



Competency Tracking Form

Participant: Aaron Burns

Annual Service Span: 3/2023-3/2024

Annual Meeting Date: 3/10/23

Date Assigned to Lead: 3/9/23

Competency Quiz Due for all Staff: 4/10/23

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
	JA	Jesse Haug
	JK	Justyn Kriel
	SL	Salecia Lopez
		Cindy Brey (Float)
	MM	Misty Mearman

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)
		Leslie Bludorn (Float)

Date Uploaded to LMS: _____

Staff: M. Patrick

Date: 4-27-23



Service Recipient: Aaron Burns

Service Span: 3/23-3/24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>If he gets overwhelmed or agitated redirect to quiet comfy place and help while he self regulates</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Sticking to a schedule, working on his assigned job, video game and movies, playing sports, doing karate, staying busy</u>		
Important for: <u>Helping Aaron stick to his schedule and notify him of changes ahead of time not being bothered while working, praise when he is doing well at a job, being respectful to his personal space.</u>		
Likes: <u>works out, puzzles, music, hot dogs, mac and cheese, milk, playing video games, reading books.</u>		
Dislikes: <u>Chicken legs, raisins, bananas, going to the grocery store, when he cannot do what he likes without warnings, sudden change in schedule</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Verbal instruction, routine, and repetition</u>		

Lead Review Completed: _____

Staff: Estella Hughes
 Date: 4.27.23



Service Recipient: Aaron Burns
 Service Span: 3.23 / 3.24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" 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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: History of SU N/A	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Ind -</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Community Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>If he gets overwhelmed or agitated redirect to a quite comfy place, help while he self regulates.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Sticking to a schedule, working on his assigned jobs. Video games, movies, playing sports.</u>		
Important for: <u>Helping Aaron stick to his schedule, notifying Aaron of any changes.</u>		
Likes: <u>Helping, working out, puzzles, music, hot dogs.</u>		
Dislikes: <u>Chicken legs, raisins, bananas, going to the grocery store.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>Verbal instruction routine, repetition.</u>		

Staff: Destiny B
 Date: 4/27/23



Service Recipient: AARON B.
 Service Span: 3/23 - 3/24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" 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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>INC.</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>INC.</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes ✓	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>stick to schedule, work, video games, movies, sports (playing), KARATE, being busy.</u>		
Important for: <u>Help him stick to schedule, notify of changes ahead of time, NOT bothered while working, praise, respectful of his space.</u>		
Likes: <u>helping, working out, puzzles, music, hot dogs, MAC & cheese, milk, video games, books.</u>		
Dislikes: <u>chicken legs, RAISINS, BANANAS, grocery store, Not doing what he likes, sudden change in schedule.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal instruct, routine, repetition.</u>		

Staff: Stelley Starr
 Date: 4/22/23



Service Recipient: Aaron B.
 Service Span: 3/23- 3/24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" 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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>If he gets overwhelmed or agitated redirect to a quiet corner place and help while he self regulates.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Sticking to a schedule, working on his assigned jobs, video games and movies, playing sports, doing karate, staying busy</u>		
Important for: <u>helping Aaron stick to his schedule and notifying Aaron of changes ahead of time, not being bothered while working, praise when he is doing well at a job, being respectful of his personal space</u>		
Likes: <u>Helping, working out, puzzles, music, hot dogs, mac & cheese, milk, playing video games, reading books</u>		
Dislikes: <u>Chicken legs, raisins, bananas, grocery shopping, when he cannot do what he likes w/out warning, sudden change in schedule</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Verbal instruction, routine & repetition</u>		

Staff: Juan B
 Date: 4-22-23



Service Recipient: Aaron B
 Service Span: 3-23/3-24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports: <u>overstimulated/overwhelmed, offer quiet spc.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>↓</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>starting to include work on his assigned jobs, video games & movies, playing sports along kendo, security to us</u>		
Important for: <u>help Aaron stick to his schedule & routine, Aaron ok with changes ahead of time, not being bothered while working, private when he is doing well at a job, he is respectful of his personal space</u>		
Likes: <u>chicken legs, resist bananas, going to the grocery store when he cannot do what he likes w/o teaming sudden change in schedule</u>		
Dislikes: <u>made up work, puzzles, music, foot of dogs, milk, video games, reading books</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>visual instruction, routine & repetition</u>		

Staff: Justyn Kotel
 Date: 4/27/23



Service Recipient: Aaron B.
 Service Span: 3/23 - 3/24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" 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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Community Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>find a quiet place if overstimulated</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Schedule, work, video games, movies, sports, karate, being busy</u>		
Important for: <u>schedule, notifying of changes ahead of time, not bothered while working, praise, personal space</u>		
Likes: <u>helping, working out, puzzles, music, hot dogs, mac and cheese, milk, video games, books</u>		
Dislikes: <u>chicken legs, raisins, bananas, grocery store, not doing what he likes, change in schedule</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>Verbal instruct/repetition</u>		

Staff: Don Alby
 Date: 4/29/23



Service Recipient: Arion Ben
 Service Span: 3/23

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" 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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Community Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/>	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u> <u>can be over stimulated routine is</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Schedule working on his assigned job video game music Karaoke staying busy</u>		
Important for: <u>Sticking to his schedule notify Arion of head of time not being bother praise for doing a good job being respectful of personal space</u>		
Likes: <u>Helping working out puzzle hot dogs meat cheese milk</u>		
Dislikes: <u>Chicken legs raisen banana</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Verbal instruction routine repetition</u>		

Staff: Sova Vang
 Date: 04/27/23



Service Recipient: Aaron B.
 Service Span: Mar 23/Mar 24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND.</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Following schedule, his job, video games + movies, sports, staying busy</u> Important for: <u>help Aaron stick to schedule, notify of changes ahead of time, not being bothered @ work, person space + respect.</u> Likes: <u>Helping out, working out, puzzles, music, hot dogs, milk, books</u> Dislikes: <u>chicken legs, raisins, bananas, grocery store, schedule changes.</u> Communication Style: <u>Verbal</u> Learning Style: <u>verbal instructions + routine + repetition</u>		

Staff: Jennifer Toru
 Date: 4/27/23



Service Recipient: Aaron Burns
 Service Span: 3-23/3-24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" 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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: XXXXXXXXXXXXXXXXXXXX	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA	
Community Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes yes	Describe Supports: NA	<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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: ind does get overstimulated or routine messed up	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Schedule, work or ass job, video games, movies, playing sports Karate, stay busy</u>		
Important for: <u>Stick to scheduler, notify if change, praise good job respect personal space.</u>		
Likes: <u>help, workout, puzzles, music, hot dog, mac cheese, milk, video games, reading books.</u>		
Dislikes: <u>chicken less, raisins, bananas, grocery store, schedule change</u>		
Communication Style: <u>verb</u>		
Learning Style: <u>Verb, routine, rep</u>		

Staff: Cindy Bray
 Date: 4.28.23



Service Recipient: Adam B
 Service Span: 3/23-3/24

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:	Medication Allergies? <input checked="" 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 type="checkbox"/> N/A	Describe Supports: <p style="text-align: center; font-size: 1.2em;">N/A</p>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 checked="" type="checkbox"/> Yes	Describe Supports: <p style="text-align: center; font-size: 1.2em;">Independent</p>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <p style="text-align: center; font-size: 1.2em;">N/A</p>	
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <p style="text-align: center; font-size: 1.2em;">N/A - may be over whelmed agitated</p>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Schedule, work, sports, video games, movies</u>		
Important for: <u>stay on a schedule, respect personal space, notify of schedule time ahead of time. Praise for good job</u>		
Likes: <u>helping working out music puzzles reading video games</u>		
Dislikes: <u>grocery store, can not do what he likes sudden change in schedule</u>		
Communication Style: <p style="text-align: center; font-size: 1.2em;">Verbal</p>		
Learning Style: <p style="text-align: center; font-size: 1.2em;">Verbal instructions, routine, repetition</p>		

Staff: Zach Weinmann
 Date: 4-27



Service Recipient: Aaron Burns
 Service Span: 3-23 → 3-24

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 checked="" type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input checked="" 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:
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: History of substance abuse 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: 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 checked="" type="checkbox"/> Yes	Describe Supports: Independent
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Describe Supports:
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <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 checked="" type="checkbox"/>	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	List & Describe Support: *If he gets overwhelmed or agitated redirect to a quiet comfy place and help while he self regulates.
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: Sticking to a schedule, working on his assigned jobs, video games and movies, playing sports, doing karate, staying busy.	
Important for: Helping Aaron stick to his schedule and notifying Aaron of changes ahead of time, not being bothered while working, praise when he is doing well at a job, being respectful of his personal space.	
Likes: Helping, Working out, puzzles, music, hot dogs, mac and cheese, milk, playing video games, reading books.	
Dislikes: Chicken legs, raisins, bananas, going to the grocery store, when he cannot do what he likes without warning, sudden change in schedule.	
Communication Style: Verbal	
Learning Style: Verbal instruction, routine and repetition.	

Lead Review Completed: _____

Staff: Misty Moorman
 Date: 4.27.23



Service Recipient: Arion Barnes
 Service Span: 3.23.23 - 3.24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" 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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports: <u>if he gets overwhelmed or agitated redirect to quiet place</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>sticking to schedule, working on assigned jobs, video games, movies, playing sports</u>		
Important for: <u>Helping Arion stick to schedule, not being bothered while working.</u>		
Likes: <u>helping, working out, puzzles, music, hot dogs</u>		
Dislikes: <u>chicken legs, raspberries, bananas, going to grocery store</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>ver, rep, routine</u>		

Staff: Salecia L.

Date: 4-27-23



Service Recipient: Aaron Burns

Service Span: 3-23 → 3-24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" 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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>If he gets overwhelmed or agitated Redirect to a quiet place + help while he regulates.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>sticking to schedule, working on jobs, video games, movies, sports, karate staying busy</u>		
Important for: <u>helping aaron stick to his schedule respectful of personal space.</u>		
Likes: <u>working out, puzzles, music hot dogs, mac + cheese milk video games</u>		
Dislikes: <u>chicken legs, raisins bananas sudden change to schedule</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal instruction, routine rep.</u>		

Staff: Annuniese R.

Date: 4/19/23



Service Recipient: Aaron B.

Service Span: 3/1/2023 - 3/1/2024

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" 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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Ind.</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Ind.</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>sticking to a schedule, working on assigned jobs, video games, movies, playing sports, karate, staying busy</u>		
Important for: <u>helping stick to schedule, notifying Aaron of changes to schedule, not being bothered while working, praise when doing job well, respectful of personal space</u>		
Likes: <u>helping, working out, puzzles, music, hot dogs, mac & cheese, milk, playing video games, reading books</u>		
Dislikes: <u>chicken legs, raisins, bananas, going to grocery store, cannot do things that he would like w/out arguing, sudden changes in schedule</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal instruction, demonstration, repetition</u>		

Lead Review Completed: _____

Staff: Dawn Nelson
 Date: 4/27/23



Service Recipient: Aaron Burns
 Service Span: 3/23-3/24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" 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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: independent	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	<input 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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: If he gets overwhelmed/agitated redirect to a quiet place and help while he self regulates	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: sticking to schedule, working on his assigned jobs, video games/movies, playing sports, doing karate, staying busy		
Important for: helping Aaron stick to his schedule/Notifying Aaron of changes ahead of time, not being bothered while working, Praise when he is doing well at a job, being respectful of his personal space		
Likes: working out, puzzles, music, hotdogs, mac & cheese, milk, playing video games, reading books		
Dislikes: Chicken legs, raisins, bananas, going to the grocery store, when he cannot do what he likes with out warning, sudden change in schedule		
Communication Style: verbal		
Learning Style: verbal instruction, routine & repetition		

Staff: Austin Balleddy
 Date: 4/21/23



Service Recipient: Aaron Evans
 Service Span: 3/23-3/24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" 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:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	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:	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent.</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	<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 checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>If overwhelmed or agitated retreat to a quiet comfy place and help while he self regulates.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Sticking to a schedule, working on his assigned jobs, video games and movies, playing sports, karate, staying busy.</u>		
Important for: <u>Help Aaron stick to schedule and notifying Aaron of changes ahead of time, not being bothered while working, praise when he is doing well at a job, being respectful of his personal space.</u>		
Likes: <u>Helping, working out, puzzles, music, hot dogs, mac and cheese, milk, video games, reading books.</u>		
Dislikes: <u>Children legs, faeces, bananas, grocery store, when he cannot do what he likes without working, sudden change in schedule.</u>		
Communication Style: <u>verbal.</u>		
Learning Style: <u>verbal instruction, routine and repetition.</u>		