



Competency Tracking Form

Participant: Wadsworth Annual Service Span: 8/2023-8/2024

Annual Meeting Date: 8/3/23 Date Assigned to Lead: 8/3/23

Competency Quiz Due for all Staff: 9/3/23

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
	MA	Ann Alberg
	DB	Destiny Barnes
	AB	Austin Bofferding
	JB	Juan Bonilla
	JH	Jesse Haug
	BH	Buddy Heino
	EH	Estella Hughes
	JK	Justyn Kriel
	MM	Misty Moorman
	DN	Dawn Nelson
		Cindy Brey (Float)
	LB	Leslie Bludorn (Float)

Date Completed	Initials	Full Name
	MP	Monti Patrick
	AR	Anneliese Robinson
	AS	Amelia Stopher
	SS	Shelley Stover
		Carla Sykes
	JS	Jennifer Toro
	SV	Soua Vang
	KW	Kaleea Whitelow
	MW	Mindi Winczewski

Date Uploaded to LMS: LJ 9/11/23



ONE PAGE PROFILE

Name:	Cody Hansen
Age:	23

What people APPRECIATE about me:	What is IMPORTANT TO me:	How to SUPPORT me:
<ul style="list-style-type: none"> • My intelligence • I am very logical and kind-hearted • I am fun and enthusiastic about my hobbies and interests • I am hard working and industrious • I want to be a part of the group 	<ul style="list-style-type: none"> • Cats • Keeping my hands busy • Legos 	<ul style="list-style-type: none"> • Remind me of my boundaries with others • It is best to give me space when I am frustrated or overwhelmed • Allowing myself to have alone time • I prefer to stay active and busy

SUPPORT PLAN ADDENDUM – INTENSIVE SERVICES

Name of person served: Cody Hansen

Date of development: 8/3/2023

For the annual period from: 8/2023 to 8/2024

Service(s) identifying supports for: Prevocational Services, Day Support Services

Name and title of person completing the *Support Plan Addendum*: Anneliese Robinson, Senior Program Supervisor

Legal representative: Travis and Becky Haugen, Parents

Case manager: Joshua Yang, Washington County

The license holder must provide services in response to the person’s identified needs, interests, preferences, and desired outcomes. Services will be provided according to MN Statutes, chapter 245D and the applicable waiver plan for the person served. The following will be assessed by the person and/or legal representative, case manager, support team or expanded support team members, and other people as identified by the person and/or legal representative.

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *Support Plan Addendum*.
- Before providing 45 days of service or within 60 calendar days of service initiation.
- Annually, the support team reviews the *Support Plan Addendum*.

Services and Supports

The **scope of the services** to be provided to support the person’s daily needs and activities include:
The scope of services for Cody is Day Support Services and Prevocational Services. The program works with Cody to develop and implement achievable outcomes that support his goals and interests and develop skills that help him achieve greater independence and community inclusion. PAI works to increase and maintain Cody’s physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Cody. PAI works with Cody’s family and transportation provider for continuity of care.

PAI

The person's **desired outcomes** and the methods or actions that will be used to support the person and to accomplish the service outcomes (Service Outcomes and Supports):

Prevocational Outcome #1: Cody would like to further work on his social skills and learn how to communicate with different individuals and groups. This outcome will encourage Cody to take the initiative in socializing with others and learning different communication styles, as well as how to work well with different groups of people.

"Once a month, Cody will assist in teaching a class, 75% of all trials until next review."

Day Support Outcome #2: Cody enjoys being in the community and finding new places of interest. This outcome will encourage Cody to choose which outing and when he would like to attend with other peers and staff.

"Once a month, Cody will choose a community outing he would like to attend, 75% of all trials until next review."

A discussion of how **technology** may be used to meet the person's desired outcomes has occurred: Yes No

Provide a summary that describes decisions made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made: Cody is very familiar with technologies as Cody has a computer, phone and other electronics he utilizes on a daily basis. If Cody were to choose to use a tablet or iPad while attending PAI, Cody will do so in a programming area that is present with staff to allow staff the opportunity to check in frequently with Cody's internet use.

Describe the **general and health-related supports** necessary to support this person based upon each area of the *Self-Management Assessment (SMA)* and the requirements of person-centered planning and service delivery:

- **Self-Administration of Medication or Treatment Orders:** Cody currently does not take any medications while attending PAI.
 - **Prevocational Services; Day Support Services:** If the need were to arise, staff trained in medication administration would administer medication to Cody per a signed physician's order.
- **Preventative Screenings; Medical and Dental Appointments:** Cody's parents assist Cody in scheduling and attending appointments.
 - **Prevocational Services; Day Support Services:** If staff should notice any signs/symptoms of illness/injury, staff will notify Cody's parents and residence who will help Cody follow up with his physician as necessary.
- **Community Survival Skills:** Cody may have a tendency to lack in his self-preservation skills as Cody has a history of eloping and being most focused on what he desires. Cody can become frustrated when he is told no.
 - **Prevocational Services; Day Support Services:** Cody is accompanied by staff at all times while in the community and on-site. Staff will model street and stranger safety and encourage Cody to follow. If Cody were to become frustrated while in the community, staff will encourage Cody to take a 5 min break to calmly collect himself. Staff will encourage Cody to stay with the group and explain expectations clearly to Cody.
- **Water Safety Skills:** Cody is comfortable around large bodies of water. PAI may offer outings during the warmer months for individuals to ride on a pontoon on White Bear Lake.
 - **Prevocational Services; Day Support Services:** If Cody were to choose to attend this outing, staff would ensure that Cody is wearing a life jacket and stay with Cody at all times near large bodies of water.
- **Sensory Disabilities:** Cody wears eyeglasses on a daily basis to correct his vision.
 - **Prevocational Services; Day Support Services:** Cody is able to independently remember to wear his glasses daily, though Cody may need reminders from staff to clean his glasses if needed.
- **Self-Injurious Behaviors:** Cody may pick and rub his fingers and hands if he does not have a fidget or object to

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keep his hands busy. Cody will bring desired fidgets from home while attending PAI.

- **Prevocational Services; Day Support Services:** If staff are to observe Cody picking or rubbing at his hands and fingers, staff will encourage Cody to find a fidget or desired activity to keep his hands busy.
- **Mental or Emotional Health Symptoms or Crises:** Cody is diagnosed with ADHD, Autism, Oppositional Defiant Disorder—a type of behavior disorder, and Pervasive Development Disorder—characterized by delays in the development of social and communication skills. Cody may have a tendency to focus specifically on his own desire, therefore ignoring any personal safety and/or other’s safety and comfort levels. If Cody is told no, or is frustrated and overwhelmed, Cody may shut down by no longer speaking or only giving the answers of “I don’t know” and “I’m tired”. Due to Cody’s impulses, he may act in a situation even if knowing it is something he should not be doing. To understand rules and regulations, Cody learns best with visual assistance such as picture flashcards.
 - **Prevocational Services; Day Support Services:** If Cody is to focus on one specific desire, staff will redirect Cody to other desired activities, such as any activity to keep his hands busy. If Cody is to become upset or overwhelmed, staff will offer Cody a designated quiet space to himself, such as the “blue room”, to calm down and collect his thoughts. Staff will provide visual aides to assist Cody in understanding the rules and regulations within PAI and to further assist Cody in controlling his impulses.
- **History of Stealing:** Cody has a history of stealing electronic devices when they are not made available to him to access the internet. Due to Cody’s historic actions when using the internet, Cody has received a rights restriction at home to limit his internet access.
 - **Prevocational Services; Day Support Services:** When Cody is acting on impulse and doing something he knows he should not be doing, he may try to hide the object of his desire. He may do so by hiding a tablet/iPad in his sweatshirt or bag—if a bag is available to him. If staff are to notice Cody stealing a device, staff will speak with Cody one to one and remind him that stealing is wrong. Staff will notify Cody’s residence and guardians if a device is suspected to be missing/stolen.
- **Person-Centered Information:**
 - **Important To:** Cats, working with his hands, Legos, video games, finding a girlfriend.
 - **Important For:** Appropriate communication and interactions with others, building skills to work with a team rather than alone.
 - **Likes:** Legos, cars, outdoors, plants, plant identification
 - **Dislikes:** Others being repetitive, others not doing their job
 - **Good Day:** Getting up and get going, keeping his hands busy, being busy
 - **Bad Day:** Unexpected change or behavior, being bored.

The person’s preferences for how services and supports are provided including positive support strategies and how the provider will support the person to have control of their schedule:

- PAI offers several classes available for both skill building and leisure. Cody has control over his schedule by picking how many classes he’d like to attend and choosing to work on-site when not in class or in the community.

Is the current service setting the most integrated setting available and appropriate for the person?

Yes No

If no, please describe what action will be taken to address this:

What are the opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences?

PAI offers a large variety of leisure and skill building classes at PAI that Cody can choose to participate in. Cody will be

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given a list of the classes available quarterly and Cody's lead will walk Cody through the different options available and help Cody pick classes that fit his interests, preferences, or particular skills he would like to work on. Cody chooses which outcomes he would like to work on at PAI.

What are the opportunities **for community access, participation, and inclusion** in preferred community activities? PAI offers community outings on a daily basis to several community locations. Cody has the opportunity to choose which activities he would like to participate in by choosing about 1-2 locations a month that interest him. PAI also offers volunteer opportunities on and off site. Other opportunities are offered on-site at PAI with community members, such as pet or music therapy.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community? Cody is encouraged to communicate and associate with those of his choosing on-site at PAI and when in the community. When appropriate, staff will introduce Cody to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will supervise Cody's interactions in the community and make sure he is staying safe. Cody can take classes, go on outings, work, and eat lunch with those of his choosing (at his table, or the same room) when available.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community? PAI offers employment services to those interested in finding employment in the community. Unfortunately, at this time, there is a hold put on employment services as PAI has yet to obtain an employment specialist. Competitive employment opportunities will be revisited upon an employment specialist hire.

How will services be **coordinated across other 245D licensed providers and members of the expanded/support team** serving this person to ensure continuity of care and coordination of services?

- Cody's guardians, mom and stepdad, residence, PAI staff, and case manager exchange information as it relates to Cody's services and supports. Meetings and reports are shared with Cody's team. Cody's team works together to ensure continuity of care. In-person conversations, phone calls, emails, virtual meetings, and faxes may be used to discuss current information.
- Cody's guardians advocate on his behalf and help make legal decisions for him. His mother and stepfather (guardians and with whom he lives with) help Cody with services at home and communicates any needed medical information and updates to PAI and the team.
- Cody's residence, Dungarvin, helps Cody with services at home and communicates any needed medical information and updates to PAI and the team.
- Case Manager, Joshua Yang with Washington County, develops Cody's Support Plan and completes Cody's service agreements and communicates with Cody's support team to ensure continuity of care.
- PAI will provide Cody with employment opportunities on-site and help Cody work on vocational training and skill building. PAI will communicate any health and medical concerns to Cody's guardians.

If there is a **need for service coordination** between providers, include the name of service provider, contact person and telephone numbers, services being provided, and the names of staff responsible for coordination:

Travis Haugen, Guardian/Stepfather
P: 715-441-2038
E: thaugen@sbcglobal.net

Becky Haugen, Guardian/Mother

PAI

P: 715-245-1671

E: hauge663@umn.edu

Diane Mailand, Residential Program Supervisor, Dungarvin

P: 651-276-0707

E: d.mailand@dungarvin.cloud

Joshua Yang, Case Manager, Washington County

P: 651-430-4141

E: Joshua.yang@co.washington.mn.us

Anneliese Robinson, Senior Program Supervisor, PAI

P: 651-747-8740 ext. 2002

E: arobinson@paimn.org

The person currently receives services in (check as applicable):

Residential services in a community setting controlled by a provider

Day services

Neither

Provide a **summary of the discussion of options for transitioning the person out of a community setting controlled by a provider** and into a setting not controlled by a provider (residential services). Include a **statement about any decision made regarding transitioning out of a provider-controlled setting**: Cody currently resides in a Dungarvin residence, located near his parents' home. There is not any discussion of Cody exploring other residential options at this time.

Provide a **summary of the discussion of options for transitioning from day services to an employment service**. Include a **statement about any decision made regarding transitioning to an employment service**: PAI offers employment services to those interested in finding employment in the community. Unfortunately, at this time, there is a hold put on employment services as PAI has yet to obtain an employment specialist. Competitive employment opportunities will be revisited at Cody's 45 Day meeting.

Describe any further research or education that must be completed before a decision regarding this transition can be made: [Click or tap here to enter text.](#)

Does the person require the **presence of staff** at the service site while services are being provided?

Yes No

If no, please provide information on when staff do not need to be present with this person (include community, home, or work) and for the length of time. If additional information regarding safety plan is needed, also provide:

[Click or tap here to enter text.](#)

Does the person require a **restriction of their rights as listed in 245D.04, subdivision 3** as determined necessary to ensure the health, safety, and well-being of the person?

Yes No

If yes, please indicate what right(s) will be restricted:

If rights are being restricted the Rights Restrictions form must be completed.

Does this person use **dangerous items or equipment**?

Yes No

If yes, address any concerns or limitations:

Has it been determined by the person's physician or mental health provider to be **medically or psychologically contraindicated to use an emergency use of manual restraint** when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety?

Yes No

If yes, the company will not allow the use of manual restraint to be used for the person.

Health Needs

Indicate what **health service responsibilities** are assigned to this license holder and which are consistent with the person's health needs. If health service responsibilities are not assigned to this license holder, please state "NA".

- Monitor for health and safety concerns and notify Cody's team if any are noted.
- Provide supports as listed under general and health-related supports above.

If health service responsibilities are assigned to this license holder, the case manager and legal representative will be promptly notified of any changes in the person's physical and mental health needs affecting the health service needs, unless otherwise specified here:

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.

- Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)
- The person's refusal or failure to take or receive medication or treatment as prescribed
- Concerns about the person's self-administration of medication or treatments

If the license holder is assigned responsibility for medication set up, assistance, or medication administration, the license holder will provide that support according to procedures listed here as applicable:

Medication set up:

Medication assistance:

Medication administration:

Psychotropic Medication Monitoring and Use

Does the license holder administer the person’s psychotropic medication? Yes No

If yes, document the following information:

1. Describe the target symptoms the psychotropic medication is to alleviate:

2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications? Yes No

3. If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber’s instructions:

Permitted Actions

On a continuous basis, does the person require the **use of permitted actions and procedures** that includes physical contact or instructional techniques:

1. To calm or comfort a person by holding that person with no resistance from the person.
 Yes No If yes, explain how it will be used:

2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.
 Yes No If yes, explain how it will be used:

3. To facilitate a person’s completion of a task or response when the person does not resist, or it is minimal:
 Yes No If yes, explain how it will be used:

4. To block or redirect a person’s limbs or body without holding or limiting their movement to interrupt a behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used:

5. To redirect a person’s behavior when the behavior does not pose a serious threat to self or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used:

6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.

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Yes No If yes, explain how it will be used:

7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.

Yes No If yes, explain how it will be used:

8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities?

Yes No If yes, explain how it will be used:

9. Is positive verbal correction specifically focused on the behavior being addressed?

Yes No If yes, explain how it will be used:

10. Is temporary withholding or removal of objects being used to hurt self or others being addressed?

Yes No If yes, explain how it will be used:

11. Are adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition being used?

Yes No If yes, explain how it will be used:

Staff Information

Are any **additional requirements** requested for staff to have or obtain in order to meet the needs of the person?

Yes No If yes, please specify: [Click or tap here to enter text.](#)

Does a staff person who is **trained in cardiopulmonary resuscitation (CPR)** need to be available when this person is present, and staff are required to be at the site to provide direct service? Yes No

For facility-based day services only – please indicate the staff ratio required for this person. Additional information on how this ratio was determined is maintained in the person’s service recipient record:

1:4 1:6 1:8 Other (please specify): NA

Frequency Assessments

1. Frequency of *Progress Reports and Recommendations*, minimum of annually:

Quarterly Semi-annually Annually

2. Frequency of service plan review meetings, minimum of annually:

Quarterly Semi-annually Annually

3. Request to receive the *Progress Report and Recommendation*:

At the support team meeting At least five working days in advance of the support team meeting

4. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:

Quarterly Other (specify): [Click or tap here to enter text.](#) NA

SELF-MANAGEMENT ASSESSMENT

Name: Cody Hansen

Date of *Self-Management Assessment* development: 8/3/2023

For the annual period from: 8/2023 to 8/2024

Service(s) identifying supports for: Prevocational Services; Day Support Services

Name and title of person completing the review: Prevocational Services; Day Support Services

Within the scope of services to this person, the license holder must assess, at a minimum, the areas included in this document. Additional information on self-management may be included per request of the person served and/or legal representative and case manager. The *Self-Management Assessment* will be completed by the company's designated staff person and will be done in consultation with the person and members of the support team.

The license holder will complete this assessment before the 45-day planning meeting and review it at the meeting. Within 20 working days of the 45-day meeting, dated signatures will be obtained from the person and/or legal representative and case manager to document the completion and approval of the *Self-Management Assessment*. At a minimum of annually, or within 30 days of a written request from the person and/or legal representative or case manager. This *Self-Management Assessment* will be reviewed by the support team or expanded support team as part of a service plan review and dated signatures obtained.

Assessments must be based on the person's status within the last 12 months at the time-of-service initiation. Assessments based on older information must be documented and justified.

The **general and health-specific supports and outcomes necessary or desired to support the person** based upon this assessment and the requirements of person-centered planning and service delivery will be documented in the *Support Plan Addendum*.

Health and medical needs to maintain or improve physical, mental, and emotional well-being

Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Allergies (state specific allergies):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Seizures (state specific seizure types):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.

Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Prevocational Services; Day Support Services</p> <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Cody can adequately chew and swallow his food independently. Cody is able to notify staff if he is choking. Staff supports are not required in this area according to the Support Plan Addendum.
Special dietary needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Chronic medical conditions (state condition):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no chronic medical conditions	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Prevocational Services; Day Support Services</p> <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Cody is aware of the importance of taking his medications. Cody uses an automated medication dispenser when taking medications at home. Behaviors or Symptoms: Cody willingly takes medications presented to him by staff. Cody needs assistance in taking his medications in a timely manner. Staff supports are required in this area according to the Support Plan Addendum.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Prevocational Services; Day Support Services</p> <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Cody recognizes the need to attend scheduled appointments. Cody attends appointments willingly and can answer basic health questions. Behaviors or Symptoms: Cody is in need of assistance to schedule and attend appointments as he cannot do so independently. Staff supports are required in this area according to the Support Plan Addendum.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Prevocational Services; Day Support Services</p> <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Cody recognizes the need to attend scheduled appointments. Cody attends appointments willingly and can answer basic health questions. Behaviors or Symptoms: Cody is in need of assistance to schedule and attend appointments as he cannot do so independently. Staff supports are required in this area according to the Support Plan Addendum.
Other health and medical needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.

Other health and medical needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Other health and medical needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Personal safety to avoid injury or accident in the service setting		
Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Risk of falling (include the specific risk):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Mobility issues (include the specific issue):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Prevocational Services; Day Support Services</p> <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Cody is aware that he needs to wash his hands after using the restroom and before eating. Cody understands that water temperature can be dangerous and is able to independently maneuver the faucet to a safe temperature. Staff supports are not required in this area according to the Support Plan Addendum.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Prevocational Services; Day Support Services</p> <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Cody is verbal and able to respond. Cody is usually willing to participate in receiving support. Behaviors or Symptoms: Cody may have a tendency to lack in self-preservation skills as Cody has a history of eloping and being most focused on what he desires. Cody can become frustrated when he is told no and may need a break in a quiet area to calm his emotions. Staff supports are required in this area according to the Support Plan Addendum. <p>Prevocational Services; Day Support Services</p>
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Prevocational Services; Day Support Services</p>

		<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Cody understands that water can be dangerous. He is willing to take proper precautions around large bodies of water. • Behaviors or Symptoms: If Cody were to attend an outing around a large body of water, Cody will listen to staff to ensure he is wearing a life jacket when prompted. • Staff supports are required in this area according to the Support Plan Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Prevocational Services; Day Support Services • Strengths, Skills, & Abilities: Cody is willing to wear his glasses. Cody is aware of the importance of wearing his glasses to correct his vision. • Behaviors or Symptoms: Cody may need assistance in identifying when his glasses are needing to be cleaned. Cody will clean his glasses when prompted by staff, if needed. • Staff supports are required in this area according to the Support Plan Addendum.
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • Staff supports are not required in this area according to the Support Plan Addendum.
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • Staff supports are not required in this area according to the Support Plan Addendum.
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • Staff supports are not required in this area according to the Support Plan Addendum.
<p>Symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subd. 11 clauses (4) to (7) or suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and safety of the person or others.</p>		
Assessment area	<p>Is the person able to self-manage in this area?</p>	<p>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</p>
Self-injurious behaviors (state behavior): Picking and rubbing at hands and fingers.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Prevocational Services; Day Support Services • Strengths, Skills, & Abilities: Cody is aware that he should not pick or rub at his hands and fingers. Cody does his best to keep his hands busy with either work, or a fidget to ensure he keeps his hands busy. • Behaviors or Symptoms: If Cody does not have something to keep his hands busy, such as a fidget, Cody may pick or rub at his fingers and hands. • Staff supports are required in this area according to the Support Plan Addendum.
Physical aggression/conduct (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • Staff supports are not required in this area according to the Support Plan Addendum.

Verbal/emotional aggression (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Property destruction (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Mental or emotional health symptoms and crises (state diagnosis): ADHD, Oppositional Defiant Disorder, Pervasive Development Disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<p>Provocational Services; Day Support Services</p> <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Cody is aware of his emotions and is able to identify when he is needing to take a break. Cody is receptive to redirection. Behaviors or Symptoms: Cody may have a tendency to focus specifically on his own desire, therefore ignoring any personal safety and/or other's safety and comfort levels. If Cody is told no, or is frustrated and overwhelmed, he may shut down, though he will acknowledge that he may need to take a break. Staff supports are required in this area according to the Support Plan Addendum.
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Staff supports are not required in this area according to the Support Plan Addendum.
Other symptom or behavior (be specific): Hx of stealing electronic devices.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<p>Prevocational Services; Day Support Services:</p> <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Cody is aware that it is wrong to steal things that do not belong to him. He is not always able to determine what he is doing is wrong in the moment and is receptive to visual learning styles and reminders. Behavior or Symptoms: If Cody were to steal an electronic device, he may try to hide the device within his sweatshirt or bag, if available. Staff supports are required in this area according to the Support Plan Addendum.

PAI

Individual Abuse Prevention Plan (IAPP)

Instructions and requirements:

This program is required to establish and enforce ongoing written individual abuse prevention plans as required under Minnesota Statutes, section [626.557](#), subdivision 14 and section [245A.65](#), subdivision 2 (b).

Development and review of the plan: An individual abuse prevention plan shall be developed for each new person as part of the initial individual program plan or service plan required under the applicable licensing rule. The review and evaluation of the individual abuse prevention plan shall be done as part of the review of the program plan or service plan. The person receiving services shall participate in the development of the individual abuse prevention plan to the full extent of the person's abilities. If applicable, the person's legal representative shall be given the opportunity to participate with or for the person in the development of the plan. The interdisciplinary team shall document the review of all abuse prevention plans at least annually, using the individual assessment and any reports of abuse relating to the person. The plan shall be revised to reflect the results of this review.

Plan contents: The plan shall include a statement of measures that will be taken to minimize the risk of abuse to the vulnerable adult when the individual assessment required in section 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan. The measures shall include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan shall document this determination.

Requirements of [626.557](#), subd. 14(b): Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

Persons with history of violent crime an act of physical aggression toward others: If the program knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.

Legal Authority: MS §§ [245D.071](#), subd. 2, [245A.65](#), subd. 2, and [626.557](#), subd. 14

PAI

Individual Abuse Prevention Plan (IAPP)

Name of person served: Cody Hansen

Date of development: 8/3/2023

For the annual period: 8/2023 – 8/2024

Service(s) identifying supports for: Prevocational Services; Day Support Services

Name and title of person completing: Anneliese Robinson, Senior Program Supervisor

Instructions: For each area, assess whether the person is susceptible to abuse by others and the person's risk of abusing other vulnerable people. If susceptible, indicate why by checking the appropriate reason or by adding a reason. Identify specific measures to be taken to minimize the risk within the scope of licensed services and identify referrals needed when the person is susceptible outside the scope or control of the licensed services. If the person does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, document this determination and identify the area of the program prevention plan that addresses the area of susceptibility.

A. Sexual abuse

Is the person susceptible to abuse in this area? Yes (if any area below is checked) No

- Lack of understanding of sexuality
- Likely to seek or cooperate in an abusive situation
- Inability to be assertive
- Other:

Specific measures to minimize risk of abuse for each area checked:

- **Lack of understanding of sexuality:** Due to Cody's diagnoses with Autism, ODD, and PDD, Cody has an understanding of sexuality, but is still learning boundaries with others and what may constitute as sexual.
- **Likely to seek or cooperate in an abusive situation:** Due to Cody's diagnoses of Autism, ODD, and PDD, Cody may be at risk to cooperate in an abusive situation. Cody is able to identify a situation as dangerous, though Cody may not know how to say no or walk away from the abuse.
- **Inability to be assertive:** Due to Cody's diagnoses, Cody may be unable to be assertive. Cody could become overwhelmed in an abusive situation and not be able to advocate on his own behalf.
- **All Areas:**
 - **Prevocational Services; Day Support Services:** Cody will be encouraged to participate in prevocational classes offered on-site geared towards preparing for a job in the community, including topics such as workplace and co-worker boundaries and community safety. When in the community with a job coach at a place of employment, staff will review safe boundaries with Cody before entering his job site.
 - **All Services:** Cody will be encouraged to participate in classes offered at PAI on boundaries and appropriate relationships/social skills. Staff will model appropriate boundaries with others and encourage Cody to advocate on his own behalf. Staff will always be with Cody on-site and in the community. If staff ever found or suspected that Cody was in an abusive situation, staff would help Cody leave the situation immediately and relocate him to a safe location. Staff would notify Cody's guardians and team and help Cody make a report or contact the authorities if necessary. All staff at PAI are mandated reporters. Staff retrained at time of hire on mandated reporting and annually thereafter.

Referrals made when the person is susceptible to abuse outside the scope or control of this program

PAI

(Identify the referral and the date it occurred).

B. Physical Abuse

Is the person susceptible to abuse in this area? Yes (if any area below is checked) No

- Inability to identify potentially dangerous situations
- Lack of community orientation skills
- Inappropriate interactions with others
- Inability to deal with verbally/physically aggressive persons
- Verbally/physically abusive to others
- "Victim" history exists
- Other:

Specific measures to minimize risk of abuse for each area checked:

- **Lack of community orientation skills:** Due to Cody's diagnoses with Autism, ODD, and PDD, Cody does not have community orientation skills as he would not know how to navigate the community independently, or who could be appropriate to ask for help from.
- **Inappropriate interactions with others:** Due to Cody's diagnoses with Autism, ODD, and PDD, Cody may not know to identify an interaction as inappropriate with others. Cody has a history of inappropriate touching with others while unsupervised as well as mentioning inappropriate comments to others making them uncomfortable.
- **Inability to deal with verbally/physically aggressive persons:** Due to Cody's diagnoses of Autism, ODD, and PDD, Cody may have the inability to deal with verbally or physically aggressive persons as Cody may not speak up and raise his voice until pushed to a certain point—as most people do. Cody may identify a situation or person as aggressive, though Cody may not be able to assert his wants or needs when feeling overwhelmed.
- **"Victim" history exists:** Cody has a history of being sexually exploited, as Cody did not understand the situation as being inappropriate until further explanation thereafter.
- **All Areas:**
 - **Prevocational Services; Day Support Services:** Cody will be encouraged to participate in prevocational classes offered on-site geared towards preparing for a job in the community, including topics such as workplace and co-worker boundaries and community safety. When in the community with a job coach at a place of employment, staff will review safe boundaries with Cody before entering his job site.
 - **All Services:** Cody will be encouraged to participate in classes offered at PAI on community safety, personal safety, and appropriate social skills. Staff will model appropriate pedestrian safety skills and will point out signs in the community and explain what they mean. Staff will model appropriate boundaries with others and will give Cody ample space and time to take breaks to process his feelings alone or 1:1 with a trusted staff. Staff will accompany Cody while in the community and on-site at all times. Cody may have 15 minutes as a cool off period when feeling overwhelmed and staff will check in with Cody if 15 minutes have passed. If staff ever found or suspected that Cody was in an abusive situation, staff would help Cody leave the situation immediately and relocate him to a safe location. Staff would notify Cody's guardians and team and help Cody make a report or contact the authorities if necessary. All staff at PAI are mandated reporters. Staff are trained at time of hire on

PAI

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

C. Self Abuse

Is the person susceptible to abuse in this area? Yes (if any area below is checked) No

- Dresses inappropriately
- Refuses to eat
- Inability to care for self-help needs
- Lack of self-preservation skills (ignores personal safety)
- Engages in self-injurious behaviors
- Neglects or refuses to take medications
- Other:

Specific measures to minimize risk of abuse for each area checked:

- **Dresses inappropriately:** Due to Cody's diagnoses of Autism, ODD, and PDD, Cody is at risk of dressing inappropriately during winter months as Cody may require reminders to wear his winter accessories when going outside.
- **Inability to care for the self-help needs:** Due to Cody's diagnoses of Autism, ODD, and PDD, Cody may not understand the importance of caring for his hygiene, such as, washing his face, brushing his teeth, and applying deodorant.
- **Lack of self-preservation skills (ignores personal safety):** Due to Cody's diagnoses of Autism, ODD, and PDD, Cody may ignore his personal safety without realizing he could be putting himself at risk. When Cody is focused on a specific desire, Cody will ignore all personal safeties. Cody may require verbal prompts and reminders to ensure his personal safety.
- **Engages in self-injurious behaviors:** Cody has a tendency to rub and pick at his fingers and hands if he is not keeping his hands busy. Cody prefers to keep his hands busy whether he be working or playing with any fidgets or leggos.
- **All Areas:**
 - **Prevocational Services; Day Support Services:** Cody will be encouraged to participate in programming on-site at PAI that focuses on managing self-help needs and independent living.
 - **All Services:** Cody will be encouraged to take classes offered at PAI on personal safety and self-care. Staff will help Cody find a safe place at PAI his keep his coat and other outdoor wear and encourage Cody to wear these items upon departures. Staff will model dressing appropriately when leaving PAI or going outside and will prompt Cody to dress appropriately as needed. If staff are to observe Cody picking or rubbing his hands, staff will redirect Cody to a preferred activity or assist Cody in finding a fidget. All staff at PAI are mandated reporters. Staff are trained at time of hire on mandated reporting and annually thereafter.

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

PAI

D. Financial Exploitation

Is the person susceptible in this area? Yes (if any area below is checked) No

- Inability to handle financial matters
- Other:

Specific measures to minimize risk of abuse for each area checked:

- **Inability to handle financial matters:** Due to Cody's diagnoses and history of financial exploitation, Cody is unable to handle financial matters independently and appropriately budget his own funds.
- **All Areas:**
 - **Prevocational Services; Day Support Services:** Cody is encouraged to participate in programming offered on-site focusing on learning the value of money and budgeting. When on an outing in the community, staff will assist Cody to stay within his budget when shopping and purchasing items. Staff will encourage Cody to identify if he is staying within budget.
 - **All Services:** Cody will be encouraged to take classes offered at PAI on money skills. If Cody is going on an outing at PAI where he needs to bring money, a note will be sent home with Cody a few days prior reminding him and his residence. Staff can help Cody make the purchase as needed and help ensure he has gotten the right amount of change, but Cody's money will stay in his possession. PAI does not assume responsibility for participant funds. Cody's parents help Cody manage his funds as Cody's stepfather is his rep payee. All staff at PAI are mandated reporters. Staff are trained at time of hire on mandated reporting and annually thereafter.

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

E. Is the program aware of this person committing a violent crime or act of physical aggression toward others? Yes No

Specific measures to be taken to minimize the risk this person might reasonably be expected to pose to visitors to the program and persons outside the program, if unsupervised:

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

An individual abuse prevention plan is developed for each new person as part of the initial service plan. The person will participate in the development of the plan to the full extent of their ability. When applicable, the person's legal representative will be given the opportunity to participate with or for the person in the development of the plan. The interdisciplinary team will document the review of the plan at least annually, using an individual assessment, as required in MN Statutes, section 245D.071, subd. 3, and any reports of abuse relating to the person. The plan shall be revised to reflect the results of this review.

PAI

Staff: Benny Heino
 Date: 8/18/23



Service Recipient: Cody Hansen
 Service Span: 8/23 - 8/24

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: <u>Independent</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>No but would need assistance if needed</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:	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>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 type="checkbox"/> Yes	Describe Supports: <u>Lack of self preservation, history of eloping, focuses on what he desires, Frustrated when told no, Accompanied by staff, 5 min wait when</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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>glasses, independent to remember to wear daily.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>pick his fingers if no fidget object to keep hands busy. Brings fidget fan home, Focuses on work desires, ignores personal safety / others safety. Shouts down when frustrated, answers w/ I don't know</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>cats, working w/ hands, legos, video games, funding girlfriend</u>		
Important for: <u>Appropriate communications / interactions w/ others, building skills to work w/ team rather than alone.</u>		
Likes: <u>Legos, cars, outdoors, plants</u>		
Dislikes: <u>Others being repetitive, others not doing their job</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Visual Aids</u>		

Staff: Justyn Kovel
 Date: 8/10/23



Service Recipient: Cody H
 Service Span: 8/23 - 8/24

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: <u>none @ PAI</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 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 type="checkbox"/> Yes	Describe Supports: <u>lacks self pres. skills - frustrated when told no - encourage to take breaks encourage to stay w/group</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>glasses- self manages - reminders to clean</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>learns best w/ flash cards - remembers to take breaks</u>	List & Describe Supports: <u>Picks if has no fidgets; ignores personal safety, shuts down if frustrated - give quiet place to calm down has stolen ipads - speak w/him to remind stealing is wrong brings down fidgets</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Cats, working w/hands, legs, video games, finding gf</u>		
Important for: <u>appropriate communication, skills to work w/team</u>		
Likes: <u>Legos, cars, outdoors, plants</u>		
Dislikes: <u>repetition, others not doing their job</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>visual aides</u>		

Staff: Shelley Stover
 Date: 8/10/23



Service Recipient: Cody Hanson
 Service Span: 8/23 - 8/24

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: None at PAI but would need staff assistance if need arise.	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: independent	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: n/a	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Cody may have a tendency to look in the pool for swimming skills. Low to ability of leaving. Maybe to become furnished in the community. Give him a 5 minutes to collect himself	<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: independent but may need reminder to wear glasses	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may pick up no fidget. May become focused on his own devices. Staff will offer Cody a designated quiet space to himself. May steal his object of desire	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Cats, working w/ hands, legos, vision game find a girlfriend		
Important for: appropriate communication and interaction w/ others building self to work w/ a team rather than alone.		
Likes: legos, cars, outdoors, plants and plant identification		
Dislikes: others being repetitive, others not doing their job		
Communication Style: verbal		
Learning Style: visual aides		

Staff: Ann Albers



Service Recipient: Cody Hanson

Date: _____

Service Span: 8/23 8/24

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 <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: <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 <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none at PAI would need staff anses</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 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 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 <u>→</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Cody wears glasses and is able to independently remember to wear glasses daily though Cody may need reminders from staff to get clean glasses</u>	
Behavior Support: <input type="checkbox"/> No <input 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>Cat working w/ his hands Lego video game Finding a girl friend</u>		
Important for: <u>appropriate communication and interaction w/ others building skills to work w/ team rather than alone</u>		
Likes: <u>Lego cars outdoors plants plant identification</u>		
Dislikes: <u>other being repetitive others not doing their job</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Visual aids</u>		

Cody may have a tendency to lack in his self preservation skills as Cody has a history of eloping and being most times focused on what he desires. Cody can become frustrated when he is told no. Cody is accompanied by staff at all times while in the community and on site. If Cody were to become frustrated while in the community, staff will encourage Cody to take 5 min break to calmly collect him self. Staff will encourage Cody to stay w/ group explain expectation clearly to Cody.

Cody may pick and rub his fingers and hands if he does not have fidget or object to keep his hands busy. Cody will bring fidget from home while attending PAT. If staff are to observe Cody picking or

to understand rules Cody learns best with visual assistance such as a picture. Flash cards. Staff will redirect Cody to other desired activities such as any activities to keep his hand busy. If Cody upsets staff will offer Cody designated quiet space him self to the room. Cody has a history of stealing he may hide the object of his desire he may do so by hiding the object in his sweat shirt. Staff will tell him stealing is wrong.

Staff: Leshi Bludorn
 Date: 8-10-23



Service Recipient: Cody Hansen
 Service Span: 8-23-8/24

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: <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: <u>None @ PAI - but would need staff assist</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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lack of self-preservation history of slipping</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>Glasses - independent to remember to wear daily</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>pick or rug fingers if he doesn't have a object -</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Cats, working with his hands, legos, video games, finding a girlfriend</u>		
Important for: <u>Appropriate communication and interactions with others - bullying skills</u>		
Likes: <u>Legos, cars, outdoors, plants & plant identification</u>		
Dislikes: <u>others being repetitive, others not doing their job</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Visual aides</u>		

Staff: Dawn Nelson
 Date: 8/10/23



Service Recipient: Cody Hansen
 Service Span: 8/23-8/24

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: Independent
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* None at PAI but would need staff assistance if need arises
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 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 Cody may have a tendency to lack in his self-preservation skills as Cody has a history of eloping and being most focused on what he desires. Cody can become frustrated when he is told no. Cody is accompanied by staff at all times while in the community and on-site. If Cody were to become frustrated while in the community, staff will encourage Cody to take a 5 minute break to calmly collect himself. Staff will encourage Cody to stay with the group and explain expectations clearly to Cody
Sensory Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Cody wears glasses and is able to independently remember to wear his glasses daily, though Cody may need reminders from staff to clean his glasses if needed
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cody may pick and rub his fingers and hands if he does not have a fidget or object to keep his hands busy. Cody will bring desired fidgets from home while attending PAI. If staff are to observe Cody picking or rubbing at his hands and fingers, staff will encourage Cody to find a fidget or desired activity to keep his hands busy. Cody may have a tendency to focus specifically on his own desire, therefore ignoring any personal safety and/or other's safety. Cody may shut down if he is frustrated/overwhelmed and he may give the answers of "I don't know" or "I'm tired". To understand rules, Cody learns best with visual assistance such as picture flashcards. Staff will redirect Cody to other desired activities, such as any activity to keep his hands busy. If Cody becomes upset, staff will offer Cody a designated quiet space to himself, such as the "blue room", to calm down and collect his thoughts-staff will provide visual aides to assist Cody in understanding the rules. Cody has a history of stealing, he may try to hide the object of his desire (iPad/tablet), he may do so by hiding the object in his sweatshirt or bag. If staff notice Cody stealing a device, staff will speak with Cody one on one and remind him that stealing is wrong.
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: Cats, working with his hands, Legos, video games, finding a girlfriend	
Important for: Appropriate communication and interactions with others, building skills to work with a team rather than alone	
Likes: Legos, cars, outdoors, plants and plant identification	
Dislikes: Others being repetitive, others not doing their job	
Communication Style: Verbal	
Learning Style: Visual aides	

Staff: Mindi W



Service Recipient: Cody Hansen

Date: 8-10-23

Service Span: 8-23 / 8-24

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: <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 <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 but would need assistance if needed</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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lack of self-preservation, history of eloping focused on what he desires. Frustrated when told no. Accompanied by staff. 5 min break if upset</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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Glasses, independent to remember to wear daily</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Pick/rob fingers if no fidget/object to keep hands busy. Brings fidget from home. Encourage to find fidget if picking. Focuses on his own desires ignores personal safety/others safety. Shouts down if frustrated, answers w/ I don't know, or I'm tired.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Cats, working w/ hands, legos, video games, finding girlfriend</u>		
Important for: <u>Appropriate communication/interactions with others, building skills to work with a team rather than alone</u>		
Likes: <u>legos, cars, outdoors, plants</u>		
Dislikes: <u>others being repetitive, others not doing their job</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Visual aides</u>		

To understand rules, best for visual assistance. Redirect to other activities to keep hands busy. When upset, offer quiet space to calm down. History of stealing, may try to hide objects in his sweatshirt/bag.

Staff: Jenn. F. Tojo
 Date: 8/10/2023



Service Recipient: Cody Hansen
 Service Span: 8/23 - 8/24

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: <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 <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:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>NA</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lack in self-preservation skills history of eloping & being most focused on what he desires frustrated with no 5min break to calm expectation to stay with group</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>glasses reminder to clean</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>over on back</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>cars, working with hands, Legos, videogames, finding a girlfriend</u>		
Important for: <u>appropriate comm + interactions with others, skills to work with team rather than alone</u>		
Likes: <u>Legos, cars, outdoors, plants & plant identifications</u>		
Dislikes: <u>others being repetitive, others not doing their job</u>		
Communication Style: <u>Verb</u>		
Learning Style: <u>Visual a/c</u>		

Cody may pick + rub his fingers + hands if he does not have a have a fidget or object to keep his hands busy. desired fidgets from home while at PAT increase when rubbing hands or arms to use fidget. May focus on specifically desires, therefore ignoring any personal softy and/or other softy. Cody may shut down if frustrated / overwhelmed and may give answers of I don't know or I'm tired. to avoid stated rules Cody learned best with visual assist such as pic flashcard staff will redirect Cody to other desired activities, such as any activities to keep his hands busy. If Cody becomes upset, staff will offer Cody a designated quiet space to himself, such as the "blue room," to calm down + collect his thoughts - staff will provide visual aids to assist Cody in understanding the rules Cody has a history of stealing he may try to hide the object of his desire (IPad / tablet) he may do so by hiding the object in his sweatshirt or bag. If staff notice Cody stealing a device, staff will speak with Cody one on one and remind him stealing is wrong

Staff: Ashley Balleddy
 Date: 8/10/23



Service Recipient: Cody Hansen
 Service Span: 8/23-8/24

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: <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 <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None @ PAI - staff to administer.</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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Many elope or only focus on what he desires. Can become frustrated when told no. Give s min break if agitated. w/ staff @ all times. Staff encourage to stay w/ staff.</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>Cody wears glasses and is able to independently remember to wear his glasses daily, though Cody may need reminders from staff to clean his glasses if needed.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Many pick and rub fingers if no fidget. Will bring his own fidgets. If doing behavior - staff redirect to fidget. Will focus on desire and ignore all safety. May shut down if upset. Visual assistance helps him understand rules. Staff redirect to blue room if upset. Hy of stealing. Staff talk 1:1 and remind him stealing is wrong.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Cats, working w/ his hands, legos, video games, building a girlfriend.</u>		
Important for: <u>Appropriate communication and interactions w/ others, building skills to work w/ a team rather than alone.</u>		
Likes: <u>Legos, cats, outdoors, plants and plant identification.</u>		
Dislikes: <u>Others being repetitive, others not doing their job.</u>		
Communication Style: <u>verbal.</u>		
Learning Style: <u>visual aides.</u>		

Staff: Juan B
 Date: 8-10-23



Service Recipient: Cody H
 Service Span: 8/23-2/24

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>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: <u>None @ PAI, but would need assistance</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 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: <u>Cody may have a tendency to lack in his self-preservation skills as cody has a history of self-harm & being most focused on emts he desires to be in the hospital. Cody would not accept any help from the staff until he is in a safe place. Cody is a member of the group & explain expectations to Cody's charts.</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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Wears glasses & is able to independently wear or glasses daily through cody's help. Cody needs a primary PAT if a few glasses are needed. Cody is a member of the group & explain expectations to Cody's charts.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may pick + sub words if he doesn't have a filter or object to keep himself busy. Cody will staff will offer designated quiet space such as the blue room, to calm down & collect his thoughts - staff will provide visual aids to assist Cody in understanding the rules. Cody has a history of stealing, may have a hard object if his successful or long if staff notice cody stealing a while, staff will speak w/ Cody if remind him stealing is wrong.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>cars, working w his hands, legos, video games, finding a GF</u>		
Important for: <u>Appropriate communication & interactions w/ others, building skills to work w/ a team rather than alone</u>		
Likes: <u>legos, cars, outdoors, plants & plant identification</u>		
Dislikes: <u>others being repetitive, others not doing anything at all</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>visual aural</u>		

Staff: America Stover
 Date: 08/10/23



Service Recipient: Cody Hansen
 Service Span: 8/23 - 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: N/A	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: N/A	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: independent.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: 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: <u>staff administers</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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>accompanied at all times, encouraged breaks + stay with group, frustrated when told no</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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>may need glasses cleaning reminders</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>fidget to prevent picking fingers, encourage him to find a fidget, overfocus on desires, ignoring safety, may shut down when overwhelmed or "i don't know", learning rules through visuals, offer a quiet space if upset, may try</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>to steal toilet, if noticed talk to</u>		
Important to: <u>cats, working with hands, legos, video games, finding a girlfriend</u>		
Important for: <u>appropriate communication and interaction with others, building skills to work with a team rather than alone</u>		
Likes: <u>legos, cars, outdoors, plants + identifying them</u>		
Dislikes: <u>others being repetitive, others not doing job</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>visual aids</u>		

Staff: Estellathughes
 Date: 8.10.23



Service Recipient: Cody Hansen
 Service Span: 8.23 / 8.24

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: <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 <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none @ 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 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: <u>Cody may have tendency to lack in his self-preservation skills as Cody has a history of eloping, being most focused on what he desires.</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>Cody wears glasses, is able to independently remember to wear his glasses daily, though cody may need reminders</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cody may pick and rub his finger, hands if he does not have a fidget or object to keep his hands busy. Cody will bring desired from home while attending PAI. Cody may shut down if he is frustrated/overwhelmed, he may give up.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Cats, working with his hands, legos, video games</u>		
Important for: <u>Appropriate comm., interactions with others, building skills to work with a team rather than alone.</u>		
Likes: <u>legos, car, outdoors, plants</u>		
Dislikes: <u>Others being repetitive, others not doing their job.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>visual aids.</u>		

Staff: Misty Moorman
 Date: 8.10.23



Service Recipient: Cody Hansen
 Service Span: 8.23.8.24

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>I ND</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: <u>None @ PAI but would need staff ast</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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>I ND</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 type="checkbox"/> Yes	Describe Supports: <u>Cody may have a tendency to lack in his self-preservation of the focus on what he desires. Cody may become frustrated when told no. if becomes frustrated in community ask cody to take 5 min break to calm down</u>	
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Cody wears glasses and is able to wear them I ND may need reminders to clean glasses.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cody may rub and pick his fingernails and hands if he does not have a fidget or object to keep his hands busy cody may shut down if he is frustrated and may say I don't know or I'm tired if cody becomes upset staff will offer cody a designated quiet space to himself to calm down</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Cats working w/ his hands, legos, Video games, finding a girlfriend</u>		
Important for: <u>Appropriate communication and interactions w/ others, building skills to work w/ a team rather than alone</u>		
Likes: <u>Legos, cars, outdoors, plants and plant identification</u>		
Dislikes: <u>others being repetitive, others not doing their job</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>visual aides</u>		

Staff: Anneliese R.

Date: 8/10/23



Service Recipient: Cody H.

Service Span: 8/23'-8/24'

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: <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 <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: <u>ind</u>	
Mobility/Fall Risk: <input checked="" 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: <u>tendency to lack preservation skills. Hx of eloping. Accompanied by staff all times. If frustrated, staff encourage to take 5min break</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>glasses - staff remind to clean glasses</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>pick at fingers and nub - staff encourage to hold a fidget. "I don't know" "I'm tired" if frustrated - encourage 5min break. Visual aids to best learn - flash cards best to remind of rules & expectations.</u>	
Unsupervised time while at PAI?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Hx of stealing - staff with allies can catch person when leaving; may hide objects in bag or in footwear</u>	
Important to:	<u>Cats, working w/ hands, Legos, video games, finding a girlfriend</u>	
Important for:	<u>Appropriate communication & interaction, building skills to work w/ a team</u>	
Likes:	<u>Legos, cars, outdoors, plants, plant identification</u>	
Dislikes:	<u>Others being repetitive, others not doing their job</u>	
Communication Style:	<u>verbal</u>	
Learning Style:	<u>visual aids</u>	

Lead Review Completed: _____

Staff: M. Patrick
 Date: 8/10/23



Service Recipient: Cody Hansen
 Service Span: 8/23 - 8/24

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>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: <u>None @ PAI but would need staff assistance if needed</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 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: <u>Cody may have a tendency to lack in his self-preservation skills as Cody has a history of eloping and being most focused on what he desires. Cody can become frustrated when he is told no. Cody is accompanied</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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Cody wears glasses and is able to independently remember to wear his glasses daily, though Cody may need reminders from staff to clean his glasses if needed</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cody may pick and rub his fingers and hands if he does not have a fidget or object to keep his hands busy. Cody will bring desired fidgets from home while attending PAE. If staff are to observe Cody picking or rubbing at his hands and fingers, staff will encourage Cody to find a fidget or desired</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Cats, working with h-o hands, Legos, videogames, finding a friend</u>		
Important for: <u>Appropriate communication and interactions with others, building skills to work with a team rather than alone</u>		
Likes: <u>Legos, cars, outdoors, plants and plant identification</u>		
Dislikes: <u>Others being repetitive, others not doing their job</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>visual aides</u>		

by staff at all times while in the community and on-site. If Cody were to become frustrated while in the community, staff will encourage Cody to take a 5 minute break to calmly collect himself. Staff will encourage Cody to stay with the group and explain expectations clearly to Cody.

activity to keep his hands busy. Cody may have a tendency to focus specifically on his own desire therefore ignoring any personal safety, and/or others safety. Cody may shut down if he is frustrated/overwhelmed and he may give the answers of "I don't know" or "I'm tired". To understand rules

Cody learns best with visual assistance such as pictures, flashcards. Staff will redirect Cody to other desired activity, such as any activity to keep his hands busy. If Cody becomes upset.

Staff will offer Cody a designated quiet space to himself, such as the "office room", to calm down and collect his thoughts. Staff will provide visual aids to assist Cody in understanding the rules. Cody has a history of stealing he may try to hide the object of his desire (IPAD/tablet) he may do so by hiding the object in his sweatshirt or bag ~~he may try to~~ If staff notice Cody steal the device, staff will speak with Cody one on one and remind him that stealing is wrong.

Staff: Jesse Haug
 Date: 8/15/23



Service Recipient: Cody H
 Service Span: 8/23 - 8/24

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: ind	
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 type="checkbox"/> Yes	Describe Supports: <i>May become frustrated when told no. Lacks self-preservation skills. History of eloping. Overly focused on what he wants. Encourage 5 min breaks</i>	<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: Glasses: ind. wears/may need reminders to clean	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <i>May pick/rub hands if not busy = encourage fidgets/desired activities. Tendency to focus on own desires. May shut down when frustrated/overwhelmed. Learns best w/visual assistance. Needs space to calm down - History of stealing</i>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <i>Cats, working w/ hands, legos, video games, finding a girl friend</i>		
Important for: <i>appropriate communications & interactions w/others. Building skills to work w/ a team vs. alone</i>		
Likes: <i>Legos, cars, outdoors, plants/identification</i>		
Dislikes: <i>others being repetitive, others not doing their job</i>		
Communication Style: <i>verbal</i>		
Learning Style: <i>visual aids</i>		

Staff: Destiny B
 Date: 8/10/23



Service Recipient: Cody H
 Service Span: 8/23-8/24

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>incl.</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: <u>NONE @ PAI - staff assist.</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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>incl.</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: Lack self preservation	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>LACK self-preservation skills. History of eloping. CAN get frustrated when told NO. Encourage 5 min breaks.</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>GLASSES - incl. (MAY need reminders to clean them).</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>MAY PICK/RUB FINGERS IF HANDS ARENT BUSY. ENCOURAGE USING FIDGETS. TENDENCY TO focus ON HIS own desires, may shut down if frustrated. Redirect to other activities. Give quiet spaces to calm down. fix of stealing.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>CATS, WORKING w/ HANDS, Legos, Video games, finding a girlfriend.</u>		
Important for: <u>Appropriate communication & interactions w/ others. building skills to work w/ A team RATHER THAN Alone.</u>		
Likes: <u>Legos, cars, outdoors, plants, plant identification.</u>		
Dislikes: <u>Others being repetitive, others not doing their job.</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Visual/Aides.</u>		

Staff: Sova Vang
 Date: 08/10/23



Service Recipient: Cody H.
 Service Span: Aug 23/Aug 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: IND.	
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 type="checkbox"/> Yes	Describe Supports: May become frustrated when told no. Has self- self-preservation & a HX of eloping + backing & provide supervision to meet health & safety needs being focused on what he wants. offer break to calm himself.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community,
Sensory Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Glasses - IND wears, may need reminders to clean	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: HX of picking + rubbing his hands/fingers, offer Cody to find fidget/do desired activity. HX of shutting down when frustrated/overwhelmed. learns best w/ visual assistance. HX of stealing.	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to:		
<u>Cats, working w/ his hands, legos, videogames, finding a GF</u>		
Important for:		
<u>Appropriate communication + interactions w/ others, building skills w/ a team</u>		
Likes:		
<u>Legos, cars, outdoors, plants + plant identification.</u>		
Dislikes:		
<u>Others being repetitive, others not doing their job.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>visual aides</u>		

