Competency Tracking Form

Participant: Craig Hansen **Annual Service Span:** Intake

Intake **Meeting Date:** 1/30/23 **Date Assigned to Lead:** _____

Competency Quiz Due for all Staff: 2/13/23

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

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

Date Completed	Initials	Full Name
	AA	Ann Alberg
	DB	Destiny Barnes
	AB	Austin Bofferding
	JB	Juan Bonilla
	SC	Sue Cullen
	EH	Estella Hughes
		Jesse Haug
		Cindy Brey (Float)
	JK	Justyn Kriel
	SL	Salecia Lopez

Date Completed	Initials	Full Name
	DN	Dawn Nelson
	MP	Monti Patrick
	AR	Anneliese Robinson
	LS	LeAnn Silverness
	SS	Shelley Stover
	CS	Carla Sykes
	JT	Jennifer Toro
	SV	Soua Vang
	ZW	Zach Weinmann
	•	Kathy Perry (Float)

Date Uploaded to LMS: _____

Staff: _____

Date: _____

Service Recipient: Cody Hansen

Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Independent.	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports:	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: Independent.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☐ No ☐ Yes	Des Cody has a history of eloping. He may do so when fixated on something of is desire and will ignore all surroundings.	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Cody wears eyeglasses – he is independent in remembering to wear his eyeglasses on a daily basis. Staff may have to remind or point out to Cody if his glasses are needing to be cleaned.	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: ADHD, Austism, Oppositional Defiant Disorder, and Pervasive Development Disorder – may have "tunnel vision" when fixating on a specific desire and become frustrated when told no. Staff will redirect Cody to a desired activity and/or encourage Cody to take a break and collect his thoughts. When Cody is becoming upset, frustrtated or overwhelmed, he will shut down and not engage with others. He may answer questions as simply as "I don't know" or "I'm tired".	

Unsupervised time while at PAI? ☐ No ☑ Yes

Cody is able to take a break independently no more than 15 minutes. If Cody has taken longer than 15 minutes on his own, staff will check in with him.

Important to: Cats, working with his hands, Leggos, video games, finding a girlfriend

Important for: Appopriate communications and interactions with others, building skills to work with a team rather than alone

Likes: Leggos, cars, outdoors, plants, plant identification

Dislikes: Others being repetitive, others not doing their job

Communication Style: N/A – 45 Day

Learning Style: N/A – 45 Day

Lead Review Completed: _____

Staff: Anniemeek.

Date: 1/31/23

Service Recipient: Cody H.

Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☑ Yes	Describe Supports: Ind.	
Chronic Medical Conditions: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☑ No ☐ Yes	Describe Supports: Hx of eloping when focused on something he desires	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: eyeglasses - ind. in remembering to wear glasses. staff remind & assist in cleaning glasses.	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: ADHD, Autism, oppositional defiant disorder, pervasive development disorder, may have "tunnel vision" on a specific desire & ignore surroundings. When frustrated & overwhelmed, will shut down and not engage w/ others.	

Unsupervised time while at PAI? ☐ No ☑ Yes Staff encourage Cody to take a break, 15min for a break if needed. listen if needed by Cody.

Important to: cats, working w/ hands, legos, video games, finding a girlfriend

Important for: Appropriate communication & interactions w/ others, building skills to work w/ a team rather than alone

Likes: legos, cars, outdoors, plants, plant identification

Dislikes: others being repetitive, others not doing their job

Communication Style: N/A - 45 day

Learning Style: N/A - 45 day

Lead Review Completed: _____

Staff: Leann S.
Date: 2/9/23

Service Recipient: Leah H.
Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: Independent	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent - Reminders to wash hands	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: Extra Supervision History of elopement	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Wears glasses - reminders to clean	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: not understand boundries } frustrated told no Autism, Adhd, behavioral disorders	
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: Break for 15 min @ PAI } Gone longer 15 min redirect	

Important to: have a girlfriend
Cats, working w/ hands, legos, Video games

Important for: building skills
Appropriate communication & instruction to others

Likes:
legos, cars, plants, outdoors, plant identification

Dislikes:
repetative situations, others not doing their job

Communication Style: 45 day

Learning Style: 45 day

Lead Review Completed: _____

Staff: Sova Vang
Date: 02/09/23

Service Recipient: Cody Hansen
Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: IND	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: IND	
Mobility/Fall Risk: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: Hx of eloping. Will move to get something if he wants it. Watch on community outings. Redirect.	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Glasses – reminders to clean	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May not understand boundaries. Can be frustrated when told "no" or gets fixated on something. Hx of shutting down – Staff offer breaks	

Unsupervised time while at PAI? ☐ No ☒ Yes
15 min breaks IND – staff check in & redirect back to schedule

Important to:
Cats, working w/ his hands, legos, video games, girlfriend finding

Important for:
Appropriate communications/interaction,

Likes:
legos, cars, outdoors, plant identification, building team skills

Dislikes:
Reliance others not doing their job and repeated noises

Communication Style: ~~Verbal~~ N/A – 45 day

Learning Style: N/A – 45 day

Lead Review Completed: _____

Staff: Austin Bollenbeg

Date: 2/9/23

Service Recipient: Judy Hansen

Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☑ Yes	Describe Supports: Independent	
Chronic Medical Conditions: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: Independent.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☑ No ☐ Yes	Describe Supports: History of elopting. tunnel vision - feetfeet.	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Glasses - staff may need to remind to clean.	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Autism, ADHD, ODD, PDD - may get tunnel vision. gets frustrated when told no.	
Unsupervised time while at PAI? ☐ No ☑ Yes Able to take 15 min break.		
Important to: Cars, working w/hands, Legos, video games, finding a girlfriend.		
Important for: Appropriate communications and interactions w/ others, building skills to work w/a team rather than alone.		
Likes: Legos, cars, outdoors, plants, plant identification.		
Dislikes: Others being repetitive, others not doing their job.		
Communication Style: N/A		
Learning Style: N/A		

Lead Review Completed: _____

Staff: DawnNelson
Date: 2/9/23

Service Recipient: Cody Hansen
Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: Independent	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent	
Mobility/Fall Risk: ☐ No ☐ Yes N/A	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: Has history of elopping- keep eye on him so he stays in the group staff will ensure to redirect Cody to a desired activity	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☒ Yes ☐ N/A	List & Describe Supports: Wears glasses- he is independent in remembering to wear them- may need reminders to clean them	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Autism, ADHD, Oppositional Defiant Disorder	
Unsupervised time while at PAI? ☐ No ☒ Yes	can take break independently for no more than 15min.- check on redirect back to where he should be after 15 min.	
Important to: cats, working with his hands, Legos, video games, finding a girlfriend		
Important for: Appropriate communication & interactions w/others, building skills to work with a		
Likes: Legos, cars, outdoors, plants, plant identification		
Dislikes: others not doing their job, others being repetitive		
Communication Style: N/A		
Learning Style: N/A		

Lead Review Completed: _____

Staff: Annalby

Date: 2/9/23

PAI

Service Recipient: Cody Hanson

Service Span: TBD

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: Independent	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent wash hands	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA	
Community Support: ☒ No ☐ Yes	Describe Supports: Has a history of Elopement will stay w/group	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: wears glasses might need help to clean them	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Autism ADHD Refusal Disorder may get distracted at times	
Unsupervised time while at PAI? ☒ No ☒ Yes	no longer than 15min	
Important to:	Cats working w/hand Lego video game a girlfriend	
Important for:	Appropriate comm. w/others building skills to work w/ rather	
Likes:	Leggo cars outdoor plants ~~for~~ plant	
Dislikes:	Other being repective others not doing their job	
Communication Style:	NA	
Learning Style:	NA	

Lead Review Completed: _____

Staff: Jennifer Toro
Date: 2/9/2023

PAI

Service Recipient: Cody Hansen
Service Span: Intake

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

Allergies: ☒ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☒ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: ind	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: ind remind wash hands	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA	
Community Support: ☒ No ☐ Yes	Describe Supports: tunnel vision if he wants it will do everything to get it	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: glasses remind to clean	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Autism ADHD, ODD, PDD frustrated when told no, encurge to take break	
Unsupervised time while at PAI? ☐ No ☒ Yes Break ind no more than 15 min. staff check in on him		
Important to: Cats, workin with hands, lego, video games, wants girl friend		
Important for: adl. communication + interactions with others.		
Likes: Lego, cars, outdoors, plants, plant ID		
Dislikes: others being repetitive, others not working.		
Communication Style: NA		
Learning Style: NA		

Lead Review Completed: _____

Staff: [illegible] Bowlla

Date: 2-9-23

PAI

Service Recipient: Cody H

Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☑ N/A

List & Describe Supports:

Medication Allergies? ☑ No ☐ Yes
Listed on MAR, only administer meds per dr. order

Seizures: ☐ No ☐ Yes ☑ N/A

Describe Supports:

Choking/ Specialized Diet: ☐ No ☑ Yes

Describe Supports:

Chronic Medical Conditions: ☐ No ☐ Yes ☑ N/A

List & Describe Supports:

DNR/DNI? ☑ No ☐ Yes
Located in main file, share with EMT in emergency

Medication: ☑ No ☐ Yes

Describe Supports:

Daily medication at PAI? ☑ No ☐ Yes
A trained staff will administer meds per a signed dr. order

Personal Cares: ☐ No ☑ Yes

Describe Supports: Ind.

Mobility/Fall Risk: ☐ No ☐ Yes

Describe Supports: N/A

Community Support: ☑ No ☐ Yes

Describe Supports: History of eloping [illegible] may [illegible] will ignore [illegible] surroundings Staff will ensure to redirect

☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs

Sensory Support: ☑ No ☐ Yes ☐ N/A

List & Describe Supports: Eye glasses - independent in [illegible] to wear need reminder to clean

Behavior Support: ☐ No ☐ Yes

List & Describe Supports: Autism ADHD, Oppositional Defiance Disorder, if overwhelmed encourage to take a break. If [illegible]

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: Cats, working w/ hands, legos, video games, finding a GF

Important for: Appropriate communications & interactions w/ others, building skills to work w/ a team rather than alone

Likes: Legos, cars, outdoors, plants

Dislikes: Others being repetitive, others not doing there job

Communication Style: N/A 45 Day

Learning Style: N/A 45 Day

Lead Review Completed: ____________

Staff: Destiny B
Date: 2/9/23

Service Recipient: Cody H
Service Span: INTAKE

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: INDEPENDENT.	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: INDEPENDENT.	
Mobility/Fall Risk: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: HISTORY OF ELOPING. MAY DO SO WHEN FIXATED ON SOMETHING. WILL IGNORE ALL SURROUNDINGS. REDIRECT TO DESIRED ACTIVITY.	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GLASSES. INDEPENDENT - MAY NEED REMINDERS TO CLEAN THEM.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: AUTISM, ADHD, ODD, PDD - TUNNEL VISION / FIXATED. REDIRECT. ENCOURAGE "TAKE A BREAK". "I DONT KNOW" OR "IM TIRED" SHUT DOWN RESPONSE.	
Unsupervised time while at PAI? ☐ No ☒ Yes 15 MINS.		
Important to: CATS, WORKING W/ HANDS, LEGOS, VIDEO GAMES, FINDING A GIRLFRIEND.		
Important for: APPROPRIATE COMMUNICATIONS & INTERACTIONS W/ OTHERS, BUILDING SKILLS TO WORK W/ TEAM RATHER THAN ALONE		
Likes: LEGOS, CARS, OUTDOORS, PLANTS, PLANT INDENTIFICATION.		
Dislikes: REPETITIVENESS, OTHERS NOT DOING THEIR JOB.		
Communication Style: 45 day N/A		
Learning Style: 45 day N/A		

Lead Review Completed: _____

Staff: Zach Weinmann
Date: 2-9-23

PAI

Service Recipient: Cody H
Service Span: INTAKE

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports:	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Maybe remind to wash hands	
Mobility/Fall Risk: ☐ No ☐ Yes N/A	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: History of eloping Tunnel Vision	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Glasses	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Autism, will be tunnel visioned about Something he wants.	
Unsupervised time while at PAI? ☐ No ☒ Yes 15 mins.		
Important to: Cats, work w/ hands, Legos, video games, wants a GF		
Important for: Communications w/ others, building skills		
Likes: Legos, cars, Plants,		
Dislikes: Repetition, when people don't do their Job		
Communication Style: ?		
Learning Style: ?		

Lead Review Completed: _____

Staff: Success

Date: 2-9-23

Service Recipient: Cody Hanson

Service Span: Intake

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: NA	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: NA	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: Independent	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: NA	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA	
Community Support: ☒ No ☐ Yes	Describe Supports: History of eloping - Redirect may ignore all surroundings	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: glasses	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Autism. ADHD. Defiant disorder "tunnel vision" may "shut down" when overwhelmed.	
Unsupervised time while at PAI? ☐ No ☒ Yes	take breaks independently no more than 15 minutes. check in 15 minutes.	
Important to: ~~No check in after 15 min~~	video games cats. working hands. Leggos. finding a girlfriend	
Important for:	Appropriate communication & interactions w others.	
Likes:	Leggos. car. outdoors plants + plant identification	
Dislikes:	others being repetative, others not doing their jobs.	
Communication Style:	NA 45 day	
Learning Style:	NA 45 day.	

Lead Review Completed: _____

Staff: Estella Hughes
Date: 2.9.23

Service Recipient: Cody Hansen
Service Span: Intake.

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports:	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent, reminders to wash hands.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: History of eloping.	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Eyeglasses - reminders to clean them.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Autism, ~~AD>HD~~, ODD - may have tunnel vision	

Unsupervised time while at PAI? ☐ No ☒ Yes
He can take a Break independently 15mins - alone.

Important to:
Cats, working w/ his hands, leggos.

Important for:
Appropriate comm./interactions w/ others.

Likes:
leggos, cars, outdoors, plants.

Dislikes:
others being repetitive, others not doing their Job.

Communication Style: N/A - 45 Day.

Learning Style: N/A - 45 Day.

Lead Review Completed: _____

Staff: Dalecia Lopez
Date: 2/8/23

Service Recipient: Cody, Hansen
Service Span: intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: Independent	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent (Reminder to wash hands)	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: History of eloping will ignore all surrounding to get the things he wants	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ~~☒~~ Wears glasses Reminders to clean glasses	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Autism, ADHD, Pervasive Disorder Staff will Redirect Frustrated when told NO	

Unsupervised time while at PAI? ☐ No ☒ Yes 15 mins independent NO more than

Important to: Cats, working with his hands, Lego's, video games finding a girlfriend

Important for: appropraite communication, Building Skills

Likes: Leggos, cars, outdoors, plants, plant identification

Dislikes: others Being repetitive, others not doing their job

Communication Style: N/A - 95day

Learning Style: N/A - 95day

Lead Review Completed: _____

Staff: M. Patrick
Date: 2/9/23

Service Recipient: Cody H
Service Span: Intake

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

Allergies: ☒ No ☐ Yes ☒ N/A	List & Describe Supports: N/A	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: Ind	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Ind, wash hand reminder	
Mobility/Fall Risk: ☐ No ☐ Yes N/A	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: History of elopems focus on something he desires	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Glasses - Ind in remembering to wear glasses. Staff remind + assist in cleaning	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: ADHD / Austim, oppositional defiant pervasive developmental Disorder, - may have tunnel vision on a object desire, ignore surrounding. one frustrated & overwhelmed, will shut down and not engage w/o fyers	

Unsupervised time while at PAI? ☐ No ☒ Yes Staff encourage Cody take breaks inside if triggered by city
15 min for a break if needed

Important to: Cats, working w/hands, legos, video games, finding a girl friend

Important for: Appropriate communication interaction w/others, building skill to work w/a team rather than alone

Likes: Legos, cars, out doors, plants, plant identification

Dislikes: others being reactive, others not doing their job

Communication Style: N/A - 45 day

Learning Style: N/A - 45 day

Lead Review Completed: _____

Staff: Shelby Stowe
Date: 2/9/23

PAI

Service Recipient: Cody
Service Span: intake

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

Allergies: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☑ Yes	Describe Supports: independent	
Chronic Medical Conditions: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: independent	
Mobility/Fall Risk: ☐ No ☐ Yes n/A	Describe Supports:	
Community Support: ☑ No ☐ Yes	Describe Supports: eloping - tunnel vision if he really wants.	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: glasses - [redacted] reminds to clean them	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Autism, ADHD, tunnel vision, can get frustrated. Can shut down	
Unsupervised time while at PAI? ☐ No ☑ Yes	break - 15 minutes	
Important to:	Cats, Working w hand, legos video game, girlfriend	
Important for:	Appropriate interactions, legos cars, plants	
Likes: ↗		
Dislikes:	others not doing there job	
Communication Style:	n/A	
Learning Style:	n/A	

Lead Review Completed: _____

Staff: Justyn Kriel
Date: 2/9/23

Service Recipient: Cody Hansen
Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☑ N/A	List & Describe Supports: Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:
Choking/ Specialized Diet: ☐ No ☑ Yes	Describe Supports: independent
Chronic Medical Conditions: ☐ No ☐ Yes ☑ N/A	List & Describe Supports: DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA
Community Support: ☑ No ☐ Yes	Describe Supports: History of elopping - gets fixated on something and will ignore all surroundings ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: glasses - may need prompts to clean
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Autism, ADHD, Oppositional Defiant Disorder, Pervasive Development Disorder, direct to take a break, may shut down if too upset, may yell if too provoked
Unsupervised time while at PAI? ☐ No ☑ Yes	independent breaks for no more than 15 min.
Important to:	Cats, working w/ hands, leggos, videogames, girlfriends
Important for:	Appropriate communications/interactions w/others, building skills to work w/team rather than alone
Likes:	Leggos, cars, outdoors, plants, plant identifications
Dislikes:	Others being repetitive, others not doing their job
Communication Style:	NA - 45 day
Learning Style:	NA - 45 day

Lead Review Completed: _____

Staff: Cara Sykes

Date: 2/20/23

Service Recipient: Cody Hansen

Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: Independent	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☐ No ☐ Yes	Describe Supports: -History of eloping. He may do so when fixated on something & may ignore all surroundings	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: -wears eyeglasses but is independent in remembering to wear eyeglasses on a daily basis. Staff may need to point out to Cody that his glasses need to be cleaned.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: ADHD, Autism, oppositional deficant disorder & perovasive developement disorder - may have "tunnel vision" when fixating on a specific desire & become frustrated when told "No". Staff will redirect Cody to a desired activity & encourage him to take a break. When upset frustrated or overwhelmed may melt down.	
Unsupervised time while at PAI? ☐ No ☒ Yes		
Cody is able to have a 15 Min break independently. If longer staff will check in		
Important to: cars, working with his hands, leggos, video games, finding a girlfriend		
Important for: Appropriate communications & interactions with others, building skills to work with a team rather than alone.		
Likes: leggos, cars, plants, plant indentification		
Dislikes: others being repetitive, others not doing their job.		
Communication Style: N/A – 45 Day		
Learning Style: N/A – 45 Day		

Lead Review Completed: _____