



Competency Tracking Form

Participant: Wendy Snyder

Annual Service Span: 7/2022-7/2023

Annual Meeting Date: 7/29/22

Date Assigned to Lead: 7/11/22

Competency Quiz Due for all Staff: 8/11/22

Documents Reviewed: CSSPA, IAPP, SMA, and a One-Page Profile.

*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
	AA	Ann Alberg
	DB	Destiny Barnes
	AB	Austin Bofferding
	JB	Juan Bonilla
	LC	Lynn Champagne
		Isabelle Cooper
	SC	Sue Cullen
	NG	Nicci Gangl
	JA	Jesse Haug

Date Completed	Initials	Full Name
	JK	Justyn Kriel
	DM	Danielle Mendez
	DN	Dawn Nelson
	MP	Monti Patrick
	AR	Anneliese Robinson
	LS	LeAnn Silverness
	SS	Shelley Stover
	SV	Soua Vang
		Erica Wubben

Date Uploaded to LMS: 8/19/2022

Staff: Nicci Gangl

Date: 8/16/22



Service Recipient: Wendy Snyder

Service Span: 7/2022 – 7/2023

Outcomes:

Outcome #1: Each Morning, Wendy will review her daily schedule with staff.

Summarize Steps:

Wendy will pull out schedule independently and staff will approach her to see if she's ready to go over her day. Staff will provide any assistance needed for remembering and answer any questions.

Outcome #2: Twice a month, or as available, Wendy will choose an outing or activity to attend.

Summarize Steps:

At the beginning of each month staff will approach Wendy with the available outings to choose from.

Communication Style:

Verbal

Learning Style:

Verbal instruction and hand over hand assistance

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

Allergies: X No <input type="checkbox"/> Yes	List & Describe Supports: Fresh water fish
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: n/a
Choking: X No <input type="checkbox"/> Yes	Describe Supports: May need reminders to take smaller bites
Specialized Diet: X No <input type="checkbox"/> Yes	Describe Supports: Wendy is diabetic and is on low carb diet-may need reminders in the community
Chronic Medical Conditions: X No <input type="checkbox"/> Yes	List & Describe Supports: Wendy is Legally blind, has Memory loss, Osteoarthritis in both feet, and Charcot foot
Medication at PAI: X No <input type="checkbox"/> Yes	Describe Supports: She does self-administer her medication set up by her house staff but Wendy needs support to make sure her medication doesn't drop out of her hands.
Personal Cares: <input type="checkbox"/> No X Yes	Describe Supports: Wendy can use the restroom on her own but will need to be escorted and guided in unfamiliar settings.
Mobility/Fall Risk: X No <input type="checkbox"/> Yes	Describe Supports: Wendy may experience unsteadiness due to being legally blind and her diagnoses with her feet. Staff will walk with Wendy to ensure her safety and may use a walker when needed.
Community Support: X No <input type="checkbox"/> Yes	Describe Supports: Needs to be with staff at all times and staff will model safe pedestrian and stranger safety skills.
Sensory Support: X No <input type="checkbox"/> Yes	List & Describe Supports: Wendy is legally blind-continues to learn and build skills to maintain independence.
Behavior Support: X No <input type="checkbox"/> Yes	List & Describe Supports: Wendy has bipolar 1 disorder-single manic episode, high anxiety, depression, alcohol and drug dependencies and has had a suicidal attempt in the past-staff will monitor any potential signs of mental health symptoms
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: n/a

Important to: Family, Son and Daughter, Socializing, Being in the community

Important for: Learning and building skills with being legally blind, maintaining independence, Finding comfortable settings.

Likes: Listening to audiobooks (especially James Patterson), Using Alexa, Eating out, Going to the gym and church

Dislikes: Feeling overwhelmed and anxious

Lead Review Completed:

Staff: Danielle Mendez



Service Recipient: Wendy S.

Date: 8.16.22

Service Span: 7.22-7.23

Outcomes:

Outcome #1: each morning Wendy will review her daily schedule
 Summarize Steps: Wendy will pull out schedule and review with staff

Outcome #2: 2x a month choose outing to attend
 Summarize Steps: @ the beginning of the month go over outings available, choose and participate

Communication Style:
Verbal

Learning Style:
Verbal instructions and HHA assistance

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>Fresh water fish</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May need reminders to take smaller bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wendy is diabetic and on low carb diet - Reminders</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Charcot foot</u> <u>legally blind, memory loss, osteoarthritis in both feet</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>make sure meds dont drop</u> <u>Wendy's PAI administers her meds preped by nurse</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent - but does need to be escorted</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may experience unsteadiness, will walk with staff</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/ staff @ all times - model safe pedestrian & safety</u> <u>stranger</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind - learns & build skills to maintain independence</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>depression, high anxiety, alcohol & drug</u> <u>monitor</u> <u>bipolar I disorder ~ single manic disorder dependence</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to: <u>family, son, daughter, socializing, being in community</u>	
Important for: <u>comfortable settings</u> <u>learning & building skills, w/ being legally blind, maintain independence</u>	
Likes: <u>audio books, using Alexa, eating out, gym & church</u>	
Dislikes: <u>feeling anxious & overwhelmed</u>	

Lead Review Completed: [Signature]

Staff: Dawnmerson
 Date: 8/16/22



Service Recipient: Wendy Snyder
 Service Span: 7/22 - 7/23

Outcomes:

Outcome #1: Each morning, Wendy will review her daily schedule w/ staff.
 Summarize Steps: Wendy will pull out schedule independently and staff will approach her to see if shes ready to go over her day. staff will provide any assistance needed for remembering & answer any questions

Outcome #2: Twice a month, or as available, Wendy will choose an outing/activity to attend.
 Summarize Steps: At the beginning of each month staff will approach Wendy with the available outings to choose from

Communication Style:
Verbal

Learning Style:
Verbal instruction & hand over hand assistance

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>Fresh water fish</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need reminders to take smaller bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wendy is diabetic & is on low carb diet - may need reminders in community</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind, has memory loss, Osteoarthritis in both feet & Charcot foot</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>she does self administer her meds set up by her house staff but Wendy needs support to make sure med does not fall out of her hand</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>wendy can use the restroom on her own but will need to be escorted & guided in unfamiliar settings</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may experience unsteadiness due to being blind and her diagnosis with her feet. staff will walk w/ her to ensure her safety & may use a walker when needed</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs to be w/ staff at all times and staff will model safe pedestrian and stronger safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wendy is legally blind - continues to learn & build skills to maintain independence</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wendy has bipolar disorder - single manic episode, high anxiety depression, alcohol & drug dependencies and has had a suicidal attempt in the past - staff will monitor any potential signs of mental health</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>family, son & daughter, socializing, being in the community</u>	
Important for: <u>learning & building skills with being legally blind, maintaining independence finding comfortable settings</u>	
Likes: <u>listening to Audiobooks (espec. James Patterson), using Alexa, eating out, going to the gym and church</u>	
Dislikes: <u>feeling overwhelmed & anxious</u>	

Lead Review Completed: [Signature]

Staff: Ann A
 Date: 8/16



Service Recipient: Wendy
 Service Span: 7/22 7/23

Outcomes:

Outcome #1: Wendy reviewed daily schedule w staff
 Summarize Steps: Wendy will get out so

Outcome #2: twice a month or as available pick 2 cutting
 Summarize Steps: pick

Communication Style:
Verbal

Learning Style:
Hand of Hand Verbal instruction

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>Fresh Fish</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>need reminder of small bites</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diabetic need reminders to to</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Legal Blind</u> <input type="checkbox"/> <u>charge foot</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Self administer</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>But needed to be escort to help get</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>handrails and her foot</u> <u>walker for transportation</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff need to be w/it</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bipolar + anxiety</u> <u>suicidal</u> <u>depression</u> <u>manic disorder</u> <u>monitor for these</u>	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Important to: <u>Family (son + daughter)</u>		
Important for: <u>learning skills finding comfortable</u>		
Likes: <u>listening Audio Book Gym (James Patterson)</u>		
Dislikes: <u>feeling overwhelmed</u> <u>anxiety</u>		

Lead Review Completed: [Signature]

Staff: Destiny B
 Date: 8/16/22



Service Recipient: Wendy S.
 Service Span: 7/02 - 7/23

Outcomes:

Outcome #1: Wendy review schedule w/ staff in AM
 Summarize Steps: Will grab schedule independently.
Will go over it w/ staff.

Outcome #2: outing 2x/month
 Summarize Steps: staff approach w/ outing list @ beginning of month.

Communication Style: verbal

Learning Style: verbal, hand over hand

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>Fresh water fish</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>Diabetic & low carb diet. May need reminders.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>MAY need reminders to take small bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind, memory loss, ^{PNR/DNI:} <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>osteoarthritis, Charcot foot</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>self administer set up by home, assist by making sure she doesn't drop it.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent, escorted.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteadiness. may need walker. escorted by staff.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/ staff @ all times. street/stranger safety.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind, continues to build skills.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bipolar I disorder - single manic episode, high anxiety, depression, alcohol & drug dependence, suicidal attempt. ^{MONTH}</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Important to: <u>Family, son & daughter, socializing, community.</u>	
Important for: <u>learning & building skills with being legally blind, independence, comfortable settings.</u>	
Likes: <u>Audiobooks, Alexa, Eating out, gym, church.</u>	
Dislikes: <u>Overwhelmed & Anxious.</u>	

Lead Review Completed: [Signature]

Staff: Justyn Krivel



Service Recipient: Wendy Snyder

Date: 8/16/22

Service Span: 7/22 - 7/23

Outcomes:

Outcome #1: Review schedule w/ staff daily

Summarize Steps: pulls out schedule
ask if need to review
help w/ questions

Outcome #2: Outing twice monthly

Summarize Steps: help her choose at beginning of month

Communication Style: Verbal

Learning Style: Verbal instruct + hand over hand

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>fresh water fish</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: Diabetic , <u>reminders for small bites</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diabetic, low carb, needs reminders</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind, memory loss, osteoarthritis in both feet</u> <u>charcot foot</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Self admin, needs help ensuring meds don't fall</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Wendy can use sola but needs help getting there</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteady walk w/ to ensure safety, brings walker</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>with staff at all times street + stranger safety</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bipolar I, manic episode, anxiety, depression, alcohol + drug dependency</u> <u>suicidal attempt</u> <u>staff monitor</u>	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Important to: <u>Family, Son + Daughter, Socializing, Community</u>		
Important for: <u>learning skills to cope with disabilities, independence, comfort</u>		
Likes: <u>Androbador, Alexia, eating out, gym, church</u>		
Dislikes: <u>Overwhelmed + anxious</u>		

Lead Review Completed:

Staff: Janet Smith
 Date: 8-16-22



Service Recipient: Wendy Snyder
 Service Span: 7/22-7/23

Outcomes:

Outcome #1: <u>review her daily schedule w/ staff</u>
Summarize Steps: <u>help put out schedule independently, provide assistance if needed</u>
Outcome #2: <u>owning one apartment</u>
Summarize Steps: <u>approach w/ available options to choose from</u>
Communication Style: <u>verbal</u>
Learning Style: <u>verbal instruction, hand over hand assistance</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>fresh water fish</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need reminders to face small bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diabetic, on low carb diet, may need reminders in the community</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>recently blind memory loss, osteoarthritis, charcot foot</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>self administer may need staff support to make sure medication isn't dropped</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>guided, with w/in familiar settings</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may experience unsteadiness due to being blind ^{visually impaired} staff walk w/ wendy to ensure safety</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>8' w/ staff at all times, model stranger safety & pedestrian skills</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>1 eye with blind</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of alcohol use, high anxiety, alcohol drug dependence, staff ^{staff} will ^{will} monitor</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>family son & daughter, recreation, being in the community</u>
Important for:	<u>learning & building skills w/ being legally blind maintaining independence in unfamiliar settings</u>
Likes:	<u>audio books, Alexa eating out, church</u>
Dislikes:	<u>being overwhelmed & anxious</u>

Lead Review Completed: [Signature]

Staff: Sueeeee



Service Recipient: Wendy Snyder

Date: 8-16-22

Service Span: - 7-23

Outcomes:

Outcome #1: Each morning Wendy will review daily schedule w/ staff.
Summarize Steps: staff will approach wendy + see if she's ready to go over schedule. Staff will provide assistance.

Outcome #2: 2x month, as available Wendy will choose outing to attend.
Summarize Steps: Staff will approach wendy w/ available outings to choose from.

Communication Style:
verbal

Learning Style:
verbal w/ handoverhand.

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>fresh water fish</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need reminders to take smaller bites</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diabetic on low carb diet</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>reminders needed in community</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wendy is legally blind, memory loss, osteoarthritis, in both feet & Charlot. foot.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>may need support to make sure she doesn't drop them from hand.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can use restroom - may need to be escorted</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteadiness due to blindness. a diagnosis w/ her feet. may use walker</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>with staff at all times</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>street + stranger danger</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind. continues to learn skills to maintain independence</u>
Important to:	<u>bipolar. 1 disorder, manic episode, high anxiety, depression, drug + alcohol dependency</u>
Important for:	<u>NA</u>
Likes:	<u>family - son + daughter socializing - being in community.</u>
Dislikes:	<u>learning + building skills w/ being legally blind - maintain independence - comfortable settings</u>
	<u>listening to audio books. using Alexa - going to gym + church</u>
	<u>feeling overwhelmed + anxious</u>

Lead Review Completed: [Signature]

Staff: Janice King
 Date: 8-16-22



Service Recipient: Wendy Snyder
 Service Span: 7/22-7/23

Outcomes:

Outcome #1: review daily schedule w/ staff
 Summarize Steps: independently pull out & discuss w/ staff

Outcome #2: 2x Month choose outing/activity to attend
 Summarize Steps: Beginning of month plan

Communication Style:
verbal

Learning Style:
verbal instruction hand over hand

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>fresh water fish</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>reminders for smaller bites (Blind)</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diabetic low carb reminders in comm</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Blind Memory loss Osteoarthritis in feet Charcot foot</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>self administer staff watch to not drop on floor</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May Be unsteady Walker staff walk with her</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/ staff at all times Model safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally Blind</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>1 suicidal attempt</u> <u>Bipolar I single Manic Anxiety Depression Alcohol/Drug dependence</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to: <u>Fam/Son/Daughter Socializing Being in Comm.</u>	
Important for: <u>learning Blind skills independence comfortable settings</u>	
Likes: <u>Audio Books using Alexa Eating out @ymca Church</u>	
Dislikes: <u>feeling overwhelmed / anxious</u>	

Lead Review Completed: [Signature]

Staff: LeAnn Silverness
 Date: 8/16/22



Service Recipient: Wendy Snyder
 Service Span: 7/22-7/23

Outcomes:

Outcome #1: Review daily schedule w/ staff
 Summarize Steps: - pull out schedule go over day provide assistance

Outcome #2: at a month choose outing/activity to attend
 Summarize Steps: - staff show Wendy to check outing available to go on.

Communication Style:
verbal

Learning Style:
verbal, verbal instruction, hand over hand assistance

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>fresh water fish</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reminders to take smaller bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diabetic, low carb diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>legally blind, memory loss, diabetes (feet) ^{chiral} feet</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>self-administer - supports doesn't drop</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>uses restroom on own / just needs guidance</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteady - legally blind, feet ^{need sure} she is safe</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs to be w/ staff pedestrian safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind learning independence</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bi-polar, alcohol + drug dependency, suicidal ^{tendency}</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>Family, son, daughter, socialization, community</u>	
Important for: <u>learning/building skills, independence, comfortable setting</u>	
Likes: <u>audio books, art, gym and church</u>	
Dislikes: <u>Overwhelmed, anxiety</u>	

Lead Review Completed: [Signature]

Staff: Anneriese
 Date: 8/10/22



Service Recipient: Wendy S.
 Service Span: 7/22 - 7/23

Outcomes:

Outcome #1: Each morning, review schedule w/ staff
 Summarize Steps: pull schedule ind., staff approach to review and assist as needed.

Outcome #2: 2x/month, or as available, Wendy choose outing to attend.
 Summarize Steps: staff approach w/ available outings. Wendy choose and attend

Communication Style:
Verbal

Learning Style:
Verbal, HOH assistance

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>Freshwater fish. staff ensure no consumption</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>reminders for smaller bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diabetic, low-carb diet. remind to eat foods appropriate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind, memory loss, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charcot foot, osteoarthritis in both feet</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>self-administer. staff assist to ensure she does not drop medications</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Ind. staff escort and guided in unfamiliar settings</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>experiences unsteadiness - legally blind, osteoarthritis. walker for transportation. staff escort always.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>with staff at all times. staff model street & stranger safety.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind - continues to learn & build skills w/ blindness</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>major bipolar, alcohol, drug dependency, high anxiety, depression. hx of suicidal attempt. staff monitor for symptoms</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>family, son, daughter, socializing, being in comm.</u>	
Important for: <u>learning, building skills w/ blindness, maintain ind., comfortable settings</u>	
Likes: <u>audio books, Alexa, eating out, gym, church</u>	
Dislikes: <u>anxiety, overwhelmed</u>	

Lead Review Completed: [Signature]

Staff: Shelley Sorn
 Date: 8/16/22



Service Recipient: Wendy S.
 Service Span: 7/22 - 7/23

Outcomes:

Outcome #1: Review daily schedule with staff.
 Summarize Steps: Independently pull out schedule. Go over w/ Wendy

Outcome #2: Have a month she will chose an outing to attend.
 Summarize Steps: Staff w/ ASL Wendy to chose from warehouse outings

Communication Style:
Verbal

Learning Style:
Verbal instruction - hand of hand instructions

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>fresh water fish</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>need reminder to take smaller bites.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diabetic - low carb diet - reminder in the community</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind, memory loss, oshripine in both feet, charco foot.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Self administration - Scheduled Staff will watch her take it so it do not take it</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent but only need assist to get there</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteady now legally blind & from her feet. has a walk of for transportation but can use it if needed.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>be w/ staff at all time staff will model street & pedestrian safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind - leaning staff to get her independence back</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bio polar 1 driving, high anix, depression - suicidal, drugs & alcohol addiction (past)</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:

Important to:
family, son & daughter, being in the community.

Important for:
learnig + build skills to be legaly blind.

Likes:
listen Audio books, Alexa, getting out - gym & ched

Dislikes:
feeling overwhelmed and anxious

Lead Review Completed: Shelley Sorn

Staff: Synn Champagne
 Date: 8/16/22



Service Recipient: Wendy Snyder
 Service Span: 7/22 - 7/23

Outcomes:

Outcome #1: will review her schedule
 Summarize Steps: wendy will pull out her schedule staff will help

Outcome #2: 2X month pick outing
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
Verbalist + handoverhand

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>fresh water fish</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>needs reminders small bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diabetic on low carb</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind, memory loss, Charcoal foot</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>self administers (make sure you watch)</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>uses restroom on her own needs to be guided</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may experience unsteadiness due to being blind</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs staff with @ all times</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>is legally blind is learning Building</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bi polar disorder, alcohol + drug dependency, high anxiety</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>family, son + daughter socializing, being in community</u>
Important for:	<u>learning building maintaining independence</u>
Likes:	<u>listen to Audio books using Alexa eating out going to gym</u>
Dislikes:	

Lead Review Completed: [Signature]

Staff: Arshon Basseeddy

Date: 8/16/22



Service Recipient: Wendy Snyder

Service Span: 7/12-7/23

Outcomes:

Outcome #1: Each morning, Wendy will review her daily schedule w/ staff.
 Summarize Steps: 1) Wendy will fill out schedule independently and staff will approach her to see if she is ready to go over her day. 2) staff will provide any assistance needed for remembering and answer any questions.

Outcome #2: twice a month, if available, Wendy will choose an outing or activity to attend.
 Summarize Steps: 1) At the beginning of each month staff will approach Wendy with the available outings to choose from.

Communication Style: Verbal.

Learning Style: verbal instruction and hand over hand assistance.

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>Fresh water fish.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reminded to chew slowly and smaller bites.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diabetic and low carb diet - may need cashiers in community.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Legally blind, memory loss, osteoarthritis in both feet and crooked feet.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does self-administer set up by house staff, needs support so it doesn't drop out of her hands.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent but needs to be escorted in unfamiliar settings.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May experience unsteadiness due to being legally blind and her diagnoses w/ her feet. Staff will walk w/ her.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/ staff @ all times. Staff model street and street safety.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Legally blind - continues to learn and build skills to maintain independence.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bipolar-1 disorder - single manic episode, high anxiety, depression, alcohol and drug dependencies and had a suicide attempt in the past. Staff will monitor mental health.</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>family, son and daughter, socializing, being in the community.</u>	
Important for: <u>learning and building skills with being blind, maintaining independence, finding comfortable settings.</u>	
Likes: <u>Listening to audiobooks (James Patterson), Alexa, eating out, going to the gym and church.</u>	
Dislikes: <u>Feeling overwhelmed and anxious.</u>	

Lead Review Completed: [Signature]

Staff: Sova Vandy
 Date: 08/16/22



Service Recipient: Wendy S.
 Service Span: July 22 - July 23

Outcomes:

Outcome #1: Each Monday, Wendy will review her daily schedule w/ staff.
 Summarize Steps: 1) wendy ind pull out her schedule 2) staff approach & go over her day 3) staff provide assistance as needed for remembering & answer any Qs.

Outcome #2: 2 a month or as available wendy will choose an outing/activity to attend.
 Summarize Steps: 1) Beginning of each month staff present outings 2) pick + participate on outing/activity.

Communication Style:
Verbal

Learning Style:
Verbal instruction + hand over hand assistance

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>Fresh water fish</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reminders to take smaller bites.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reminders of diet & staff supervision if buying food. wendy is diabetic and is on low-carb diet.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wendy is legally blind, has memory loss, osteoarthritis in both feet, and charcot foot.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>self-administers meds, set up by her house staff, wendy may need supervision to not drop meds.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND but may needs to be escorted to BR.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May experience unsteadiness due to being legally blind + osteoarthritis in feet, uses her walker during transportation.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/ staff @ all-times, staff model pedestrian + road safety.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind - continues to learn + build skills to maintain IND.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>has BPD type I - single manic episode. high anxiety, depression, alcohol & drug abuse. had suicidal attempt in the past - staff monitor & report as needed.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>Family, son & daughter, socializing, being in community.</u>	
Important for: <u>Learning and building skills w/ being legally blind, maintain IND, finding comfortable settings.</u>	
Likes: <u>listen to audiobooks, using alexa, eating out, going to gym, & church.</u>	
Dislikes: <u>Feeling overwhelmed and anxious</u>	

Lead Review Completed: [Signature]