 a month. 90% of all trials</u>
<b>Outcome #2:</b> <u>to better understand social interactions. may not understand.</u> Summarize Steps: <u>some people need their space. Hannah will work on social skills each morning 75% of trials</u>
<b>Communication Style:</b> <u>verbally</u>
<b>Learning Style:</b> <u>verbal direction &amp; modeling</u>

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>Hannah is aware she is allergic to <del>specific</del> specific foods specific medications</u> <u>cepoflaxacin</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 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 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 type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<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>Hannah needs verbal reminders to stay on task &amp; remember to use cautions around traffic and strangers.</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>doing art projects, bowling, being friends &amp; family</u>
<b>Important for:</b>	<u>to have access to work &amp; appropriate supports &amp; employment opportunities</u>
<b>Likes:</b>	<u>animals, being friends and family, fishing, bowling, music, spaghetti, lasagna, gardening, planting, cooking</u>
<b>Dislikes:</b>	<u>asparagus, cream of corn, aggressive and argumentative people, expectations &amp; undefined tasks</u>

cephalexin

Staff: Sue Colledge

Date: 6-2-22



Service Recipient: Amy McVary

Service Span: July '22

Outcomes:

<b>Outcome #1:</b> <u>to maintain health &amp; exercise &amp; gain strength.</u> Summarize Steps: <u>amy will stretch + exercise each day at PAI</u> <u>75% of all trials</u>
<b>Outcome #2:</b> <u>Being integrated in a community &amp; maintain relationships.</u> Summarize Steps: <u>amy will attend chosen outings 2x month.</u> <u>30% of trials</u>
<b>Communication Style:</b> <u>verbal communication &amp; direction</u>
<b>Learning Style:</b> <u>verbal communications + direction</u>

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>medications listed. may have a reaction to Nickel on skin</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Amy is aware of seizure activity &amp; communicates when not feeling well. Has TBI</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eats independently - has a history of choking &amp; will accept help.</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: <u>drop foot tingling in leg that comes &amp; goes &amp; treatment &amp; medication orders.</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>Needs support from staff to follow through</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>experiences balance issues on sit of migraine headaches weakness on left side</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>experiences balance issues &amp; on sit of migraine headaches. weakness on left side</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>she know who to go to for help &amp; support relies on staff support in community.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensitive to sounds cause headaches. Blurred vision &amp; migraine headaches.</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>community outings. work. attend classes. following rules. happy &amp; positive - being listened to. reduce headaches.</u>
<b>Important for:</b>	<u>opportunity to work, participate in community. staying relaxed &amp; positive attitude</u>
<b>Likes:</b>	<u>puzzles. MNTwins. country music, pasta, tacos. swimming &amp; dolphins creativity. Sinatra family &amp; listened to.</u>
<b>Dislikes:</b>	<u>people not following the rules, noise. chaos, negative &amp; bossy people.</u>

Staff: Suzanne

Date: June 2, 22



Service Recipient: Angel McQuiston

Service Span: Nov. 22

Outcomes:

Outcome #1: Building \$ skills and knowledge - being more independent.

Summarize Steps: angel will practice advanced \$ skills and knowledge 90% of all trials

Outcome #2: working & intergrating herself into the community.

Summarize Steps: Angel will participate on an volunteering opportunity once a month. 75% of all trials.

Communication Style: verbal

Learning Style: verbal instruction & demonstration

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>penicillin &amp; seasonal allergies may need reminders.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may have difficulties swallowing</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>ADHD, Migraines, Asthma &amp; Laryngomalacia. may carry inhaler &amp; her.</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>self administers. Does not take meds at PAI</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may be uncomfortable in unfamiliar places, or difficulty responding to emergencies</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>sensitive to loud places. might want to take a break - walk hallways.</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, shopping, creativity, true fashion, make \$ and work, eating favorite foods, validation & encouragement.

Important for: patience as she learns, offered choices, decision making, being social & making \$

Likes: shopping, music, fashion, technology, laughing, trying new things, laughing, having fun

Dislikes: too much noise, loud people, crowds, unexplained expectations, long car rides

Staff: Suuuuuu

Date: 6-2-22



Service Recipient: Meng Yang

Service Span: \_\_\_\_\_

Outcomes:

<b>Outcome #1:</b> <u>to move his body daily. Some times walks too quickly. Learn to slow down.</u> Summarize Steps: <u>Meng will take a 5 minute walk daily at a slow pace while at PAI. 75% of all trials.</u>
<b>Outcome #2:</b> <u>to use communication as well as something he thoroughly enjoys teaching to</u> Summarize Steps: <u>Once a month, Meng will assist staff in teaching ASL. 80% of all trials.</u>
<b>Communication Style:</b> <u>verbally - Hmong, English &amp; ASL</u>
<b>Learning Style:</b> <u>visually &amp; verbally</u>

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hypotremic seizures. Takes medication to manage. If c/o headaches or has hiccups, it is a sign he will go into seizure.</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>supports not required</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will bring his lunch from home. Does not eat beef</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hypersomnia; Cerebeller Ataxia</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>Langerhans Cell Histiocytosis</u> *will alert staff if not feeling well. <u>Central Diabetes</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Not aware of names or why he takes meds. Unable to independently manage his meds or treatments.</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>Thoracic &amp; lumbar spine therefore has difficulties with balance, walking steady and walking on uneven ground.</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty walking due to S-shaped scoliosis</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Meng is friendly, &amp; social. communicates in Hmong, English &amp; ASL. Does not always hear well - doesn't <del>always</del> wear his <u>Hearing aids any more</u></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>ASL, reading ASL books &amp; teaching others. Family &amp; friends. art-Hmong music. being in the community. organizing and work.</u>
<b>Important for:</b>	<u>opportunities to work and make \$. Gaining independence. Stay away from angry people or other forms of danger.</u>
<b>Likes:</b>	<u>ASL, Hmong music. pepperoni pizza, egg rolls, coffee, working volunteering.</u>
<b>Dislikes:</b>	<u>mean and disrespectful people, danger, waking up too early in the morning</u>

Staff: Sue Cullen  
 Date: JUNE 2, 22



Service Recipient: Katie Lammers  
 Service Span: Aug '22

**Outcomes:**

**Outcome #1:** continue exercise for strength & balance

Summarize Steps: Daily, Katie will use her exercise handouts for balance & strength 75% trials  
 #2 work on social skills to better react in certain situations.

**Outcome #2:** Work on social skills will encourage Katie to practice social skills upon arrival 75%

Summarize Steps: Building confidence for interviewing in the community.  
 #3 once a week, Katie will practice a mock interview with staff 75% of trials.

**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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Allergic to Sulfa Drug and wine</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>tends to drink too fast - RISKS CHOKING</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>Diagnose of Ataxia. Affects her balance and coordination. Short term memory loss.</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May not follow through &amp; orders or forget. May take the wrong 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>Due to Ataxia - at risk for falling. may use walker Uses w/c at PAI</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>At risk for falling - uses walker. Due to memory loss may not be able to accurately identify herself for location</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears 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>having the opportunity to work &amp; be social with peers &amp; staff. Being active, gaining and maintaining independence.</u>	
<b>Important for:</b> <u>opportunities to be social &amp; friends. Work in the community. outings and gain independence</u>	
<b>Likes:</b> <u>Biking, making bracelets, watching hockey, peppermint bombonice cream, pasta, music and exercise</u>	
<b>Dislikes:</b> <u>spicy food. loud people - rude people</u>	

Staff: Suecullen  
 Date: June 2, 2022



Service Recipient: Sean Boyd  
 Service Span: Aug '22

**Outcomes:**

**Outcome #1:** Would like to travel to Africa - Wants to learn about Africa  
 Summarize Steps: once a week Sean will learn one fact about Africa. 80% of trials

**Outcome #2:** Maintaining relationships - Integrated into the community.  
 Summarize Steps: Will greet a community member once a month 75% of trials. To find a job in the community and gain further independence. Sean will meet an Employment Specialist to see what kind of jobs are available.

**Communication Style:**  
verbal - hard to understand

**Learning Style:**  
verbal instructions paired with 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>Citrus juices can cause loose stools. Sean's skin is sensitive to tomato sauce and tomato juice</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 support needed</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diagnosed with cholesterol requiring a low fat 1200 calorie diet. Takes others food - limit soda consumption.</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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>NO</u>	Describe Supports: <u>relies on assistance with treatments and 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sean is verbal but hard to understand. He may not choose to seek assistance when he needs it</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses. Some vision loss.</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 participate in outings in community. cleaning jobs drink his favorite beverage at break time. Be independent</u>
<b>Important for:</b>	<u>Working &amp; outings in the community. Maintain &amp; gain independence maintaining a healthy &amp; nutritional diet.</u>
<b>Likes:</b>	<u>Watching movies, listening to music - cleaning jobs - chicken and Thanksgiving foods.</u>
<b>Dislikes:</b>	<u>oranges, grapefruit - tomato paste - mall walking - Being told what to do. MONDAYS. ARTHS' ARTIST 2</u>

Staff: Sue Cullen



Service Recipient: Adam Wagner

Date: May 31

Service Span: 4-23

**Outcomes:**

**Outcome #1:** once a week Adam will participate in an on or off site volunteering opportunity  
Summarize Steps: Staff will approach Adam on opportunities to participate in.

**Outcome #2:** daily review alphabet with staff  
Summarize Steps: worksheet practice - review w staff afterwards.

**Communication Style:**  
verbal - hard to understand

**Learning Style:**  
verbal - visual demonstration & repetition

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has seizure in past - <sup>1987</sup> hasn't had anymore since would follow PAI if he were to have one.</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>has no teeth - "gums" food had teeth pulled - wears dentures - chooses not to wear/feeding</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hypo active thyroid</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>high cholesterol</u> <u>IBS</u> <u>fused vertebrae neck.</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>doesn't have any meds now. If did have them he would need assistance.</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>will seek assistance if needed.</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>needs help w street &amp; stranger skills and volume of his voice</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>reminder of volume of voice</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>working, daily routine - MN Twins &amp; Vikings.</u>	
<b>Important for:</b> <u>ensure Adam is working, staying busy, being encouraged to try new things.</u>	
<b>Likes:</b> <u>coloring, eating out, cleaning, working, movies, dancing, bowling</u>	
<b>Dislikes:</b> <u>not following a daily routine - feeling or being dirty</u>	