



Competency Tracking Form

Participant: Heather Hawman Annual Service Span: TBD

Intake Meeting Date: 6/22/22 Date Assigned to Lead: 6/28/22

Competency Quiz Due for all Staff: 7/6/22

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 |
| | | Austin Bofferding |
| | JB | Juan Bonilla |
| | L | Lynn Champagne |
| | IC | 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 |
| | LP | LeAnn Silverness |
| | US | Shelley Stover |
| | SV | Soua Vang |
| | EU | Erica Wubben |
| | KP | Kathy Perry |
| | | |
| | | |
| | | |
| | | |

Date Uploaded to LMS: _____

Staff: Anneliese
 Date: 10/28/22



Service Recipient: Heather Harman
 Service Span: TBSP

Outcomes:

| |
|--|
| Outcome #1: N/A – 45 Day Summarize Steps |
| Outcome #2: N/A – 45 Day Summarize steps |
| Communication Style: Verbal |
| Learning Style: N/A – 45 Day |

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

| | |
|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: N/A |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: N/A |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Independent. May need reminders to slow down when eating and chew thoroughly. |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: N/A |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes ADHD, GERD, Mood Disorder – Cognitive and Neurological, microcephaly and encephalopathy. Due to encephalopathy, Heather has issues with fine motor skills. Staff assist in fine motor skills as needed. Staff monitor for signs/symptoms of any complications and report to team as needed. |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: None at PAI. Staff to administer if the need were to arise. |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: Independent. |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: Independent in ambulating. |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Heather is a very friendly and trusting individual. Staff to monitor and model safe pedestrian and street safety. |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: Heather wears eyeglasses to correct astigmatism, farsightedness and estropia. Heather is able to manage and clean her eyeglasses independently. |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: ADHD and anxiety. Medication controlled. Staff to report any signs/symptoms of mental health to team. Staff will encourage Heather to notify staff when she is uncomfortable or overwhelmed and staff will offer a quiet space for Heather to calm down. |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: N/A |

Important to: Having friends, her bike and biking, vacations, independence, having work and a paycheck, shopping, dancing with Disco Lights, hanging out with sister, caring for others, pet Glofish named Bubblegum and snails, walking dogs

Important for: Not having access to the internet without supervision, reliable/safe transportation, living with and having support from family, not overeating, wearing eyeglasses, staff understand her fear of thunderstorms, her high pain tolerance and impulsivities, step-by-step instructions, coping skills for anxiety

Staff: Michelle Storr
 Date: 7/13/22



Service Recipient: _____
 Service Span: TBD

Outcomes:

| |
|---|
| Outcome #1: <u>n/A 45 day</u> |
| Summarize Steps: |
| Outcome #2: <u>n/A 45 day</u> |
| Summarize Steps: |
| Communication Style: <u>Verbal</u> |
| Learning Style: <u>n/A 45 day</u> |

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

| | |
|--|--|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>n/A</u> | List & Describe Supports: |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>n/A</u> | Describe Supports: <u>2</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Independent - may need reminders to slow down.</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>n/A</u> | Describe Supports: |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>A OHD, GERD, Mood Disorder</u> <u>One to encephalopathy. Heaton has issues w/ fine motor skills. Staff assist in fine motor skills</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>None @ PAI but Staff would administer if she did</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Heaton is very trusting and friendly. Staff monitor and model safe pedestrian street safety</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Eye glasses to correct astigmatism, farsightedness, & esotropic. Heaton is able to manage & clean her glass</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>ADHD, Anxiety</u> | List & Describe Supports: <u>Meditation for noted. Staff will report and signs/symptoms of mental health to team. Heaton Staff will offer a quiet space for Heaton when needed</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>n/A</u> | Describe Supports: |
| Important to: | <u>Friends, Bike, vacations, independent, work & pay check, Shopping dancing at disco w/ her, Sister, Caring for others, goldfish & Subloger</u> |
| Important for: | <u>supervised internet access, reliable safe transportation, & walking dog family, not overloading, glasses, ^{staff} understanding fear of thunderstorms, when high</u> |
| Likes: | <u>Bright colors, shiny things, bike riding pain tolerance & impulsivity, step by step friends, pay check, ^{staff} working sharp Diamond instructor & coping skills for anxiety</u> |
| Dislikes: | <u>Thunderstorms, seafood, winter weather, being told what to do, roller coasters, rides that are too high, cats, Halloween fear of the unknown, fire works, loud noise, being overstimulated</u> |

Staff: Isabelle Cooper
 Date: 7/01



Service Recipient: Heather Harmon
 Service Span: TBD

Outcomes:

| | |
|----------------------|---------------------|
| Outcome #1: | <u>N/A</u> |
| Summarize Steps: | <u>45 day</u> |
| Outcome #2: | <u>N/A</u> |
| Summarize Steps: | <u>45 day</u> |
| Communication Style: | <u>verbal</u> |
| Learning Style: | <u>N/A - 45 day</u> |

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

| | |
|--|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Independent - give reminders to slow down & chew thoroughly</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD GERD, mood disorder - cognitive & neurological, microcephaly & encephalopathy - issues w/ fine motor skills</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>STAFF will assist as needed</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Not @ PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>model safe pedestrian & street safety</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>glasses to correct astigmatism, far sightedness & estropia</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD & Anxiety. Medication controlled. Staff will offer a quiet space for her to calm down.</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |

Important to: Having friends, biking, vacations, independence, having a paycheck, shopping, dancing w/ disco lights, sister time, caring for others, pet glo fish, walking dogs
 Important for: no access to internet w/out supervision, safe/reliable transportation, living w/ family, not over eating, wearing glasses, staff understand fear of thunder storms, impulses, coping
 Likes: Bright colors, shiny things, riding bike, friends, working, cooking, shopping, diamonds, dogs, walking dogs, riding horses, painting nails, dyeing hair, big ships, caps
 Dislikes: Thunder storms, seafood, winter weather, being told what to do, roller coasters, rides that are too high, cats, halloween, fear of the unknown, fireworks, loud noises, over stimulated

Staff: DESTINY B
 Date: 6/30/22



Service Recipient: HEATHER H
 Service Span: TBD

Outcomes:

| |
|---|
| Outcome #1: <u>45-day</u> Summarize Steps: |
| Outcome #2: <u>45-day</u> Summarize Steps: |
| Communication Style: <u>VERBAL</u> |
| Learning Style: <u>45-day</u> |

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

| | |
|---|--|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u> | List & Describe Supports: |
| 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>Independent. Reminders to slow down & chew</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u> | Describe Supports: |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, GERD mood disorder, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cognitive & Neuro, Microcephaly, Constipation Encephalopathy (Fine motor skills) may need staff ASSISTANCE. Monitor signs/symptoms & report to guardians</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Not @ PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Friendly & trusting. Street & Stranger Safety.</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Glasses for Esotropia, Astigmatism, Farsightedness. Independent Care.</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD & Anxiety med controlled. Encourage her to talk w/ staff & walk away for a break. Monitor & report to guardian</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u> | Describe Supports: |
| Important to: <u>Friends, bike, VACATION, Independence, work & money, going shopping, dancing w/ disco lights, sister, caring for others, pet & colorful SNAPS, walking dog</u> | |
| Important for: <u>NO internet w/o supervision, reliable/safe transportation, living w/ & support from family, not overeating, glasses, staff aware of fear of storms, routine, coping skills, step-step instructions.</u> | |
| Likes: <u>Bright colors, shiny things, bike, friends, work, psychology, cooking, shopping, Diamond dots, walking dogs, horses, beauty stuff, movies, music, eating out, big ships & caps.</u> | |
| Dislikes: <u>Storms, Seafood, winter weather, told what to do, rollercoasters & high rides, Halloween, loud noises, overstimulated.</u> | |

Staff: Gerse Aug
 Date: 6-30-22



Service Recipient: Heather Harmon
 Service Span: TBD

Outcomes:

| | |
|----------------------|---------------|
| Outcome #1: | _____ |
| Summarize Steps: | |
| Outcome #2: | _____ |
| Summarize Steps: | <u>NA</u> |
| Communication Style: | <u>verbal</u> |
| Learning Style: | <u>NA</u> |

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

| | |
|--|--|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u> | List & Describe Supports: |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u> | Describe Supports: |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>May need reminders to slow down & chew thoroughly</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u> | Describe Supports: |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD GERD Mood disorder Cognitive & Neurological Microcephaly constipation & Encephalopathy. Fine motor issues</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>May need staff assist</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None @ PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: |
| Community Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>very friendly/trusting = staff Model street/stranger safety</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Glasses she is independent</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD & Anxiety Medication controlled, staff encourage conversation if feeling uncomfortable/rote Breeds</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u> | Describe Supports: |
| Important to: | <u>Friends Bike vacation independence work/Money shopping Dancing sister caring for others GloFish Snails walking Dogs</u> |
| Important for: | <u>No internet w/out supervision safe transportation Living with family Not over eating glasses staff support for Anxiety High pain tolerance impulsivity</u> |
| Likes: | <u>Bright colors shiny things Bikes friends work paycheck cooking shopping walking Dogs horses painting Movies Music singing</u> |
| Dislikes: | <u>Thunder storms seabed winter cold weather roller coasters Halloween fear of unknown fireworks loud noises overstimulated</u> |

Staff: Synn Champagne
 Date: 4/30/22



Service Recipient: Heather Harman
 Service Span: TBD

Outcomes:

| | |
|-----------------------------|---------------|
| Outcome #1: | _____ |
| Summarize Steps: | <u>NA</u> |
| Outcome #2: | _____ |
| Summarize Steps: | <u>NA</u> |
| Communication Style: | <u>Verbal</u> |
| Learning Style: | <u>NA</u> |

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

| | |
|---|--|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Independent reminders slow down</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>Cognitive + neurological</u> <u>ADHD-Gerd mood disorder constipation</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>none @ PAI staff administer if needed</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>stranger safety</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>wears glasses - farsightedness</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD + anxiety, walk take a break</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Important to: | <u>shopping, her sister</u> |
| Important for: | <u>Friends, bike + riding bike, vacations, independence, work, money</u> |
| Likes: | <u>no access to internet without supervision. safe Transportation living with family staff know her fear of storms copes with anxiety</u> |
| Dislikes: | <u>Thunderstorms, seafood, winter, being told what to do, roller coasters rides that are too high, Halloween fireworks loud noises</u> |

Lead Review Completed: _____

Staff: M. Patrick
 Date: 6/30/22



Service Recipient: Heather Han
 Service Span: TBD

Outcomes:

| | |
|-----------------------------|---------------------|
| Outcome #1: | <u>N/A - 45 day</u> |
| Summarize Steps: | |
| Outcome #2: | |
| Summarize Steps: | <u>N/A - 45-day</u> |
| Communication Style: | <u>verbal</u> |
| Learning Style: | <u>45 DAY</u> |

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

| | |
|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Independent, May need reminder slow down eat thoughtly</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, GERD, Mood Disorder, Cash Jue DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes and neurological. M-cro chaly, contipation, and Encorhalopathy, issues with tirk fine motor skills, may need stff assistance, stff to monitor for any sign (symtom of</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None at PAI: stff adm. if needed</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Heather is very friendly and trusting in dividual stff to monitor and model safe pedestrian and stranger safety</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Wear glasses to correct estopia, astism and Far sightness. She is</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Disgosed with ADHD and anxiety independ</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Important to: | <u>friends bike, vacation, shopping, sister covins pet Gto Fish, bubble gum sheets</u> |
| Important for: | <u>no access to internet w/o supervision, reliable safe transportation family supports, not over eating, wearing glasses</u> |
| Likes: | <u>Bright colors, shiny things, ridins bike. tim ewl friends, working, make money</u> |
| Dislikes: | <u>Storms, seafood, winter, roller coaster, ride that are too high + cats (Halloweey) fear of unknown, fireword, loud noises over stimulate</u> |

Staff: Danielle Mendez
 Date: 6.30.22



Service Recipient: Heather H.
 Service Span: TBD

Outcomes:

| | |
|-----------------------------|-----------------------------------|
| Outcome #1: | Summarize Steps: <u>45 day</u> |
| Outcome #2: | Summarize Steps: <u>45 day</u> |
| Communication Style: | <u>Verbal</u> |
| Learning Style: | <u>45 day</u> |

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

| | |
|---|--|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Reminders to slow down - chews thoroughly</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Monitor for symptoms</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>ADHD, GERD, mood disorder, constipation</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None @ PAI - would need assistance</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Model Stranger and Pedestrian Safety skills</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Wears glasses - independent</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, anxiety - encourage to talk and take break</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Important to: | <u>walking dogs, work, friends, bike riding, shopping, dancing, sister</u> |
| Important for: | <u>step by step instructions</u> |
| Likes: | <u>No internet without supervision, reliable transportation, living w/ family, cooking, shopping, bright colors, shiny things, being able to work</u> |
| Dislikes: | <u>thunders forms, seafood, rides that are too high, overstimulated</u> |

Staff: Juan Bonilla
 Date: 06.30.22



Service Recipient: Heather H
 Service Span: TBA

Outcomes:

Outcome #1: NA 45 Day
 Summarize Steps:

Outcome #2: NA 45 Day
 Summarize Steps:

Communication Style: verbal

Learning Style: NA 45 Day

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

| | |
|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Independent reminders of slow down & chew throughout</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>ADHD, GERD, Mood Disorder, DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>Cognitive & Microcephaly, Constipation on cephalopods, fine w/ motor skills - may need assist</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Not at PAI, staff administer as needed</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>pedestrian & stranger safety</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, hyperactivity, autism, correct to topic, astigmatism</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, turned staff to task by listen to, report to guardian</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Important to: | <u>Having friends, bike riding, vacation, independence, having work & money, shopping, dancing w/ disco lights, hanging w/ sister, caring for others, Pet (big fish)</u> |
| Important for: | <u>Not having access to internet, who supervising, reliable transportation, living w/ & having support from family, A lot of overeating, wearing eye glasses, understanding, Real support from family, impulsive, on kids</u> |
| Likes: | <u>cooking, supply, drawing, listening, time w/ friends, being able to work, making paycheck, bright colors, movies, being able to work, making paycheck</u> |
| Dislikes: | <u>Annual storm, sea of winter weather, being told what to do, being followed by kids, too high costs, mall, people, being overstimulated, Fall at the unknown, fireworks, loud noises, being overstimulated</u> |

Staff: Leann S.
 Date: 6/30/22



Heather Harmon
 Service Recipient: _____
 Service Span: TBD

Outcomes:

Outcome #1:
 Summarize Steps: 45 day

Outcome #2:
 Summarize Steps:

Communication Style:
verbal

Learning Style:
45 day

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

| | |
|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Choking: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent reminders to slow down</u> <u>chew food</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Neurological macrocephaly</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>ADHD, OBRD, mood disorder</u> <u>Consistent</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Staff will administer if needed</u> <u>Encopriation</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> <u>motor skills</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Very friendly - Staff need to monitor + model</u> <u>staff outside</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Eye glasses</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Encourage to talk to staff when uncomfortable</u> <u>work area</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> <u>ADHD and anxiety - MH systems controlled by staff</u> |
| Important to: | <u>shopping, dancing, sister, pet, old fashioned gum</u> <u>snacks</u> |
| Important for: | <u>creating, eye care, fear of storms + pain tolerance</u> <u>clips</u> |
| Likes: | <u>cooking, psych, shopping, dogs, nurses, hair, pants, socks</u> <u>family</u> |
| Dislikes: | <u>Cats, nail, wheel, fireworks, loud noise</u> <u>friends work</u> |
| | <u>Thunderstorms, seafood, winter, told what to do roller</u> |

Staff: Justin Krol
 Date: 6/30/22



Service Recipient: Heather H.
 Service Span: TBD

Outcomes:

Outcome #1: _____
 Summarize Steps: NA

Outcome #2: _____
 Summarize Steps: NA

Communication Style: Verbal

Learning Style: 45 Day

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

| | |
|--|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>reminders to slow down and chew thoroughly</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, GERD, mood disorder - cognitive & microcephaly, constipation, Encephalopathy</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>staff assist + monitor</u> |
| Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None at PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Too trusting staff monitor + model streets + stranger safety</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>glasses self care for them</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD + Anxiety talk to staff when uncomfortable, staff monitor</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Important to: | <u>internet w/o supervision, reliable + safe transport, not overeating, glasses, staff know fear of storms, routine, coping skills</u> |
| Important for: | <u>Friends, Bikes, vacations, independence, work, shopping, dancing, family, Glofish, gummy snails, dogs</u> |
| Likes: | <u>bright colors, shiny things, bike, friends, work, money, coding, shopping, diamond dots, dogs, beauty stuff, movies, music, singing</u> |
| Dislikes: | <u>Thunderstorms, seabirds, winter, told what to do, roller coasters, Halloween, fireworks, loud noises, Overstimulation</u> |

Staff: Sue Cullen



Service Recipient: Raynisha Shaw

Date: 6-30-22

Service Span: 6-20-23

Outcomes:

Outcome #1: will use wk to stand for 30 secs 2x wk or more Tues & Fridays.
 Summarize Steps: morning staff home room will remind & assist her to stand for 30 seconds or more to meet her goal.

Outcome #2: initiate conversation 1x month & lead & identify experience
 Summarize Steps: will initiate conversation & staff on desired experiences lead to remind her to initiate. in community she would like to have will inform staff of new opportunities. Staff will set up equipment to stand.

Communication Style:
verbal

Learning Style:
verbal & demonstration

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

| | |
|---|--|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>eat bite size pieces - remind to slow down.</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Avoid pork & lactose intolerant</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>quadruplegia & CP.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>will take if set up - can put in her mouth. She takes meds here.</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>2 person, hoyer full assistance with cares (BM)</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>manual/electric wheel chair. Staff assist propelling in manual. Assistance in crowds.</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>wears glasses - may need help cleaning glasses. staff assist wheel chair in crowds & obstacles.</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>wears glasses may need help cleaning can't do on her own (motor skills)</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: <u>family - respect. Aunt - working on living independently working - physical</u> | |
| Important for: <u>Having physical opportunities to explore jobs, new community experiences</u> | |
| Likes: <u>nails done - shopping - Aunt - Bowling working to make \$ - Text friends - Baking painting - eating out - church hip hop - R+B - Metro plans</u> | |
| Dislikes: <u>being bored - being in environment - sto police - when things fall through - going to hospital inadequate staff loud noises.</u> | |

Staff: Steele
 Date: 6-30-22



Service Recipient: Heather Harmon
 Service Span: TBD

Outcomes:

Outcome #1: N/A 45 day
 Summarize Steps:

Outcome #2: N/A 45 day
 Summarize Steps:

Communication Style: verbal

Learning Style: NA - 45/day

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

| | |
|--|--|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>may need reminders to slow down when eating & chew thoroughly</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, Gerd, Mood disorder</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>due to encephalopathy - issues w/ fine motor skills</u> <u>Staff Assist - monitor & support</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>none @ PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>independent w/ friendly & trusting stranger/danger ped. danger</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>wears eye glasses</u> <u>can clean her glasses</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD & Anxiety - med controlled</u> <u>may need time to calm down if anxious</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Important to: <u>friends- biking, vacations, independence - work & \$, shopping, sister, goldfish, snails - dogs</u> | |
| Important for: <u>not having internet w/o supervision - reliable transportation, family support - fear of thunderstorms - her pain tolerance.</u> | |
| Likes: <u>Bright colors - shiny things, bikes, friends working & cooking, shopping, dogs, horses, nails</u> | |
| Dislikes: <u>Thunderstorms, seafood, winter, rollercoasters, Halloween fireworks - loud noises, over stimulated.</u> | |

Staff: Annaliese
 Date: 6/30/22



Service Recipient: Raynisha W.
 Service Span: 6/1/2022 - 6/1/2023

Outcomes:

Outcome #1: Raynisha will use her w/c to stand for 30 sec or more, 2x/week.
 Summarize Steps: Morning room, staff will remind to stand, staff provide proper equipment. She will activate w/c w/ job stick and stand. Will stand for at least 30 sec.

Outcome #2: will initiate conversation 1x/month w/ lead and identify experience.
 Summarize Steps: In the community she would like to have will inform staff of new opportunity, mid-month, will initiate convo w/ staff on desired experience. Lead to remind her to initiate

Communication Style:
verbal

Learning Style:
verbal demonstration

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

| | |
|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>to eat bite-sized pieces. Reminders to slow down if eating too quickly.</u> |
| Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Avoids pork and lactose in taurant.</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Quadruple amia and CP</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Raynisha does take meds at PAI, staff to set up and administer medication. She will take pill and put in her mouth.</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>2 person helper, full assistance w/ refreshing pmt and cleaning up after pmt.</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Manual or electric w/c. Staff to assist propelling in manual around obstacles or self-propel in electric as assistance moving around w/c in large crowds.</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff assist maneuvering w/c around obstacles and in large crowds.</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Wears eye glasses - may need assistance to clean as she does not have the fine motor skills to do so.</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Important to: | <u>family (sister and aunt), working, working to live independently</u> |
| Important for: | <u>having physical support, having continued opportunities to explore jobs, new community experiences</u> |
| Likes: | <u>getting things done, shopping, hanging w/ aunt, bowling, working to make money, calling and texting friends, church, baking, Hip Hop, R&B, metro to meet friends</u> |
| Dislikes: | <u>loud noise environment, being boxed, plans to stay through w/ staffing, police, going to the hospital, not being supported adequately by staff.</u> |

Staff: Erica W
 Date: June /30/22



Service Recipient: Heather H
 Service Span: TBD

Outcomes:

| |
|--|
| Outcome #1: |
| Summarize Steps: <u>N/A</u> |
| Outcome #2: |
| Summarize Steps: <u>N/A</u> |
| Communication Style: <u>verbal</u> |
| Learning Style: <u>N/A</u> |

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

| | |
|---|--|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Mal need reminders to slow down, chew good</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, GERD, mood disorder,</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>ect</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None at PAI</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>stranger, and Rose Staffy</u> |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Glasses,</u> |
| Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, Anxiety, encourage to take breaks</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Important to: <u>having friends, vacations, working, making money, dancing, Gold fish</u> | |
| Important for: <u>access to internet, safe transportation, wearing glasses, coping skills</u> | |
| Likes: <u>Bright colors, shiny things, bike riding, d'ing hair, make up</u> | |
| Dislikes: <u>thunderstorm, winter dislikes, cats, fireworks, Halloween</u> | |

Staff: Soxia Vang
 Date: 06/30/22



Service Recipient: Heather Harmon
 Service Span: TBD

Outcomes:

Outcome #1: _____
 Summarize Steps:
NIA - 45 day

Outcome #2: _____
 Summarize Steps:
NIA - 45 day

Communication Style:
Verbal

Learning Style:
NIA - 45 day

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

| | |
|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NIA</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NIA</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>IND. May need reminders to slow down + Chew thoroughly.</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NIA</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, GERD, mood disorder - EDNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>cognitive & neurological, constipation, etc. Issues w/ fine motor skills due to 'Encephalopathy'. Any signs/issues report to guardian.</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None @ PAI - would need assistance.</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>IND.</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>IND.</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Very friendly + trusting staff model pedestrian + road safety and stranger safety.</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>wears eye glasses to fix estropia, astigmatism, and farsightedness. IND w/ caring for it.</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Mental health is managed w/ meds. Staff encourage to talk to trusted staff as needed.</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NIA - none @ PAI</u> |
| Important to: <u>Having friends, her bike, vacations, IND, have work + money, shopping, dancing, hanging out w/ sister, caring for others, pet Glofish named Bubblegum, etc.</u> | |
| Important for: <u>Not having access to internet w/out supervision, reliable/safe transportation, family support, not overeating, abnormally high pain tolerance, etc.</u> | |
| Likes: <u>Bright colors, shiny things, bike riding, able to work, paychecks, cooking, shopping, Diamond Dots, beauty, animals, listening to music, ships, singing, etc.</u> | |
| Dislikes: <u>Thunderstorm, seafood, winter, being told what to do, riding rollercoasters, cats, halloween, fireworks, loud noises, etc.</u> | |

Staff: Ann Albers
 Date: 6/30/22



Service Recipient: Neathelr
 Service Span: FBP

Outcomes:

Outcome #1: TBD
 Summarize Steps:

Outcome #2: TBD
 Summarize Steps:

Communication Style:
Verbal

Learning Style:
TBD

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

| | |
|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>reminder to slow down chew food</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>Genel constipation Cognitive Neurol monitor for sign + symptom Enccephalopathy</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Microcephaly</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>none staff w/administer</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent</u> |
| Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Friendly ^{staff} model safety for stargest street</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>eye glasses to cor</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD anxiety Her mental health symptoms</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NA</u> |
| Important to: | <u>money</u> |
| Important for: | <u>Freend her bike bike riding vacation indipnee heavy work routine do Beauty stuff not having a tramp family wear glass high pain</u> |
| Likes: | <u>Bright color shiny things Diamond dot Big shirts caps Shops</u> |
| Dislikes: | <u>Thunderstorms cat Haloween fear of the unknown Seafood</u> |

Staff: Dawn Nelson
 Date: 6/30/22



Service Recipient: Heather Harman
 Service Span: TBD

Outcomes:

Outcome #1: N/A
 Summarize Steps: 45 day

Outcome #2: N/A
 Summarize Steps: 45 day

Communication Style:
Verbal

Learning Style:
45 day

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

| | |
|---|--|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Independent <u>may need reminders to slow down/chew thoroughly</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, GERD, Mood Disorder, Cognitive/Neurological, Microcephaly, Constipation & Encopropathy</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>None @ PAI - staff assistance if needed</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: Stets |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>she is very friendly/trusting individual, staff to monitor/model safe pedestrian & stranger safety</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>wears glasses, has astigmatism, far sightedness - independent in caring for her glasses</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Diagnosed w/ ADHD</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Important to: <u>friends, bike, bike riding, vacations, independence, having work, shopping, dancing w/ disco lights, sister caring for others, pet are fish, bubblegum & snails</u> | |
| Important for: <u>Not having access to internet w/o supervision, reliable/safe transportation, living w/ having support from family, not overeating, wearing glasses, understanding</u> | |
| Likes: <u>Bright colors, shiny things, riding bike, time w/ friends, working, making money, paycheck, cooking, shopping</u> | |
| Dislikes: <u>Storms, seafood, winter, being told what to do, rollercoasters, rides that are too high, cars, Halloween, fear of unknown, fireworks, loud noises, being overstimulated</u> | |

Staff: Nicki Gandy
 Date: 6/30/22



Service Recipient: Heather Hartman
 Service Span: TBD

Outcomes:

Outcome #1: _____
 Summarize Steps: n/a

Outcome #2: _____
 Summarize Steps: n/a

Communication Style:
verbal

Learning Style:
n/a

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

| | |
|---|--|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>n/a</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>n/a</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Independent - Reminders to slow down</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>n/a</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>HDHD, GERD, Mood disorder, Cognitive + Neurological Constipation, Encephalopathy</u> |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None @ PAI - would need assistance</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Can be very friendly - model safe stranger skills</u> |
| Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>Wears glasses</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Has ADHD, may pick at scabs or sores</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>n/a</u> |

Important to: Going on vacations, independence, having work, dancing, having friends, her bike and going biking, going on bike rides

Important for: Not having access to the internet w/o monitoring or direct support from staff, safe transportation, live w/ family, not overeating, eye glasses

Likes: Bright colors, shiny things, riding her bike, spending time with and talking w/ friends, work, making money, shopping, cooking, Diamond Dotz pics

Dislikes: Thunderstorms, seafood, winter weather, being told what to do, riding Rollercoasters, Halloween, fear of the unknown, fireworks

Staff: Kathy Perry
 Date: 7-22-22



Service Recipient: Heather Harman
 Service Span: TBA

Outcomes:

Outcome #1: 45 day
 Summarize Steps:

Outcome #2: 45 day
 Summarize Steps:

Communication Style: verbal

Learning Style: 45 day

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

| | |
|--|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Indep. may need reminders to slow down - Chew thoroughly</u> |
| Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD, GERD, mood disorder, menocephaly - encephalopathy, seizures & fine motor skills</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>PAI assist</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Indep</u> |
| Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Indep</u> |
| Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Very friendly & trusting. Staff supervise</u> |
| Sensory Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>glasses - astigmatism, farsighted</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>ADHD - anxiety - med controlled. Encourage to notify staff if feeling uncomfortable or overwhelmed</u> |
| Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> |
| Important to: | <u>friends, biking, vac, indep, work & paycheck, shopping dancing & disco like, sister, caring for others, her goldfish, walking dogs</u> |
| Important for: | <u>internet & supervision, reliable/daily transportation, family & therapy support from family, not overreacting, understand fear of thunderstorms, her high pain tolerance & impulsive, coping skills, anxiety</u> |
| Likes: | <u>Bright colors, shiny things, bike riding, friends, working, cooking shopping, Diamond Dotz, riding horses, paint nails, dying hair, corns</u> |
| Dislikes: | <u>Thunderstorms, real food, winter weather, being told what to do rollercoasters, halloween, fireworks, loud noises, overstimulation fear of the unknown</u> |