

Staff: _____

Date: _____



Service Recipient: Kelsey Martin

Service Span: _____

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

| | |
|--|---|
| Allergies: <input checked="" type="checkbox"/> | List & Describe Supports: Amoxicillin Staff will not administer this medication to Kelsey Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: NA |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Bite size diet to prevent choking. Staff will assist in cutting up her food. Can eat some finger foods independently such as fries, grapes and goldfish. Can eat with a fork/spoon if food is put on for her. Drinks from sippy cup. |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Chorea, Hypotonia, neuromuscular scoliosis, mild left hemiparesis. Staff will walk with Kelsey and will report any concerns to Kelsey's team. DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: If the need did arise, a trained staff would administer the medication per a signed physician's order. Would be taken in soft food followed by a drink. Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds / per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Can transfer to the toilet using a gait belt and staff assistance. Requires time on the toilet to have a BM. Wears disposable briefs and requires full assistance with changing and cleaning. |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Manual wheelchair when in the community. Can walk with assistance. Wears AFO's on both legs and is supported with a gait belt. |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: 1:1 in the community <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Delayed response to sounds/speech. Legally blind and wears glasses. Items will be presented at a close range and time will be allowed to process. |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Anxiety like behaviors and can have trouble regulating her emotions. May bite her wrist, rub thumbs until raw, and grind or clench her teeth. May also yell out, cry or hyperventilate. Staff will reassure Kelsey that everything is okay and offer her a quiet space. |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Important to: Maintaining her quality of life and staying happy and healthy | |

Lead Review Completed: _____

Staff: Colette Rice
 Date: 1.25.23



Service Recipient: ~~BRADLEY~~ Kelsey Martin
 Service Span: _____

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

| | | |
|--|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Amoxicillin</u> <u>Staff administer this med</u> | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <u>NIA</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Bite sized diet to prevent choking</u> <u>eat finger foods independently</u> | Sippy cup |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Chorea, hypotonia, neuromuscular</u> <u>Scoliosis</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>meds if administer</u> <u>take w/ soft foods</u> | Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>transfer to toilet w/ gait belt!</u> <u>followed by a drink.</u> <u>disposable briefs!</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>manual wheelchair in community.</u> <u>Can walk w/ assistance.</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>lil in community</u> | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>delayed response to sound/ speech!</u> <u>legally blind wears glasses</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Anxiety like behaviors!</u> <u>has trouble regulating her emotions</u> | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: <u>Maintaining her quality of life and staying happy</u> | | |
| Important for: <u>staying busy and engaged in her community</u> <u>healthy</u> | | |
| Likes: <u>fish, pizza, cheeseburgers, cheetos, jewelry,</u> <u>Say 'yes to the dress' music.</u> | | |
| Dislikes: <u>chips, carbonated drinks, spicy foods</u> | | |
| Communication Style: <u>Signs, gestures, few verbal words/phases</u> | | |
| Learning Style: <u>Routine, Repetition</u> | | |

Lead Review Completed: _____

Staff: Kia L. Bauch

Date: _____

Service Recipient: Kelsey Martin

Service Span: _____

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

| | | |
|--|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Amoxicillin</u> | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <u>N/A</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Bite size diet, staff will assist in cutting food, Drinks from sippy cup</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>chorea, Hypotonia, neuromuscular scoliosis,</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>no meds at PAI</u> | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>transfer to toilet using gait belt. Requires time on the toilet to have BM. Wears brief</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Manual wheelchair in community. Can walk with assistance. Wears AFO's both legs + gait belt</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>1:1 in the community</u> | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>delayed responses to sounds/speech, legally blind + wears glasses</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Anxiety like behaviors + can have trouble regulating her emotions.</u> | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: <u>Maintaining her quality of life + staying happy + healthy</u> | | |
| Important for: <u>staying busy, + engaged in the community + w/ peers.</u> | | |
| Likes: <u>fish, pizza, cheeseburgers, fries, ice cream, Nanny McPhee</u> | | |
| Dislikes: <u>chips, carbonated drinks, spicy foods, garlicky foods</u> | | |
| Communication Style: <u>signs, gestures, few verbal words/phrases</u> | | |
| Learning Style: <u>routine + repetition</u> | | |

Lead Review Completed: _____

Staff: Jill Sales
 Date: JAN 25, 2023



Service Recipient: Kelsey Martin
 Service Span: _____

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

| | |
|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>amoxicillin</u> Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <u>n/a</u> |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>late sized diet to prevent choking. Staff assist to cut up food. Uses sippy cup, some forks + spoon use. Can do some finger food</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>chorea, hypotonia, neuro- muscular scoliosis, med leg hemiparesis</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>any meds needed are offered in sips food + followed by drink.</u> Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>transfers to toilet using gait belt + staff assistance. wears briefs w/ full assistance to change + clean.</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>manual w/ when in community, walks w/ assistance. wears AFO's on both legs + supported with gait belt.</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>1:1 in community</u> <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Delayed response to sounds / speech, legally blind + wears glasses</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>anxiety like behaviors + trouble regulating emotions. May bite wrist, rub raw, grind or clench teeth. may hyperventilate.</u> |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Important to: <u>maintaining her quality of life and staying happy + healthy.</u> | |
| Important for: <u>staying busy + engaged in her community with her peers</u> | |
| Likes: <u>fish, pizza, cheeseburgers, fries, ice cream, cheetos, shopping for jewelry, horseback riding, church, music</u> | |
| Dislikes: <u>chips, carbonated drinks, spicy foods, garlicky foods</u> | |
| Communication Style: <u>signs, gestures, a few verbal words/phrases. Can choose between 2 items</u> | |
| Learning Style: <u>Routine & repetition</u> | |

Staff: Raphyernaldo



Service Recipient: Kelsey Martin

Date: 1-25-2023

Service Span: _____

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

| | |
|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>AMOXICILLIN</u> <u>Staff will not administer this medication</u> Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <u>Bite Size diet to prevent choking. Staff will assist in cutting up his food.</u> |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Chorea Hypotonia, neuromuscular, mild left hemiparesis. Staff will walk w/ Kelsey</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Chorea, Hypotonia, neuromuscular, scoliosis, mild left hemiparesis. Staff will walk w/ Kelsey</u> <small>DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> </small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>If the need did arise a trained staff would administer the medication per signed physician's order.</u> Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Can transfer to toilet using a gait belt and staff assistance. Requires time on the toilet to have a BM</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Manual wheelchair when in the community. Can walk w/ assistance.</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>1:1 in community</u> <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Delayed response to sounds. Legally blind and wears glasses, items will be presented at a close range.</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Anxiety like behaviors and can have trouble regulating his emotions, may bite his wrist, rub tumb w/ his hand</u> |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Important to: <u>maintaining his quality of life</u> | |
| Important for: <u>staying busy and engaged in his community and with peers</u> | |
| Likes: <u>Fish Pizzas, cheeseburger, fries, ice cream, Knott's. Shopping for jewelry, going out to eat</u> | |
| Dislikes: <u>chips, carbonated drinks, spicy food, garlicky foods</u> | |
| Communication Style: <u>signs, gestures, verbal words/phrases</u> | |
| Learning Style: <u>Routine and repetition</u> | |

Lead Review Completed: _____

Staff: Aija S.
 Date: 1/25/23



Service Recipient: Kelsey Martin
 Service Span: _____

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

| | | |
|--|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Amoxicillin</u> | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <u>N/A</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Bite sized diet to prevent choking. staff will cut up her food. uses sippy cup.</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>chorea, hypotonia, neuromuscular scoliosis, mild left hemiparesis. staff will walk with Kelsey and report concerns.</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>If the need did arise, staff would administer medications.</u> | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>can transfer to toilet using gait belt and staff assistance. Disposable briefs, full assistance with changing and cleaning.</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>manual wheelchair when in community. can walk with assistance. wear AFO's on legs and is supported with gait belt.</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>1:1 in community</u> | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>delayed response to sound and speech. legally blind and wears glasses. present items at close range and allow time for response.</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>anxiety like behavior and can have trouble regulating her emotions. May bite her wrist, rub her thumbs with raw, and grind or clench her teeth.</u> | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: <u>maintaining her dignity of life and staying happy and healthy</u> | | |
| Important for: <u>staying busy and engaged in her community with her peers.</u> | | |
| Likes: <u>fish, pizza, cheeseburgers, fries, ice cream, cheetos, shopping for jewelry, going out to eat, horseback riding, church, "say yes to the dress", music, special olympics</u> | | |
| Dislikes: <u>chips, carbonated drinks, spicy foods, garlicky foods.</u> | | |
| Communication Style: <u>signs, gestures, and few verbal words/phrases. can choose between two items offered.</u> | | |
| Learning Style: <u>routine and repetition</u> | | |

nanny
in price

Staff: Sommer
 Date: _____



Service Recipient: Kelsey M
 Service Span: _____

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

| | | |
|--|---|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Amoxicillin, Staff will not administer | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: NA | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Bite sizes to prevent choking, can eat w/ fork and spoon, drinks from sippy cup | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Chorea, Hypotonia, neuromuscular scoliosis | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: If need did arise, a staff will administer w/ soft foods | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Transfer to toilet w/ gait belt, requires time on toilet for BM | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Wheelchair in community, walk with belt, AFO's on both legs | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: 1:1 in community | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Legally blind, delayed response, to sound/speech | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Can struggle w regulating emotions, bite wrist, grind/clench teeth | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: maintaining quality of life, staying happy and healthy | | |
| Important for: staying busy, being in community w/ peers | | |
| Likes: fish, pizza, fries, ice cream, cheetos | | |
| Dislikes: chips, carbonated drinks, spicy foods | | |
| Communication Style: signs, gestures, verbal words | | |
| Learning Style: routine/repetition | | |

Lead Review Completed: _____

Staff: ERIN SANDSTROM
 Date: 1-26-23



Service Recipient: KELSEY MARTIN
 Service Span: _____

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

| | | |
|--|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: AMOXICILLIAN | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: NA | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: BITE SIZE DIET, SOME FINGER FOODS, SIPPY CUP | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: CHOREA, HYPOTONIA, NEURO SCLIOSIS, MILD LEFT HEMIPARESIS | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: WOULD BE TAKEN IN SOFT FOOD AND DRINK | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: TRANSFER TO TOILET USING A GAIT BENT. REQUIRES TIME ON TOILET TO HAVE BM. | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: MANUAL W/C, WALKS W/ ASSISTANCE, WEARS AFO ON BOTH LEGS WITH GAIT BENT | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: 1:1 IN COMMUNITY | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: DELAYED RESPONSE TO SOUNDS AND SPEECH, LEGALLY BLIND-WEARS GLASSES | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: ANXIETY LIKE BEHAVIORS. MAY BITE WRIST, RUB GRIND TEETH. MAY YELL OUT AND CRY OR HYPERVENTILATE THUMBS | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: QUANTITY OF LIFE, STAYING HAPPY/HEALTHY | | |
| Important for: STAYING BUSY, COMMUNITY, PEERS | | |
| Likes: FISH, PIZZA, CHEESEBURGERS, JEWELRY, GOING OUT TO EAT | | |
| Dislikes: CHIPS, CARBONATED DRINKS, SPICY FOODS | | |
| Communication Style: SIGNS, GESTURES, FEW VERBAL WORDS/PHRASES, CHOOSE BETWEEN 2 ITEMS | | |
| Learning Style: ROUTINE/REPETITION | | |

Lead Review Completed: _____

Staff: Jestus K
 Date: 1/27/23



Service Recipient: Kelsey Martin
 Service Span: _____

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

| | | |
|---|---|--|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Allergic to shellfish</u> <u>Staff will not administer shellfish to Kelsey</u> | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: <u>N/A</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Soft size diet to prevent choking. Can eat finger foods w/ supervision - french fries, grapes & soft fish. Can eat with fork & spoon. Drinker from sippy cup.</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Chronic, hypotension, scoliosis, hearing loss</u> <u>Staff will walk with Kelsey & report concerns to team</u> | DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Staff administer meds per providers order</u> | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Can transfer to toilet w/ staff assistance. Requires help on up toilet to have BM. Uses disposable briefs & requires assistance with changing & cleaning.</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Manual wheelchair. Can walk with assistance. wears a fur on both legs & supports w/ gait belt</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>N/A</u> | <input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Legally blind, IEP will be present w/ close range w/ time allowed to process. Delayed response to sounds/speech.</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Anxiety, emotional, may bite her wrists/arms hands until raw, growls or clench teeth, may yell or cry or by par vuhlate. Staff will reassure Kelsey that all or cry or</u> | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: <u>Maintaining her quality of life & staying happy & healthy</u> | | |
| Important for: <u>staying busy & engaged in her community & work peers</u> | | |
| Likes: <u>fish, pizza, cheeseburgers, fries, ice cream, cheerios, shopping for jewelry, go to out to eat, horseback riding, claud, Sydney to beach music, special sypic, favorite movie Harry Potter to beach</u> | | |
| Dislikes: <u>chips, carbonated drinks, spicy foods, garlic foods</u> | | |
| Communication Style: <u>Sight, gestures, few verbal words/phrases. Can hear choral</u> | | |
| Learning Style: <u>Routine & repetition</u> | | |

Staff: Deane Leplay
 Date: 1-26-23



Service Recipient: Kelsey Martin
 Service Span: _____

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

| | | |
|--|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Amoxicillin</u> <u>Staff will not administer this med to Kelsey</u> | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <u>N/A</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Bite sized diet to prevent choking. Staff assist w/ cutting up food. can use fork/spoon if food put on there for her. Drinks from sippy cup</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Chorea, Hypotonia, neuromuscular scoliosis, mild left hemiparesis</u> <u>staff w/ walk w/ Kelsey</u> | DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>If she need advise trained staff would administer med per signed physicians order</u> | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Use to toilet using gait belt + staff assist. Needs time on toilet to have a BM. Wears disposable briefs</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Manual WC in community. can walk w/ assistance. Wears AFO's on both legs + is supported w/ gait belt</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>1:1 in community</u> | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Delayed response to sounds / speech. Usually blind + wears glasses. Snow items at close range</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Anxiety + have trouble regulating emotions. may kick, whist, rub thumb until raw, spin or order. Feels. Men yell out, cry or hyper ventilate</u> | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: | <u>Maintaining her quality of life + staying happy + healthy</u> | |
| Important for: | <u>staying busy + engaged in her community + with her peers</u> | |
| Likes: | <u>fish, pizza, cheeseburgers, chertus, shopping for jewelry, Norse/Nordic things, church</u> | |
| Dislikes: | <u>snips, carbonated drinks, spray foods, garlicy foods</u> | |
| Communication Style: | <u>Signs, few words, + few verbal words/phrases</u> | |
| Learning Style: | <u>Routine + Repetition</u> | |

Lead Review Completed: _____

Staff: Ellie
 Date: _____



Service Recipient: Kelsey Martin
 Service Span: _____

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

| | | |
|--|---|--|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Staff will not administer meds | Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: N/A | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: bite size diet to prevent choking staff will cut her food in bite size pieces | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Chorea hypotonia scoliosis mid left hemiparesis | DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: let the head did arise trained staff will administer the meds | Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: can transfer to the toilet using gait belt w/ staff assistance. requires time on toilet to flush a bin | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: manual wheelchair when in the community can walk with assistance | |
| Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: 1:1 in community | <input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Delayed response to sound / speech legally blind and wears glasses | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Anxiety like behaviors and can trouble regulating her emotions may bite or rub things | |

Unsupervised time while at PAI? No Yes

Important to: Maintaining her usability life and staying happy and healthy

Important for: staying busy and engaged in her community

Likes: Fish, pizza, cheeseburger, fries, ice creams, cherries, shopping for jewelry

Dislikes: chips, carbonated drinks, spicy foods

Communication Style: Signs, gestures and few verbal words/phrases

Learning Style: Routine and repetition

Staff: Ornelia Johnson
 Date: 1-31-2023



Service Recipient: Kelsey M
 Service Span: _____

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

| | | |
|--|---|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Amoxicillin | Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: N/A | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Bite Size | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Chorea, hypotonia, neuromuscular sealosis | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Staff would administer per physician order if needed | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: can transfer to toilet using gait belt | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: manual wheelchair when in the community | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: 1:1 in community | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: delayed responds to sounds/speech | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Anxiety like behaviors, trouble regulating emotions | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: maintaining quality of life, staying happy and healthy | | |
| Important for: staying busy, engaged in her community | | |
| Likes: fish, pizza, cheeseburgers, fries, ice cream Yes to the dress. | | |
| Dislikes: Chips, carbonated drinks, gamicky foods | | |
| Communication Style: Sign, gestures, few verbal phrases | | |
| Learning Style: routine & repetition | | |

Staff: Lisa Yang
 Date: _____



Service Recipient: Kelsey Martin
 Service Span: _____

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

| | | |
|--|---|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Amoxicillin</u> | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <u>NA</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Bite size diet. Cutting food. Can eat some finger foods, independently such as fries, grapes, goldfish. Can eat w/ fork & spoon. Drink sippy.</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Chorea, Hypotonia, Neuromuscular Scoliosis, mild left hemiparesis</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Physician order. Taken w/ soft food by drink</u> | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Transfer to toilet. Gait belt. Time on toilet w/ BM. Briefs. Full assist w/ changing & cleaning.</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Manual wheelchair. Can walk w/ assistance. Wears AFO's on both legs & support gait belt.</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>1:1 in the community.</u> | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Delayed response to sounds/speech. Legally blind/wears glasses. Items will be presented close range and time will be allowed.</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Anxiety. Trouble regulating emotions. Bite her wrist. Rub thumb until nail ground & clench teeth. May yell out, cry, hyperventilate.</u> | |

Unsupervised time while at PAI? No Yes

Important to: Maintaining her quality of life. & staying happy & healthy.

Important for: Staying busy & engaged in her community w/ peers

Likes: Fish, Pizza, cheeseburgers, fries, ice cream, Cheetos. Shopping for Jewelry. Out to eat. horse back riding. Church.

Dislikes: Chips. Carbonated drinks. Spicy food, Garlicky foods.

Communication Style: Signs, gestures, few verbal words/phrases. Choose between two items.

Learning Style: Routine & Repetitions.

Staff: Kyla M

Date: _____



Service Recipient: Kelsey M

Service Span: _____

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

| | | |
|--|---|--|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Amoxicillin | Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: N/A | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Bite size diet to prevent choking | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Chorea, Hypotonia, neuromuscular scoliosis | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: If need, staff will administer | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Can transfer to toilet using belt | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Manual chair when in community. wears AFO's | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: 1:1 | <input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Delayed response to sound/speech, Legally Blind wears glasses | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Anxiety, can have trouble regulating emotions may bite wrist, rub thumbs until raw | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: maintaining her quality of life + staying happy + healthy | | |
| Important for: stay busy + engaged in her community + w/ her peers | | |
| Likes: fish, pizza, cheeseburgers, fries, ice cream, cheetos | | |
| Dislikes: chips, carbonated drinks, spicy foods, garlicky foods | | |
| Communication Style: signs, gestures, few verbal words / phrases | | |
| Learning Style: Routine + Repetition | | |

Staff: Alice L. Cox

Date: _____



Service Recipient: Kelsey Martin

Service Span: _____

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

| | | |
|--|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Amoxicillin</u> <u>Staff will not administer</u> | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <u>NA</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Drinks from a sippy cup, use utensils if bad</u> <u>ate sized pieces to prevent choking. Staff will assist in cutting up her food, can eat finger food</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Chorea, Hypotonia, Neuromuscular scoliosis, mild left hemiparesis, Staff will walk</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Taken w/ real food + a drink</u> | Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Gait Belt, requires time on toilet to have BM, Briefs, full ass w/ cleaning + changing</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Manual wheelchair in the community</u> <u>Wear AFOs + gait belt</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Protect + Serve</u> | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Delayed response to sounds/speech, Legally blind and wears glasses, presented w/ a close range</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Anxiety like behaviors and has a hard time regulating emotions, Bites wrist, rubs themselves</u> | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Grinds teeth, repeat cry and hyperventilate, Staff assure her and offer quiet space</u> | | |
| Important to: <u>Quality of life and staying happy + healthy</u> | | |
| Important for: <u>Staying Busy and Engaged w/ Peers</u> | | |
| Likes: <u>fish, pizza, cheeseburgers, fries, ice cream</u> | | |
| Dislikes: <u>chips, Carbonated Drinks, spicy foods, Borkly Foods</u> | | |
| Communication Style: <u>Signs, Gestures, Verbal words, Choose between 2 items</u> | | |
| Learning Style: <u>Routine + Repetition</u> | | |

Staff: Marisa H

Date: 1/25/2023



Service Recipient: Kelsey Martin

Service Span: _____

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

| | | |
|---|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Amoxicillin</u> | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: <u>NA</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Bite size diet, cutting up her food, some finger food independently such as fries, grapes and gold fish. can eat with fork/spoon. drinks from sippy cup</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>asthma, Hypotonia, Neuromuscular scoliosis, mild left hemiparesis</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>staff administer the meds per a signed physician's order. would be taken in soft food followed by drink</u> | Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>transfer to toilet using a gait belt and staff assist. give time sit on toilet to have BM, disposable briefs.</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>woman wheelchair in community. can walk with assist. wears AFO's on both legs, supported with a gait belt</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>11</u> | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>delayed response to sounds, legally blind wears glasses</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Anxiety like behaviors can have trouble her emotion. may bite her wrist, rub thumbs until raw, grind her teeth, may also yell out, cry or hyperventilate.</u> | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: <u>Maintain her quality of life and staying happy and healthy</u> | | |
| Important for: <u>staying busy and engaged in community and peers</u> | | |
| Likes: <u>Fish pizza, cheeseburgers, fries, ice cream, Cheetos, shopping Jewel, going out to eat, horseback riding, church, says yes to the brass, movie special olympics, fav movie "Mamma Mia"</u> | | |
| Dislikes: <u>chip, carbonated drinks, spicy foods, garlicky foods</u> | | |
| Communication Style: <u>signs, and few verbal words/phrases. can choose between two options</u> | | |
| Learning Style: <u>Routine and repetition.</u> | | |

Staff: Laura Stacken
 Date: 1/25/2023



Service Recipient: Kelsey Martin
 Service Span: _____

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

| | | |
|--|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Amoxicillin</u> | Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <u>N/A</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Bite size diet to prevent choking. staff will assist in cutting up her food. can eat some finger foods independently</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Chorea, hypotonia, neuromuscular scoliosis, mild left hemiparesis.</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>If the need did arise, a trained staff would administer the med.</u> | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Can transfer to the toilet using a gait belt & staff assistance.</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>manual w/c when in the community. can walk w/ assistance. wears AFO's on both legs & is supported w/ a gait belt.</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>1:1 in the community</u> | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Delayed response to sounds / speech. legally blind & wears glasses.</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Anxiety like behaviors & can have trouble reg her emotions, may bite her wrist, rub thumbs until raw & grind or clench her teeth.</u> | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: <u>Maintaining her quality of life and staying happy & healthy</u> | | |
| Important for: <u>Staying busy & engaged in her community & with her peers</u> | | |
| Likes: <u>Fish, pizza, Cheeburgers, Fries, Icecream, Cheetos, shopping for jewelry, going out to eat, horseback riding, amchs,</u> | | |
| Dislikes: <u>Chips, carbonated drinks, spicy foods, garlicky foods.</u> | | |
| Communication Style: <u>Signs, gestures, & few verbal words / phrases. Can choose between two items offered.</u> | | |
| Learning Style: <u>Routine & repetition</u> | | |