



# In-service Training Log – Parkway

Date:

8/1/2023

**NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN**

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Jess Gunderson and Kennedy Smith			Site Specific, Agency Updates
.5	Jess Gunderson and Kennedy Smith			AF (new), TA, SF competency quiz

Make up Date	Initial	EE ID	Name
	JM		Jaime Meyer
	CS		Cindi Stucky
	IL		Ilene Lubick
	JG		John Gebhardt
	PD		Pamala Davis
	JA		Jackie Ahlers
	DR		Dainaja Ranson
	AD		Abigail Dawn

Make up Date	Initial	EE ID	Name
	DP		Dan Popp
	RS		Renee Schmidt
	NS		Nancy Snyder
	KS		Dolly Stein
	DY		Doua Yang
	SG		Sandy Greenly
	DS		Donna Storm
	AD		Angela Dennee
10/12/23	TRB	(SUB)	TRISE BANGARD

Make Up Date	Initial	Manager/Admin
		Kelley, Cortney
	KN	Norwick, Kennedy
	JG	Gunderson, Jessica

Other Attendees			



# Competency Tracking Form

Participant: Andrew Felling

Annual Service Span: Aug 2023- Aug 2024

Annual Meeting Date: N/A Date Assigned to Lead: \_\_\_\_\_

Competency Quiz Due for all Staff: \_\_\_\_\_

**Documents Reviewed:** Support Plan Addendum, 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
	JG	John Gebhardt
	Jml	Ilene Lubick
	JG	Jess Gunderson
	SG	Sandy Greenly
	JA	Jackie Ahlers
	Jm	Jamie Meyer
	KN	Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein
	DS	Donna Storm
	CS	Cindi Stucky

Date Completed	Initials	Full Name
	AD	Abigail Daum
8/1/23	DY	Doua Yang
8/1/23	DR	Dainaja Ranson
8/1/23	PD	Pamela Davis
		Leslie Bludorn
		Josh Snodie (sub)
10/12/23	TB	Tyler Bongard
8/1/23	AD	Angela Deneef

Date Uploaded to LMS: \_\_\_\_\_

Staff: Daniel P



Service Recipient: Andrew F

Date: 8/1/23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: feels himself with utensils but if lethargic might need help. Has diabetes. Food cut into bite size pieces	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: insulin dependant. carb counts follow protocol	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Insulin daily	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wears briefs. Needs prompting. Accepts assistance	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independent. Staff will alert Andrew of uneven surfaces	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: maintain in visual range of Andrew. Can get distracted and lose group	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: gets over stimulated by distractions or change in routine	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: can place out of place items in wrong place if blood sugar is high can have SIB, A.T.O, and property damage check temp also	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> maintaining independent living skills, staying busy, patient staff		
<b>Important for:</b> help with diabetes and diet, increasing communication skills, routine		
<b>Likes:</b> bowling, parks, walks, puzzles, sports, music, movies, Shrek, Mario Kart		
<b>Dislikes:</b> Things out of place		
<b>Communication Style:</b> Verbally		
<b>Learning Style:</b> 1 or 2 word instructions. visual cues and suggestive cues		

(Wed; Friday)

Staff: Pam Davis

PAI

Service Recipient: Andrew Felling

Date: 8/1/23

Service Span: Aug 2023 - Aug 2024

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b> no known	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> can feed himself; does better with spoons Bite size pieces; cue to eat slowly	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> insulin dependent, staff will assist with protocol.	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> insulin daily own insulin protocol staff will follow	<b>Daily medication at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Does know some but staff will prompt with cares. - wears Briefs; prompt for other	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> independent; verbal cues; or assistance as needed.	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> will remain in visual range. - of staff	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs (P/u trash ect.) (Safety)
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> can get overstimulated in the environment. usually get to a spot quietly, redirectful	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> too high or too low. (indicates BS) (maybe too low) physically aggressive; throw things, Hit walls/ people check Temp - use short sentences/phrases to deescalate	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> No unsupervised	
<b>Important to:</b> maintaining independent skills, consistency; patient and understanding staff.		
<b>Important for:</b> assistance with diabetic care/needs. increasing coping skills; control of surroundings following routine.		
<b>Likes:</b> Bowling, walks, park, puzzles, coloring, dollar store sports, movies, making people laugh, Jmario Cart.		
<b>Dislikes:</b> Things being out of place.		
<b>Communication Style:</b> verbally; gestures; (learning as we go)		
<b>Learning Style:</b> respectful; 1 or 2 word instructions; suggested cues.		

other cares also.

(low)

Staff: Dainajr Parson



Service Recipient: \_\_\_\_\_

Date: August 1st

Service Span: \_\_\_\_\_

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Andrew is able to keep himself w/ utensils rarely will need physical assistance if lethargic or has low blood sugar bite size pieces, verbal prompts (slow down)	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> diabetic, and needs insulin daily manage staff will follow protocol	<b>Daily medication at PAI?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Andrew knows how to do portions of personal care, Andrew allows others to help.	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Andrew is independent with mobility, staff will verbally cue.	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> verbally or physically aggressive towards others pound on walls, tables, hit/throw objects	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Important to:</b> maintaining and building his independent living skills, staying busy, consistency, patient and understanding staff		
<b>Important for:</b> Assf w/ diabetic care and diet, increasing communication skills having control of his environment		
<b>Likes:</b> walks, park, coloring, enjoys bowling, playing Mario kart		
<b>Dislikes:</b> thing that are out of place		
<b>Communication Style:</b> Andrew communicates verbally		
<b>Learning Style:</b> respectfully, 1 or 2 word instructions		

Staff: Jaime Meyer

Date: 8.1.23



Service Recipient: Andrew Felling

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>can feed himself, may n.</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can feed himself, Bite size pieces, cue to eat slow.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Insulin dependant, will assist with diabetic protocol.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Insulin daily</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds. per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>need prompting during cares, will allow staff assistance.</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independant.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff remain in visual range.</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>overstimulated by distraction, or routine changes. Take him for a walk.</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Physically aggressive, quiet space, checks temp or blood sugar. Prompt with short sentences.</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>maintaining independant living skills, staying busy, supportive staff.</u>		
<b>Important for:</b> <u>assistance with diet &amp; diabetic care, increase communication skills, following routine.</u>		
<b>Likes:</b> <u>Bowling, walks, Parks, puzzles, coloring, making people laugh.</u>		
<b>Dislikes:</b> <u>things out of place</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>verbal, short instruction, respectful</u>		

Staff: Angela Denney  
 Date: 8/1/23



Service Recipient: Andrew Felling  
 Service Span: 8/9/23 - 8/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can feed w/ utensils if febrile may need assistance cut into bite size pieces</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>insulin dependent</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>insulin daily</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>does know how to do same by himself verbal prompts, wears briefs</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent may need verbal cues</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>remain in visual range model safety</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>over stimulated by distraction change in environment may need quiet area or a walk</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>blood sugar is high/low or sick may result... Physically aggressive, use short sentences when prompting check blood sugar + temp, may pick up dirty trash</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>maintaining/building ind. living skills, consistency, staying busy Patient + understanding staff</u>		
<b>Important for:</b> <u>Assistance w/ diabetic care, dietary care, increasing communication + coping skill, control/choice, following routine</u>		
<b>Likes:</b> <u>bowling, walks, park, puzzles, coloring, dollar stores, sports, music, movies, making people laugh, Mario cart, shopping</u>		
<b>Dislikes:</b> <u>things being out of place</u>		
<b>Communication Style:</b> <u>communicates verbally</u>		
<b>Learning Style:</b> <u>respectful one or two words, suggestive cues</u>		

Staff: Abigail Dawn



Service Recipient: Andrew Felling

Date: August 1, 2023

Service Span: Start 8/9/2023

August 2023-2024

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> <del>that</del> Can feed himself w/ standard utensils, though rarely will also need physical assistance if lethargic or low low blood pressure <input checked="" type="checkbox"/> Does better w/spoons than forks.	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Insulin dependent and needs carbohydrate count	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Insulin protocol	<b>Daily medication at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> can do portions of this but need staff prompting, wears briefs at all times, allows others to help him ensure that he is thoroughly clean after using the bathroom and w/ personal hygiene when using.	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Independent verbally cue him to be safe on uneven and/or slippery surfaces	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Must be in visual range	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> can be overstimulated easily by small or large distractions in the environment, loud environments	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> seen when his insulin is too high or too low -> physically aggressive w/ people or objects, use short sentences while prompting him; if he notices items out of place, he may try to pick them up and put them "away"	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Important to:</b> Maintaining + building independent living skills, consistency, patient + understanding staff, staying busy		
<b>Important for:</b> Assistance w/ diabetic care + diet, communication skills, increasing coping skills, having control of his surroundings, following a routine		
<b>Likes:</b> bowling, going to the park, out for walks, puzzles, coloring, going to the Dollar store, sports music, movies (shrek), making people laugh, mario cart, shopping w/ others + indicating what he wants to purchase		
<b>Dislikes:</b> Things being out of place		
<b>Communication Style:</b> verbally		
<b>Learning Style:</b> respectful, one- or two-word instructions paired w/ visual cues; suggestive cues "Andrew, I'm going to the bathroom, do you want to go to the bathroom with me?"		

Staff: Stucky



Service Recipient: Andrew Felling

Date: 8-1-23

Service Span: Aug 23 - 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>Can feed himself bite size pieces may need help if lathargic</i>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>insulin dependent</i>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>insulin daily</i>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>knows how to do some but prompts - wears briefs</i>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>independent - verbal cues</i>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>staff will remain in visual range prompting</i>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>Can become over stimulated easily</i>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <i>blood sugars or illness - physically aggressive - use short sentences</i>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>None</i>	
<b>Important to:</b> <i>independence, busy, consistency, patient understanding staff.</i>		
<b>Important for:</b> <i>diabetic care, diet, specific lunch, Com. skills, coping skills, control of</i>		
<b>Likes:</b> <i>working, walks, park, sports, making ppl laugh, puzzles, coloring, story, movies, marlo card</i>		
<b>Dislikes:</b> <i>things out of place</i>		
<b>Communication Style:</b> <i>verbally</i>		
<b>Learning Style:</b> <i>respectful, lots instructions</i>		

Staff: Dana Yang



Service Recipient: Andrew Felling

Date: 8/1/23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Able to feed self. Better with spoons. bite-size pieces. cue to eat slowly: 1 bite at a time. physical assistance if lethargic.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>insulin dependent + carbohydrate count</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>insulin daily</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs prompting, wears briefs, let staff help him,</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent, verbally cues / physically help him</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>visual range + verbal prompt.</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>over stimulated w/ distractions + change of routine: environment. Go on walk then come back.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>notice item out of place, will pick up + put away. Physically / verbally aggressive. use short sentence to redirect.</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>maintain / build independence, stay busy, consistency, patience, understanding staff</u>		
Important for: <u>assistance w/ diabetic care + diet, increase communication skills, increase coping skills, control of surroundings, follow a routine</u>		
Likes: <u>bowling, park, walks, puzzles, coloring, dollar store, sport, music, movie</u> (shrek)		
Dislikes: <u>things to be out of place</u>		
Communication Style: <u>verbally</u>		
Learning Style: <u>Respectful one - two word instructions, suggestive cues.</u>		

Staff: Jackie Ankors



Service Recipient: Andrew Felling

Date: 8-1-23

Service Span: 8/9/23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>Describe Supports:</b>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Andrew is able to feed himself with standard utensils but if he has low blood sugar will need help with feeding. Food to be cut into bite sized pieces, cue to eat slowly and 1 bite at a time.	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Insulin dependent, staff will assist with diabetic protocol. Need carb. hydrate count.	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Insulin daily, follow his protocol	<b>Daily medication at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> He needs prompting, wears briefs, will let people help him. Needs prompts for handwashing too.	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Independent but needs verbal cues for uneven/icy spots. Verbal cues taken.	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> He needs to remain within <del>facility</del> range, verbal prompts.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Distracted by distractions and changes in routine. He needs help getting to quiet spot to de-escalate. Redirectible.	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> offside or blood sugar if he may be verbally or physically aggressive towards others. Staff to provide redirection, set him to a quiet spot to check his physical wellbeing.	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Important to:</b> Maintaining and building independent living skills, staying busy, patient and understanding staff, consistency.		
<b>Important for:</b> assistance with his diabetic and diet care, increasing communication skills, increasing coping skills, having control of his surroundings, following a routine.		
<b>Likes:</b> Bubbles, walks, going to park, puzzles, coloring, Dollar store, making people laugh.		
<b>Dislikes:</b> Things being out of place.		
<b>Communication Style:</b> Verbally <b>Learning Style:</b> Respectful, one to one word instructions paired with visual cues. Responds well to verbal cues that are suggestive.		

Staff: Terre M Lubuck  
 Date: 20 Aug 23



(w/F)  
 Service Recipient: Andrew Felling  
 Service Span: Aug 23 - Aug 2024

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Able to feed himself but if lethargic may need <del>help</del> prefers spoons, eat slowly and bite sized	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Insulin dependent @	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Diabetic - Insulin daily	<b>Daily medication at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Can do some somatically prompts	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Independent. Watch for slipper, etc	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Be in visual range at all times	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> take to different area that is quieter, redirect Can get overstimulated with changes/environment	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> If he notices things out of order... things on floor he will pick up. May get aggressive if blood sugar too high/low	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> if he doesn't feel well, keep verbal direction short and to the point.	
<b>Important to:</b> maintain and building	independent living skills, stay busy, patient staff understanding and	
<b>Important for:</b> Assistance with his diabetic care + diet,	control, following a routine, increasing coping skills	
<b>Likes:</b>	music, movies, Bowling parks, walks, making people laugh, puzzle, coloring, dolls, store	
<b>Dislikes:</b>	Things that are out of place	
<b>Communication Style:</b>	Verbally, Respectful one or two word instructions	
<b>Learning Style:</b>		

Staff: Renschmidt  
Date: 8/1/23

**PAI**

Service Recipient: Andrew Felling  
Service Span: 8/23 -

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>  	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b>  	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Bite size pieces eat slowly one bite at time	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> staff assists insulin dependent	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> insulin daily Protocol insulin	<b>Daily medication at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> staff assist - wash hands staff prompt during cares wear briefs	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> independent - staff verbal cues when slippery	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> will remain Visual Ranch	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> over stimulated in distraction change	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> High or low blood sugars short sentences - redirection feeling sick - aggressive people/objects	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> NO UNSU	
<b>Important to:</b> consistency building/maintain independence living skills		
<b>Important for:</b> increase in comm skills coping skills control of surroundings assist w/ diet med care diabetes following routine		
<b>Likes:</b> Bowling walks Park puzzles, coloring story, movies		
<b>Dislikes:</b> things outside place		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> respectful 1 or 2 word instruction		

Staff: Kathy Sawyer

**PAI**

Service Recipient: Andrew Felling

Date: 8-1-23

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

<p><b>Allergies:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:</p>	<p>Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          *Listed on MAR, only administer meds per dr. order*</p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>Describe Supports:</p>	
<p><b>Choking/ Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          might need help w/ eating, using spoons, bite sz pieces, remind to eat slowly - 1 bite at a time.</p>	
<p><b>Chronic Medical Conditions:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:          insulin dependent          staff assists</p>	<p>DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          *Located in main file, share with EMT in emergency*</p>
<p><b>Medication:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          insulin daily</p>	<p>Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          *A trained staff will administer meds per a signed dr. order*</p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          prompting, briefs, will let staff help, prompts/hand walking</p>	
<p><b>Mobility/Fall Risk:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          independent, verbal prompts</p>	
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          stay in visual range, can get distracted in public</p>	<p><input checked="" type="checkbox"/> Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</p>
<p><b>Sensory Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:          change of routine or environment = overstimulating, move to quiet area, go for a walk</p>	
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: Depends on blood sugar or illness. These things can happen: aggressive, hit walls, tables, throw objects, <u>short sentences</u>,</p>	
<p><b>Unsupervised Time:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          NO</p>	
<p>Important to: independent living skills, busy, consistency, understanding staff</p>		
<p>Important for: assistance w/ diabetes, Diet, communication &amp; coping skills, control of his surroundings, routine</p>		
<p>Likes: bowling, walks, park, puzzles, coloring, Dollar Store <sup>Shrek</sup></p>		
<p>Dislikes: things being out of place</p>		
<p>Communication Style: verbally</p>		
<p>Learning Style: respectful, 1 or 2 word instructions</p>		

Staff: Donna Storm



Service Recipient: Andrew Felling

Date: 8-1-23

Service Span: 8-9-2023

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Bite size gum to eat slowly one at a time	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Insulin dependent assist with	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Insulin daily own protocols to follow	<b>Daily medication at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> prompt him Briefs Justin case except help to wipe	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Independent	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Visual range. Gets distracted	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> gets overstimulated with change. deescalate himself.	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> High or low or illness physically aggressive short sentences	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Ⓚ	
<b>Important to:</b> Maintaining and Building Independently Living skills.		
<b>Important for:</b> assistance w/ diet and diabetes care communication and coping skills. Govern choices routine		
<b>Likes:</b> Bowling walks park puzzles coloring Dollar Store sports movies making people laugh. shopping		
<b>Dislikes:</b> out of place		
<b>Communication Style:</b> verbal gestures.		
<b>Learning Style:</b> Respect full one or two instructions suggested cues		

Staff: John Gebhardt

Date: 8-1-23

PAI

Service Recipient: Andrew Fetting  
Service Span: 8/9/23 WFR

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
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<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
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<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: He can feed himself, but gets lethargic, (uses spoon) food in bite sizes, eat slow, 1 bite at a time.
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<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Diabetes - Insulin dependant, Staff to Follow Diabetic Protocol	DNR/DNIR? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
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<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff to give insulin daily Monitor Glucose Levels.	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
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<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Knows how to do care, but needs Prompts Prompt him to wash hands thoroughly
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<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Independent, but staff offer to lend hand Give verbal one on one prompts.
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<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will be in visual range at all times.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
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<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff stay in visual range of him always. Can get over stimulated. Redirect.
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<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Related to high or low Blood Sugar can be aggressive. Bring to a Quiet space
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<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised times
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Important to: staying busy, under standing staff, Maintain and build Independent Living Skills

Important for: Assistance with his diabetic care and his diabetic Diet. Increase Communication Skills

Likes: Bowling, walks, parks, puzzles, coloring, Dollar Tree sports, Shrek Movies.

Dislikes: Anything being out of place

Communication Style: Verbal with Gestures.

Learning Style: following his routine, Respectful Instructions

Staff: Sandy Green

**PAI**

Service Recipient: Andrew Jelling

Date: 8-1-23

Service Span: 8-9-2023 - 8-24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>  <b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b>
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Bite size, cue to eat slow / one bite at a time.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> 'independent, assist w/ diabetic protocol <b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> insulin daily own insulin protocol cares <b>Daily medication at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> needs prompts during cares, wears briefs, prompts for other hygiene
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> independent. Verbal cues: curbs eat...
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> remain in visual range, model no safety <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> overstimulated by distractions in community @ved area for him to de-escalate to retreat.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Feels he has to pick & clear messes
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>
<b>Important to:</b> independent living skills, staying busy, consistency, a understanding staff	
<b>Important for:</b> assistance with diet & diabetic care, coping skills, coping skills, control of his surroundings, playing a karting	
<b>Likes:</b> Bowling, walking, park, purple colors, dollar store, sports, movies, short, make, park, large, man, kart, shopping	
<b>Dislikes:</b> things being all of place	
<b>Communication Style:</b> Verbally	
<b>Learning Style:</b> respectful, 1-2 word instructions, suggested cues	

Andrew

Staff: Kathryn Stern

Service Recipient: Andrew Felling

Date: 8/1/23

PAI

Service Span: 8/2023 - 8/2024

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lethargic and may need help, has low blood sugar at times, better w/ spoons than forks, bite sized pieces, verbal cue to slow down	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Insulin dependent Diabetic protocol	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Insulin daily	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: needs prompting, wears briefs just in case, help with BMT, prompts to wash his hands	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Independent	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Stay within visual range	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Overstimulated by distractions, change in routine, help him find a quiet space/go for a walk	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: When Blood Sugar is high/low he can be physically aggressive to people or property - check his BGL - use short sentences, he might pick up trash or pick up litter	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	

Important to: maintaining and building independence, staying busy, consistency

Important for: Assistance with diabetic care/diet, increasing communication skills, coping skills, routine

Likes: bowling, walks, park, puzzles, coloring, dollar store

Dislikes: things that are out of place

Communication Style: verbal

Learning Style: prefers respectful, one - or two - word instructions paired with visual cues, suggestive cues

Staff: TYLER BONFANTO



Service Recipient: ANDREW FELTING

Date: 10/12/23

Service Span: STARTED 8/19/23  
AUG '23 - AUG '24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>  <b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b> N/A
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> ABLE TO FEED HIMSELF - MAY NEED ASSISTANCE IF LETHARGIC/LOW BLOOD SUGAR. DOES BETTER W/ SPOONS THAN FORKS. FOOD CUT BITE SIZED. VERBAL CUES - EAT SLOWLY 1 BITE AT A TIME
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> INSULIN DEPENDENT & NEEDS CARB COUNT. DURING PROGRAM HOURS AT PAI, STAFF ASSIST W/ FOLLOWING DIABETIC PROTOCOL.
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> DIABETIC - NEEDS INSULIN DAILY TO MANAGE. FOLLOW INSULIN PROTOCOL.
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> CAN DO PORTIONS OF PERSONAL CARE TASKS - NEEDS PROMPTING WEARS BRIEF AT ALL TIMES - HELP W/ PERSONAL HYGIENE & MAKING SURE HE IS CLEAN
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> INDEPENDENT - VERBAL CUES FOR OBSTACLES OR SLIPPERY SURFACES.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> PROMPT TO STAY W/ GROUP, KEEP W/IN VISUAL RANGE AT ALL TIMES.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> RELOCATE TO CALM ENVIRONMENT / GIVE TIME MOVE TO DEESCALATE. OVERSTIMULATED EASILY BY DISTRACTIONS, ROUTINE CHANGE, ENVIRONMENT CHANGE, NOISE LEVEL.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> MAY BE AGGRESSIVE IF BLOOD SUGAR IS HIGH/LOW OR IF CONSTIPATED/SICK. MONITOR GLUCOSE LEVELS, PROVIDE VERBAL REDIRECTION IF AGGRESSIVE.
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> NONE
<b>Important to:</b> MAINTAINING & BUILDING INDEPENDENT LIVING SKILLS, STAYING BUSY, CONSISTENCY & PATIENT & UNDERSTANDING STAFF.	
<b>Important for:</b> ASSISTANCE W/ DIABETIC CARE & DIET, INCREASING COMMUNICATION SKILLS, INCREASING COPING SKILLS, HAVING CONTROL OF HIS SURROUNDINGS & FOLLOWING ROUTINE.	
<b>Likes:</b> BOWLING, WALKS, GOING TO PARKS, PUZZLES, COLORING, DOLLAR STORE MOVIES	
<b>Dislikes:</b> THINGS THAT ARE OUT OF PLACE MARIO LEAF	
<b>Communication Style:</b> COMMUNICATES VERBALLY.	
<b>Learning Style:</b> PREFERS RESPECTFUL ONE OR 2 WORD INSTRUCTIONS PAIRED W/ VISUAL CUES. RESPONDS WELL W/ SUGGESTIVE CUES.	

Lead Review Completed:

Staff: Daniel P  
 Date: 8/1/23



Service Recipient: Tatum A.  
 Service Span: 8/13-8/24

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

<b>Allergies:</b> <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*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <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*
<b>Medication:</b> <input type="checkbox"/> No <input checked="" 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*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>if overwhelmed staff will talk her through her feelings</i>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>Prefers calm and quiet environment</i>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <i>NA</i>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <i>calm quiet environment</i>	
<b>Important to:</b>	<i>independence, routine, talking through emotions</i>	
<b>Important for:</b>	<i>regulate emotions and anxiety, allowing independence</i>	
<b>Likes:</b>	<i>being creative, politics, writing, cats, poker, humor</i>	
<b>Dislikes:</b>	<i>loud environments, corn syrup, filling out forms</i>	
<b>Communication Style:</b>	<i>verbal</i>	
<b>Learning Style:</b>	<i>observation, demonstration, and verbal</i>	

Staff: Jaime Meyer  
 Date: 8/1/23



Service Recipient: Tatum Anderson  
 Service Span: 6/23 - 6/24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input 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*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: _____
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: _____ DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____ N/A Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____ <input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs If Tatum becomes overwhelmed in the community, staff will talk her through her feelings, offer calming prompts (deep breaths, etc.) and give her the option to move to a quitter/calmer location.
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: _____ Staff will ensure that Tatum receives services in a calm and quiet environment.
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: _____ N/A
<b>Unsupervised time while at PAI?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Staff will ensure that Tatum receives services in a calm and quiet environment.	
<b>Important to:</b> Independence, routine/schedule (but not being limited), being able to talk through (and regulate) her emotions/feelings with others.	
<b>Important for:</b> Help me regulate my emotions, help me process my anxiety, helping me be patient, allow for independence.	
<b>Likes:</b> Being creative, writing, politics, cats, hiking, watching TV, poker, spending time with family, humor	
<b>Dislikes:</b> loud, noisy places, high fructose corn syrup, sitting and filling out forms	
<b>Communication Style:</b> Verbal	
<b>Learning Style:</b> Tatum learns best through observation/demonstration and verbal direction.	

Lead Review Completed: \_\_\_\_\_

Staff: Sam Davis  
 Date: 8/1/23



Service Recipient: Tatum Anderson  
 Service Span: June 2023 - June 2024

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

<b>Allergies:</b> <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*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <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*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>reeducated if she becomes overwhelmed in the community staff will talk her through her feelings calming prompts / deep breaths</u>	Staff will model pedestrian & stranger safety, provide transportation in the community, provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>calm &amp; quiet environment</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A <u>appropriate conversation with staff and peers.</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Staff will ensure that tatum receives services in a calm and quiet environment.</u>	
<b>Important to:</b> <u>Independence; <del>real</del> routine / schedule</u> <u>being able to talk through her feelings</u>		
<b>Important for:</b> <u>regulate emotions; patients; independence</u>		
<b>Likes:</b> <u>Being creative, writing, politics, cats, hiking, watching TV poker, spending time with family and humor.</u>		
<b>Dislikes:</b> <u>loud, noisy places; sitting and filling out forms; high fructose</u>		
<b>Communication Style:</b> <u>Verbal</u>		
<b>Learning Style:</b> <u>Tatum = observation / demonstration and verbal direction</u>		

location

Staff: Darajia Ranson  
 Date: August 1st



Service Recipient: Tatum  
 Service Span: June 23 - June 24

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

<b>Allergies:</b> <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*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input 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*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</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*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will talk her through her feelings calming prompts</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Staff will ensure that tatum receives services in a calm and quiet environment</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Staff will ensure that tatum receives services in a calm and quiet environment.</u>	
<b>Important to:</b> <u>Independence, routine/schedule (but not being limited) talk through her feelings</u>		
<b>Important for:</b> <u>Help me regulate my emotions, help me process my anxiety, helping me be patient, Allow independence.</u>		
<b>Likes:</b> <u>Being creative, writing, politics, cats, hiking, watching TV, Poker</u>		
<b>Dislikes:</b> <u>Loud, noisy places, sitting and filling out forms</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>observation/ demonstration and verbal</u>		

Staff: Angela Denny  
 Date: 8/1/25



Service Recipient: Patoma  
 Service Span: U/23

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

<b>Allergies:</b> <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*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <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*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>N/A</u>	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*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>overwhelmed in community</u> <u>talk ab her feelings + give option for quiet/calm environment</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Ensure that she receives services in calm + quiet environment</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>services in calm + quiet environment</u>	
<b>Important to:</b> <u>independence, routine schedule, talk through emotions + feelings</u> <u>process an</u>		
<b>Important for:</b> <u>regulate emotions, process anxiety, helping me be patient +</u>		
<b>Likes:</b> <u>Creative, writing, politics, cats, family, humor, hiking</u>		
<b>Dislikes:</b> <u>loud, noisy places, high fructose corn syrup, sitting + filling out forms</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>observation, demonstration, verbal direction</u>		

Staff: Abigail Davm  
 Date: August 1, 2023



Service Recipient: Tatum Anderson  
 Service Span: June 2023 - 2024

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

<b>Allergies:</b> <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>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <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>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>if and when she becomes overwhelmed, staff will talk her through her feelings, offer calming prompts (deep breaths, etc), gives her an option to move to a quiet/calm location</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Receives services in a calm and quiet environment</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>staff will ensure that she receives services in a calm + quiet environment</u>	
<b>Important to:</b> <u>Independence, routine/schedule (but not being limited), being able to talk through (and regulate) her emotions/feelings w/ others</u>		
<b>Important for:</b> <u>Help me regulate emotions, process anxiety, helping me to be patient, allow for independence</u>		
<b>Likes:</b> <u>Being creative, writing politics, cats, hiking, watching TV, poker, spending time w/ family, humor</u>		
<b>Dislikes:</b> <u>loud, noisy places, high fructose corn-syrup, sitting and filling out forms</u>		
<b>Communication Style:</b> <u>Verbal</u>		
<b>Learning Style:</b> <u>Learns <del>best</del> best through observation/demonstration and verbal direction</u>		

Staff: Stucky  
Date: 8-1-23



Service Recipient: Tatum Anderson  
Service Span: June 23-24

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

<b>Allergies:</b> <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*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <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*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</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*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>If overwhelmed, staff will talk her through it - offer her a quiet space</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Staff will ensure she receives services in a calm &amp; quiet environment</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will ensure that Tatum receives in a calm &amp; quiet environment.</u>	
<b>Important to:</b> <u>independence</u>		
<u>routine schedule, being able to talk through</u>		
<b>Important for:</b> <u>help. req. emotions, patience</u>		
<b>Likes:</b> <u>creative, politics, tv, cats, hiking</u>		
<b>Dislikes:</b> <u>loud, noisy places, fruitose-corn syrup, filling forms</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>best through observation/demonstration &amp; verbal direction</u>		

Staff: Dana Yang



Service Recipient: Tatum Anderson

Date: 8/1/23

Service Span: 6/23 - 6/24

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

<b>Allergies:</b> <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>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <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>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:  <p style="text-align: center;">N/A</p>	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>overwhelmed in comm. Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</u> <u>Talk through feelings, option to move to safe/quiet location.</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Receive services in calm/quiet environment</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:  <p style="text-align: center;">N/A</p>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>calm/quiet environment</u>	
<b>Important to:</b> <u>independence, routine / schedule, talk through emotions</u>		
<b>Important for:</b> <u>help regulate emotions, help process anxiety, patience, independence</u>		
<b>Likes:</b> <u>being creative, writing poems, cats, hiking, watch tv, poker, spend time humor, w/ family</u>		
<b>Dislikes:</b> <u>loud noisy places, high fructose corn syrup, sitting + filling out forms</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>observation, demonstration, verbal direction</u>		

Staff: Jackie Ahlers  
 Date: 8-1-23

**PAI**

Service Recipient: Tatum Anderson  
 Service Span: June 2023 - June 2024

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

<b>Allergies:</b> <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>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <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>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: all mentioned in community support staff talk with through it and offer a calm quiet location	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff will ensure that tatum receives services in a calm, quiet environment	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Staff to ensure she receives services in a calm, quiet environment.	

Important to: Independence, routine, schedule, talking through emotions/feelings with others

Important for: Helping her regulate her emotions/processing her anxiety, being independent

Likes: Being creative, writing, politics, cats, hiking, watching TV, poker, spending time with family

Dislikes: loud noisy places, high fructose corn syrup, sitting and filling out forms

Communication Style: Verbal

Learning Style: Observation/demonstration, verbal directions

Staff: Lienem Lubrek  
 Date: 8-1-23

**PAI**

Service Recipient: Tatum Anderson  
 Service Span: June 2023 - June 2024

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

<b>Allergies:</b> <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>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <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>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes NA	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May be over whelmed in community move to quieter location	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: → calm and quiet environment Staff will ensure she receives service in a	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes NA	List & Describe Supports: NA	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Staff will ensure that Tatum receives services in a calm and quiet environment.	
<b>Important to:</b>	Independence, routine/schedule, being able to talk through things and allow for independence.	
<b>Important for:</b>	regulate emotions, process anxiety, helping me be patient.	
<b>Likes:</b>	Being creative, writing, politics, cats, poker, humor, family time	
<b>Dislikes:</b>	Loud noisy places, high fructose corn syrup, sitting and filling out forms.	
<b>Communication Style:</b>	Verbal	
<b>Learning Style:</b>	Through observation, demonstration, and verbal direction.	

Staff: John Gebhardt  
 Date: 8-1-23

**PAI**

Service Recipient: Tatum Anderson  
 Service Span: June '23 to June '24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> N/A	<b>Medication Allergies?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b> N/A	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> no meds at PAI,	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> If Tatum is overwhelmed in the community, staff will offer assistance and calm her.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Ensure that she has a calm and quiet environment for services.	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes NA,	<b>List &amp; Describe Supports:</b> N/A Ensure she maintains appropriate boundaries and conversations.	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Important to:</b>	Independence, routine, schedules, Talking through any problems issues.	
<b>Important for:</b>	Help regulate emotions, Allow independence Help regulate anxiety.	
<b>Likes:</b>	writing, cats, watching TV, Family, Poker, Politics, Jokes	
<b>Dislikes:</b>	High Fructose Corn Syrup, Noisy Places, Filling out Forms.	
<b>Communication Style:</b>	Verbal.	
<b>Learning Style:</b>	observation, demonstrations, Verbals	

Staff: Renee Schmidt  
 Date: 8/1/23



Service Recipient: Tatum Anderson  
 Service Span: June 22

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>Medication Allergies?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> NO DAILY MEDS	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> talks through calming ger location	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> insure calm quiet environment	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> N/A appropriate boundaries / talk	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Important to:</b> in her personal routine schedule		
<b>Important for:</b> regulate emotions anxiety independence		
<b>Likes:</b> creative reading hiking poker family humor politics cats		
<b>Dislikes:</b> loud noises High fructose corn syrup filling out forms		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> demonstration verbal		

Staff: Sarah Gentry



Service Recipient: Tatum Anderson

Date: 8-17-23

Service Span: 6-23-24

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

<b>Allergies:</b> <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*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Overwhelmed - staff will assist	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: receives services when in calm & quiet environments	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> independence, routine schedule, talk through her emotions with others.		
<b>Important for:</b> help regulate emotion & anxiety - allowing for independence.		
<b>Likes:</b> yoga, political issues, being creative, arts, watching tv, family, humor.		
<b>Dislikes:</b> loud, noise, plagues, high fructose corn syrup, sitting & filling out forms.		
<b>Communication Style:</b> verbal		
<b>Learning Style:</b> observation, demonstration		

Staff: Donna Storm



Service Recipient: Tatum Anderson

Date: 8-1-23

Service Span: June 20 23

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

<b>Allergies:</b> <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*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <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*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes N/A	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*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>talk her off if overwhelmed in community</i>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>insure services in a calm and quiet environment</i>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	List & Describe Supports: <i>apropuit conformation</i>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <i>Independence able to talk through thoughts and feelings</i>		
<b>Important for:</b> <i>Regulat Emotion allowing for Independence anxiety</i>		
<b>Likes:</b> <i>Being Creatives writing cats family</i>		
<b>Dislikes:</b> <i>loud noisy voices - high fructose. filling out forms</i>		
<b>Communication Style:</b> <i>verbal</i>		
<b>Learning Style:</b> <i>verbal</i>		

Staff: Jenny Snyder  
 Date: 8-1-23



Service Recipient: Tatum Anderson  
 Service Span: 6/23-6/24

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

<b>Allergies:</b> <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*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <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*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	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*
<b>Personal Care:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer calming prompts</u> <u>quiet, calmer location</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>services in calm &amp; quiet environment</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports:	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>independence, routine, talk thru emotions</u>		
<b>Important for:</b> <u>process anxiety, allow for independence</u>		
<b>Likes:</b> <u>creative, writings, cats, hiking, TV, humor</u>		
<b>Dislikes:</b> <u>loud noisy places, filling out forms</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>observation, demonstration</u>		

Tatum

Staff: Kathryn Starn

Date: 8/11/23



Service Recipient: Tatum Anderson

Service Span: 6/2023 - 6/2024

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

<b>Allergies:</b> <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>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <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>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: If she gets overwhelmed - staff will talk her through her feelings, after her quieter space.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: receives services in a calm and quiet environment	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> Independence, routine, schedule, talking about her emotions with others		
<b>Important for:</b> regulating emotions/anxiety, helping her be patient, independence		
<b>Likes:</b> Being creative, writing, politics, cats, hiking, TV, poker		
<b>Dislikes:</b> loud/noisy places, high fructose corn syrup, sitting and filling out forms		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> observation, demonstrate, verbal direction		

Staff: Tyla BONGARD

Date: 10/12/23



Service Recipient: TAMM ANDERSON

Service Span: JUL 15 '23 - JUNE '24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> N/A	<b>Medication Allergies?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
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<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b> N/A
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<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> INDEPENDENT
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<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> N/A	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
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<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> N/A	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
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<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> INDEPENDENT
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<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> INDEPENDENT
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<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> IF OVERWHELMED IN COMMUNITY, STAFF WILL TALK THROUGH FEELINGS, OFFER CALMING PROMPTS & QUIETER LOCATION	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
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<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> STAFF WILL ENSURE THAT TAMM RECEIVES SERVICES IN A CALM & QUIET ENVIRONMENT
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<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> N/A
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<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> STAFF WILL ENSURE THAT TAMM RECEIVES SERVICES IN A CALM & QUIET ENVIRONMENT
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**Important to:** INDEPENDENCE, ROUTINE/SCHEDULE (BUT NOT BEING LIMITED), BEING ABLE TO TALK THROUGH (& REGULATE) EMOTIONS w/ OTHERS

**Important for:** HELP ME REGULATE MY EMOTIONS, HELP ME PROCESS MY ANXIETY, HELPING ME BE PATIENT, ALLOWING FOR INDEPENDENCE

**Likes:** BEING CREATIVE, WRITING, POLITICS, CATS, WATCHING TV, POKER

**Dislikes:** LAD/NOISY PLACES, HIGH FRUCTOSE CORN SYRUP, SITTING? KNOW FAMILY

**Communication Style:** VERBAL, FILING OUT FORMS

**Learning Style:** THROUGH OBSERVATION/DEMONSTRATION, VERBAL, REDIRECTION