



Competency Tracking Form

Participant: Matthew Martinson

Annual Service Span: _____

Annual Meeting Date: _____ 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
10-5-23	JM	Jamie Meyer
	JG	John Gebhardt
	JL	Ilene Lubick
	JG	Jess Gunderson
8/16/23	SG	Sandy Greenly
	JA	Jackie Ahlers
8/16/23	DM	Dennis Moua
		Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein
11-8-23	DS	Donna Storm
8/16	CS	Cindi Stucky

Date Completed	Initials	Full Name
	DY	Doua Yang
10/12/23	DR	Dainaja Ranson
8/16	PD	Pamela Davis
8/14	CS	Cody Bry
		Josh Snodie
		Tyler Bongard
10/19/23	TB	
	AD	Angela Denner

Date Uploaded to LMS: _____

Staff: Jaime Meyer



Service Recipient: Matthew Martins

Date: 10-5-23

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

Allergies: <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 Bee Stings - Staff are also trained on Matthew's EpiPen .
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: N/A
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: If Matthew appears to be eating too quickly or taking large bites staff will verbally remind Matthew to "chew thoroughly" and they will verbally remind him to "slow down". Hard or difficult to chew items will be cut by staff into nickel sized pieces prior to serving it to Matthew.
Chronic Medical Conditions: <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* Staff are aware not to push Matthew to continue an activity if he becomes tired or shows any symptoms of a circulatory problem. Staff will verbally remind him "it is time to rest". Staff will report any symptoms home via phone call or in communication book.
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* If Matthew were to need to use his EpiPen a staff trained in medication administration would administer the medication to Matthew per a signed physician's order.
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will help Matthew change his brief.
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff support Matthew by watching for areas that might be unsafe to walk on such as curbs, obstacles, ice, steps and uneven terrain. Staff will point to the areas and verbally explain the danger to Matthew. Staff will also offer a hand or arm for support. Staff will remind Matthew to use a handrail when it is available. When Matthew is getting on the bus, staff will walk behind him and when he is getting off the bus, staff will walk in front of him. When Matthew is walking, staff observe him for signs of fatigue such as heavy breathing, sweating, and flushed appearance. Staff may verbally ask Matthew to "rest" in a chair or to "slow down".
Community Support: <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
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff support Matthew by forewarning him before practicing a fire drill. (Matthew has not indicated that the fire alarm at PAI bothers him). During loud noises, staff will speak in a soft, calm voice as they reassure Matthew that all is well. They may also accompany him to a quieter area.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A

Lead Review Completed: _____

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

Unsupervised time while at PAI? No Yes

No unsupervised time.

Important to: family, rats, shredding, choices/decisions, going on outings, interacting with peers, playing games with peers.

Important for: choices/decisions, independence, that his EpiPen is readily available, shredding, interacting with peers, being included/engaging in activities.

Likes: rats, riding the light rail, watching airplanes, going on outings, bowling, visiting with friends, listening to music, boat rides.

Dislikes: Loud noises that may startle him, vegetables, being forced to do activities that he doesn't want to do.

Communication Style: Verbal- tends to say the same phrases, body language.

Learning Style: Matthew learns best through observation and hands-on demonstration.

Lead Review Completed: _____

Staff: Daniel P
 Date: _____



Service Recipient: Matthew M
 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

Allergies: <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 Bee Stings - Staff are also trained on Matthew's EpiPen .
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: N/A
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: If Matthew appears to be eating too quickly or taking large bites staff will verbally remind Matthew to "chew thoroughly" and they will verbally remind him to "slow down". Hard or difficult to chew items will be cut by staff into nickel sized pieces prior to serving it to Matthew.
Chronic Medical Conditions: <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* Staff are aware not to push Matthew to continue an activity if he becomes tired or shows any symptoms of a circulatory problem. Staff will verbally remind him "it is time to rest". Staff will report any symptoms home via phone call or in communication book.
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* If Matthew were to need to use his EpiPen a staff trained in medication administration would administer the medication to Matthew per a signed physician's order.
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will help Matthew change his brief.
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff support Matthew by watching for areas that might be unsafe to walk on such as curbs, obstacles, ice, steps and uneven terrain. Staff will point to the areas and verbally explain the danger to Matthew. Staff will also offer a hand or arm for support. Staff will remind Matthew to use a handrail when it is available. When Matthew is getting on the bus, staff will walk behind him and when he is getting off the bus, staff will walk in front of him. When Matthew is walking, staff observe him for signs of fatigue such as heavy breathing, sweating, and flushed appearance. Staff may verbally ask Matthew to "rest" in a chair or to "slow down".
Community Support: <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
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff support Matthew by forewarning him before practicing a fire drill. (Matthew has not indicated that the fire alarm at PAI bothers him). During loud noises, staff will speak in a soft, calm voice as they reassure Matthew that all is well. They may also accompany him to a quieter area.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A

Sits before getting off van or bus

Lead Review Completed: _____

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

Unsupervised time while at PAI? No Yes

No unsupervised time.

Important to: family, rats, shredding, choices/decisions, going on outings, interacting with peers, playing games with peers.

Wolves, crabs, Mario, roller coaster

Important for: choices/decisions, independence, that his EpiPen is readily available, shredding, interacting with peers, being included/engaging in activities.

Likes: rats, riding the light rail, watching airplanes, going on outings, bowling, visiting with friends, listening to music, boat rides.

Dislikes: Loud noises that may startle him, vegetables, being forced to do activities that he doesn't want to do.

Communication Style: Verbal- tends to say the same phrases, body language.

Learning Style: Matthew learns best through observation and hands-on demonstration.

Staff: Jane Mubick
 Date: Aug 16 2023



Service Recipient: Matthew Martingor
 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

Allergies: <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> <u>bee stings - staff trained on epipen</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: (empty)
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tell him to slow down, chew thoroughly, cut into pieces</u>
Chronic Medical Conditions: <input checked="" 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 <small>*located in main file, share with EMT in emergency*</small> <u>History of circulatory problems, if looks fatigued, tired tell him to rest or slow down</u>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>A trained staff will administer meds per a signed dr. order*</small> <u>(epipen)</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff helps change brief</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Watch for unsafe areas and assist</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Needs warning before Fire Drill, loud noises</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: (empty)
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to:	<u>Family, shredding choices, outings, peers games ^{like} Rato</u>
Important for:	<u>choices decisions, independence, epipen available, shredding ^{being included}</u>
Likes:	<u>Rato, Riding light rail, watching airplanes, bowling music</u>
Dislikes:	<u>Loud startling noises, veggie, doing things he doesn't want to do ^{mom, boat rides hair's}</u>
Communication Style:	<u>Verbal, very repetitive, body language</u>
Learning Style:	<u>Best through observation and hand on</u>

Staff: Kathryn Stein



Service Recipient: Matthew Martinson

Date: 8/16/23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Beestings - EPIPEN</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal reminders to slow down when eating, bite sized pieces</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>circulatory problems needs to rest when walking alot</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epipen</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance in the bathroom</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff walk in front of him when he gets off the bus and in back when getting on</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Needs warning before fire drill - doesn't like loud noises</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>None</u>		
Important to: <u>Family, shredding, choices, peers, games, animals</u>		
Important for: <u>Epipen, being included, choices, independence</u>		
Likes: <u>rats, light rail, trains, airplanes, outings, bowling</u>		
Dislikes: <u>loud noises, veggies, being forced to do things he doesn't want to do</u>		
Communication Style: <u>verbal- repeats same phrases, body language</u>		
Learning Style: <u>observation, hand over hand assistance</u>		

Staff: Pam Davis



Service Recipient: Matthew M

Date: 8/16/23

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: Bee stings; staff are trained on his epipen.</p>	<p>Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small></p>
<p>Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>Describe Supports:</p>	
<p>Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: circulatory issues / report systems doc / book.</p>	
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: Chew thoroughly / slow down knuckle size pieces</p>	<p>DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small></p>
<p>Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff trained should</p>	<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></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff will help Matthew change brief</p>	
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff will remind to use hand rail verbally remind curb or slow down.</p>	
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>	<p><input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: Staff will warn before fire drill, loud noises upset or accompany to quieter area</p>	
<p>Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: N/A</p>	
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>	
<p>Important to: family, choices, outings, games, peers, rats, shredding; roller coaster</p>		
<p>Important for: Choices independence epipen available; shredding being included</p>		
<p>Likes: rats, riding light rail, light rail, airplanes; bowling</p>		
<p>Dislikes: loud noises that startle him, veg; being forced</p>		
<p>Communication Style: Verbal tends to say the same phrases</p>		
<p>Learning Style: observation, hand overhand, demonstration</p>		

Staff: Renee Schimdt
 Date: 8/16/23



Service Recipient: Matthew Mattson
 Service Span: June 23 Aug 24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Bees stings Seasonal - uses epi pen	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size pieces slow down Light eater	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Not to push Circulator problems - report symptoms	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff trained in epi pen	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pull assist ^{brief} change	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: after hand/arm verbal cues use mandrail	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: staff will warn before fire alarm Loud noise after quiet area	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: family shredding outing Beers games Animal (Rats)		
Important for: Choices independence epi pen is available shredding Being included in co		
Likes: Rats Ride Light rail Air Plan outing bowling music		
Dislikes: Loud noises vegetables being forced		
Communication Style: Verbal Body language facial expressing		
Learning Style: Observation hand over hand		

Staff: Dany Snyder
 Date: 8-16-23



Service Recipient: Matthew Martinez
 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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Bee Stings = Epi Pen</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Slow down, nickel sz per</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Circulatory problems - report symptoms</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epi Pen</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Help change brief - sits on toilet</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Point to uneven surfaces etc - will sit down on bus steps</u> <u>offer hand or arm for support</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>warn about fire drill / loud noises / move to quiet area</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Family, shredding, outings, peers, games, rats, wolver Mario Brothers</u>		
Important for: <u>choices, independence, epi pen, shredding included in activities</u>		
Likes: <u>Rats, light rail, trains, airplanes, outings, bowling, music, Boat rides, Man</u>		
Dislikes: <u>loud noises, vegetables,</u>		
Communication Style: <u>Verbal, repetitive, body language,</u>		
Learning Style: <u>observation hand on hand demo</u>		

Staff: Carly B
 Date: 8.11.23



Service Recipient: Matt M
 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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Bee stings</u> <u>Epi Pen</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal - slow down & small bites - bite size pieces</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Circulatory issues - rest if walking & becomes tired</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epi Pen</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff assist w/ brief</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal reminders / offer hand for uneven grounds</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Let Matt know before hand about fire drill - loud noise - offer quiet area</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: Family, work (shred) friends, outings, Rats, wolf, crabs, video games (watch)		
Important for: Choices, independence, epi pen, work, included in activities		
Likes: Rats, trains, air planes, boating, music, boat rides		
Dislikes: Loud noise, forced to do something he does not want to do.		
Communication Style: Verbal, body language, facial expressions		
Learning Style: observation, hands on		

Staff: John Gebhardt

Date: 8/16/23



Service Recipient: Matthew Martinson

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Bee stings, uses Epi-Pen, Has seasonal Allergy.</u> Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>NA</u>
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Remind him to slow down, smaller bites, staff monitor him</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Circulatory issues, Remind to rest.</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff trained to use his Epi Pen, (if needed)</u> Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff Assist him</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assist and Point out Hazards.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff observe and offer to help him</u> <small>*Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs</small>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>warn him before any fire drills, accompany him to a quiet area.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to: <u>Family, peers, animals, Games, Mom, outings, video games.</u>	
Important for: <u>Choices, independence, Having Epi Pen Available Being included.</u>	
Likes: <u>Trains, Riding Light Rail, Air plane, Bowling</u>	
Dislikes: <u>Being startled, Vegetables, Being Forced.</u>	
Communication Style: <u>Verbal, Repeats, body language</u>	
Learning Style: <u>observing and Hands on.</u>	

Staff: Matthew Sandy



Service Recipient: Matthew

Date: 8-1-23

Service Span: 8-23-6-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Bee stings / EPI-Pen</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eats quick - remind slow down - cut nickel size pieces.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>circulatory problems - staff remind him to rest & report symptoms</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff would administer EA Pen</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff change his brief.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff watch areas unsafe surface - & will offer hand support.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff warn before fire drill. loud noises - quieter area.</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>quieter area; loud noises</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: family - shredding, choices, eating, peers, games, roasts, wolves, crabs, mario brothers, roller coaster.		
Important for: choices, independence, epic, per available, shredding, being included in activities		
Likes: roasts, riding light rail, trains, watching airplanes, bowling, outings, music, board rides, mom.		
Dislikes: - loud noises that startle him, vegetables, being forced to do something he doesn't want to do		
Communication Style: verbal, body language.		
Learning Style: observation - hands on demonstration		

Staff: Angela Denney
 Date: 8/16/23



Service Recipient: Matthew Martinson
 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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Bee stings trained epipen	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: verbally prompted to eat slower	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: not to push to continue activity circulatory - report symptoms	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff trained for epipen	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: change brief if needed	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: if fatigued remind to rest assist when obstacles	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: loud noises could upset him accompany to quieter area	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Family, shredding, outings, peers, rats, wolves, Mario brothers		
Important for: Choices/decisions, independence, Epipen is available being included in activities		
Likes: rats, riding light rails, trains, airplanes, listening music, boat rides, Mom		
Dislikes: loud noises that may startle, vegetables, being forced to do things he doesn't want to		
Communication Style: verbal, body language,		
Learning Style: observation, hands on demonstration		

Staff: Dona Yang
 Date: 8/16/23



Service Recipient: Matthew Martinson
 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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Bee - stings, use epiPen.</u> Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>N/A</u>
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eat quickly or take large bite, staff verbal reminders to chew thoroughly. Nickel sized pieces.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Don't push Matthew to continue activity if he become tired, circulatory. "time to rest"</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>EpiPen, staff trained.</u> Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff help him change brief</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff point to areas + verbal reminders. offer arm/hand for support.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>staff will warn him before fire drill. speak quietly for loud noises/ accompany to quiet place.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: <u>family, shred, choices, outing, peers, games</u>	
Important for: <u>choices/decisions, independence, epiPen, interact w/peers, being included/engaged in activities</u>	
Likes: <u>rats, ride light rail, trains, watch airplanes, outing, bowling, music, visit w/ friends</u>	
Dislikes: <u>loud noises, vegetables, forced to do activities</u>	
Communication Style: <u>verbal - tend to say same phrases, body language</u>	
Learning Style: <u>observation, hand over hand hands on demonstration</u>	

Staff: Jackie Ahlers
 Date: 8-16-23



Service Recipient: Matthew Martinson
 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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Bee stings. He has EPI PEN.</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prompts to chew slowly and thoroughly. He's a light eater so often.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>He can has circulatory problems so may need rest if gets fatigued.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>of EPI PEN used</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will help him change his brief</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff watch for uneven surfaces and let him know, staff to offer hand/arm, advise him to use handrails</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Staff will warn him before fire drill since loud noise can upset him. accompany to another area as needed.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Family shredding, outings, peers, games animals like</u> Important for: <u>choices, independence, EPI PEN available, shredding, being included</u>		
Likes: <u>Rats, riding light rail trains, watch airplanes, outings, bowling, music, boat rides, mom</u>		
Dislikes: <u>Loud noises that startle him, veggies, being forced to do something he doesn't want to</u>		
Communication Style: <u>Verbal, body language</u>		
Learning Style: <u>Observation, hands-on demonstration</u>		

Staff: Cindi Stucky
 Date: 8-16-23



Service Recipient: Matthew Martinson
 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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Bee stings - epipen</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>N/A</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Remind him to slow down.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>he becomes tired or shows any symptoms of circulatory problems. "Rest."</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>only if epipen was used</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff helps him in restroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>watch areas that are unsafe to walk on. offer arm/hand or handrail.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>staff will warn him before a fire drill</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>(N/A)</u>	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>none</u>		
Important to: <u>Family, Choices, rats, independence</u> <u>rats</u> <u>peers, games, boat ride, rollercoaster</u>		
Important for: <u>choices independence</u> <u>epipen available, shredding, being included</u>		
Likes: <u>Rats, lite rail, train tracks, air planes, bowling</u> <u>music, boatrides, my mom</u>		
Dislikes: <u>Noises (loud) veggies, being forced to do things</u>		
Communication Style: <u>verbal</u> <u>says same language</u>		
Learning Style: <u>observation</u> <u>hands on demonstration</u>		

Staff: Dainah Rousin



Service Recipient: Matthew M.

Date: 10/12/2023

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

Allergies: <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* <u>Bee Stings - Staff are also trained on his Epi Pen</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>N/A</u>
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>IF he is eating too quickly or taking large bites, Staff will verbally remind Matthew to "chew thoroughly", Verbal reminders. "Slow down".</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Staff are aware not to push Matthew to continue an activity if he becomes tired or shows any symptoms of a circulatory problem. Verbal reminders "It's time to rest".</u>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>IF Matthew were to need to use his Epi Pen a staff trained in medication administration would administer the medication to use Matthew per a signed physician</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will help Matthew change his brief.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff supports Matthew by watching for areas that might be unsafe to walk on such as curbs, ice, steps, obstacles</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Staff support Matthew by fore warning him before practicing a fire drill. Matthew has not indicated the fire alarm. During loud noises,</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>

Important to: Family/rats, shredding, choices/decision, going on outings, interacting w/peers, Playing games w/peers.

Important for: choices/decisions, Independence, that his EpiPen is readily available shredding, interacting w/peers, being included/engaging in activities

Likes: rats, riding the light rail, watching airplanes, going on outings, bowling, visiting w/friends, listening to music, boat rides.

Dislikes: Loud noises that may startle him, veggies, being forced to do activities he doesn't want to do

Communication Style: Verbal-tends to say the same phrases, body language

Learning Style: Matthew learns best through observation and hands-on demonstration

Staff: TYLER BORGARD
 Date: 6/19/23



Service Recipient: MATTHEW MARTINSON
 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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>BEE STINGS - HAS EPI-PEN</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>N/A</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>REMINDED TO "CHEW THOROUGHLY" & "SLOW DOWN" WHEN NEEDED. DIFFICULT TO CHEW ITEMS CUT NICKEL SIZE</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>DO NOT PUSH HIM TO CONTINUE ACTIVITY IF HE IS TIRED OR SHOWS ANY SYMPTOMS OF CIRCULATORY PROBLEM - REPORT SYMPTOMS IT IS TIME TO REST</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>MED TRAINED STAFF ADMIN. EPI PEN IF STUNG BY BEE.</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>STAFF WILL HELP MATTHEW CHANGE BRIEF</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>WATCH FOR OBSTACLES & VERBALLY WARN/ OFFER HAND FOR SUPPORT. OBSERVE FOR SIGNS OF FATIGUE</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>FOREWARN BEFORE PRACTICING FIRE DRILL. DURING LOUD NOISES, SPEAK SOFTLY & REASSURE THAT ALL IS WELL.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NONE</u>	
Important to: <u>FAMILY, RATS, SHREDDING, CUTTINGS, CHOICES/DECISIONS, PLAYING GAMES W/ PEERS</u>		
Important for: <u>CHOICES, INDEPENDENCE, EPI-PEN, SHREDDING, INTERACTING W/ PEERS, BEING INCLUDED</u>		
Likes: <u>RATS, RIDING LIGHT RAIL, WATCHING AIRPLANES, GOING ON CUTTINGS, BOWLING, VISITING, MUSIC, BOAT RIDES</u>		
Dislikes: <u>LOUD NOISES, VEGGIES, FORCED TO DO UNWANTED ACTIVITIES</u>		
Communication Style: <u>VERBAL - TENDS TO SAY SAME PHRASES, BODY LANGUAGE</u>		
Learning Style: <u>THROUGH OBSERVATION & HANDS ON DEMONSTRATION</u>		

Staff: Donna Storm

Date: 11-8-23



Service Recipient: Matthew Martinson

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Bee Stings - staff trained on EpiPen</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>if eating too quickly or large bites staff will remind him to slow down chew thoroughly staff cut into nickel sized pieces</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>staff are aware not to push Matthew to continue an activity if he becomes tired or shows any symptoms of circulatory problems</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>EpiPen</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff to change his brief</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Forewarn him before participating a fire drill. during loud noises staff will speak softly, calm voice to reassure all is well</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Family rats shredding choices/decisions. Outing interacting w/peers playing games w/peers</u>		
Important for: <u>choices/decisions Independence. EpiPen is available and ready Interacting w/peers being included/engaging in activities</u>		
Likes: <u>Rates riding the light rail watching airplanes going on outings bowling visiting w/peers/friends listening to music boat rides</u>		
Dislikes: <u>Loud noises that may startle vegetables being forced to do activities that he doesn't like to do</u>		
Communication Style: <u>verbal - tends to say same phrases body language</u>		
Learning Style: <u>observations and hands on demonstrations</u>		



Competency Tracking Form

Participant: Megan Traxler

Annual Service Span: _____

Annual Meeting Date: _____ 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
10-5-23	JM	Jamie Meyer
	JG	John Gebhardt
	JL	Ilene Lubick
	JG	Jess Gunderson
	SG	Sandy Greenly
	JA	Jackie Ahlers
8/16/23	DM	Dennis Moua
		Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein
11-8-23	DS	Donna Storm
8-16-23	CS	Cindi Stucky

Date Completed	Initials	Full Name
8/16/23	DY	Doua Yang
10/11/23	DR	Dainaja Ranson
8/16/23	PD	Pamela Davis
8/16/23	CS	Cindi Stucky
		Josh Snodie
		Tyler Bongard
10/19/23	TB	
	AD	Angela Denney

Date Uploaded to LMS: _____

Staff: Nancy Snyder
 Date: 8-16-23



Service Recipient: Megan Traylor
 Service Span: 8/23 - 8/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <p style="text-align: center;"><i>self-dw. near</i></p> Megan is allergic to Cefdinir. She also has seasonal allergies. Staff are aware and trained on Megan's allergies. <i>is aware</i>	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Megan has a history of seizures. Staff are aware and trained on Megan's seizures and protocol.	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will give verbal prompt reminders to keep non-food items out of her mouth. Staff will monitor Megan while she is eating and provide verbal prompt reminders to take small bites and or eat slowly. Megan has a calorie limit of 1400-1600 calories per day.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <p style="text-align: center;"><i>eye misalignment</i> <i>near sighted</i> <i>non-concave thumbs</i> <i>extra electrical pathway in heart</i></p> (Depression, exotropia, myopia, tuberous sclerosis, Wolff-Parkinson syndrome): Staff are aware of Megan's chronic medical conditions. If Megan appears to be having symptoms related to her chronic medical conditions or if staff have concerns, Megan's group home will be contacted via phone call. DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* <i>comes rapid heart beat</i>	
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Megan has a PRN for seizures. <i>Valproco / nasal spray</i>	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires full assistance in the bathroom.	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff can offer Megan their hand/arm on icy surface/uneven terrain.	
Community Support: <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	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff will minimize stimulation in program areas. In the event Megan shows signs of becoming overstimulated, staff will offer her a preferred activity and/or an opportunity to go to a different area.	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes No unsupervised time.		
Important to: Independence, making her own/choices decisions, participation/being a part of the group, that staff know her/understand her, cardiovascular activity, getting out into the community.		

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

Important for: Horseback riding, music, animals, outings (zoo), outdoor concerts, riding her tandem bike, observing others, music

Likes: Horseback riding, music, animals, outings (zoo), outdoor concerts, riding her tandem bike, observing others, music

Dislikes: Really hot or cold food, blueberries, not being able to communicate my needs, thoughts, and desires clearly or effectively, being asked to do things or made to participate in things that are not of interest to me.

Communication Style: Non-verbal. Communicates with body language, facial expressions.

Learning Style: Megan learns best through observation and repetition.

Lead Review Completed: _____

Staff: Tilene M Luback
 Date: Aug No 23



Service Recipient: Megan Trauler
 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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Allergic to cefdinir, seasonal.	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Has a history, Staff turned on it	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Take small bites and eat slowly give verbal reminder to keep now food out of mouth	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Depression, extroversion, myopia, wolf parkinsons syndrome	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has a PRN for seizures	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires full assistance in bathroom	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: offer hand/arm	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: IF too stimulated offer her a different area	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes NA	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Independence, making own choices, being understood, getting into community		
Important for: Horseback riding, music, animals, outings, tandem bike riding		
Likes: (same as above) →		
Dislikes: Really hot or cold food, blueberries, being asked to do things she doesn't like to do		
Communication Style: Nonverbal. body language & facial		
Learning Style: learns best through observation,		

Staff: Kathryn Stein
 Date: 8/16/23



Service Recipient: Megan Traxler
 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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>cefdinir, seasonal</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>History of seizures</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal prompts to slow down and to keep for non food items out of her mouth</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Wolff Parkinsons syndrome - rapid tuberous sclerosis</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN for seizures</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance in the bathroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer your arm if she needs assistance</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Staff will minimize stimulation in her program room</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>none</u>		
Important to: <u>independence, making choices, being included, activities, outings</u>		
Important for: <u>Horseback riding, music, outings, outdoor concerts, observing others</u>		
Likes: <u>music, sensory items, outings</u>		
Dislikes: <u>Hot/cold food, blueberries, not being able to communicate, being made to do things</u>		
Communication Style: <u>Non verbal, body language, facial expressions</u>		
Learning Style: <u>observation, repetition</u>		

Staff: Renee Schmitt



Service Recipient: Megan Traxler

Date: _____

Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal Allergie	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: history of seizures	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Verbal Reminders C 1400-1600 cal daily Small Bites eat slowly	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Depression extropia myopia tuberculous Wolf-Parkinsonsyndrom	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PPN for seizures	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: offer hand/arm icy uneven surfaces	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Minimize stimulation areas	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time	
Important to: Independence, choice decision being a part of group Staff understand her anxiety getting out to comm.		
Important for: Horse back riding music animals outing (zoo) outdoor concerts riding bike, observing others music		
Likes: horse back riding music bike animals outing music		
Dislikes: Really hot/cold foods blueberries, microwaved things/needs <small>ask to do or participate no interest</small>		
Communication Style: non verbal body language facial expressions		
Learning Style: learns best observation and repetition		

Staff: Pamela Davis



Service Recipient: Megan Traxler

Date: 8/23/23

Service Span: Aug 23 - Aug 23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Megan is allergic to Cefdinir. She also has seasonal allergies. Staff is aware and trained on Megan's allergies.	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Megan has a history of seizures. Staff are aware and trained on Megan's seizures and protocol.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will give verbal prompt reminders to keep non-food item out of her mouth. Staff will monitor Megan while she eats & provide verbal prompts to take small bites.	eat slowly.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Depression, exotropia, myopia (tuberous sclerosis, Wolff-Parkinson Syndrome). Staff are aware of Megan's chronic medical condition or if staff have concerns, Megan's group home will be contacted via phone call.	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: (nasal spray) Megan has a PRN for seizures.	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires full assistance.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff can offer Megan their hand/arm on icy surfaces / uneven terrain.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff will minimize stimulation in program areas. On the event Megan shows signs of becoming overstimulated, staff will offer her preferred activity and/or opportunity to go to a different area.	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: -N/A-	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time.	
Important For:	Horseback riding, music, animals, outings (zoo), outdoor concerts, riding her tandem bike, observing others, music.	
Important To:	Independence, making her own/choices decisions, participation/being a part of the group, that staff know her/understand her, cardiovascular activity, getting out into the community.	
Likes:	Horseback riding, music, animals, outings.	
Dislikes:	Really hot or cold food, blueberries, not being able to communicate my needs, thought B Diser.	
Communication Style:	Non-verbal, Communicates with body language, facial expressions.	
Learning Style:	Megan learns best through observation and repetition.	

Staff: Cody B
 Date: Aug 16 '23



Service Recipient: Megan T
 Service Span: 8/23-8/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Cefdinir</u> <u>Seasonal allergies</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>History - have not seen in awhile</u> <u>Staff trained on protocol</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal - slow down & have non food items out of mouth</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Parkinson w/ off</u> <u>tuberous sclerosis - benign tumors</u> <i>watch for breathing</i>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN - Nasal spray</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assist.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will offer hand/arm when walking</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>It over stimulated staff will offer a different room or different activity.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Independent, own choices, part of the group.</u> <u>Staff understand him, community outings.</u>		
Important for: <u>Love horseback riding, concerts - outside riding tandem bike.</u>		
Likes: <u>See above</u>		
Dislikes: <u>Really hot/cold food, not able to communicate needs clearly, asked to do things that are not of interest.</u>		
Communication Style: <u>Non verbal, body language, facial expressions</u>		
Learning Style: <u>observation, repetition</u>		

Staff: John Gebhardt



Service Recipient: Megan Traxler

Date: 8-16-23

Service Span: Aug 23 / Aug 24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal allergies Allergy to Cefdinir Med.	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Hx of Seizures, Staff Trained.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Give verbal prompts to slow down Keep non food items out of her Mouth.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Wolf's Parkinson Syndrome (Heart) Tuberos Sclerosis-Tumors.	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has a PRN For Seizures (A nasal spray)	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full help in bathroom.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Hold her arm, hands with walking	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: offer her opportunity to redirect.	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA NA	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no unsupervised times at PAI.	
Important to: Independence, Making own choices, activities Bring in the community		
Important for: Horse back riding, Riding her Tandem Bike Music		
Likes: Horses, Music, outings.		
Dislikes: Blue berries, Very Hot or Cold Foods.		
Communication Style: Body language and face expressions		
Learning Style: Repititions, expressions.		

Staff: Sady
 Date: 8-16-23



Service Recipient: Megan
 Service Span: 8-23 8-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Allergic S allergy Cedinir	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: history of seizures - staff trained & aware.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff - verbal - to slow down - non food items out of her mouth.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Wolff Parkinson - tuberous sclerosis watch to catching her breath - from tubers.	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN - seizures - nasal spray.	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance in bathroom.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: offer arm when icy or uneven walk area	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: minimize stimulation - staff offer her to go to a quiet space.	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: - independence - own choices, part of group. Staff understands her, getting out in community.		
Important for: horseback riding, music, animals, riding bike observing others.		
Likes: - horse back riding - own choices, part of group		
Dislikes: - really hot or cold food, blueberries - not understanding her needs - Being made to do things that don't interest her.		
Communication Style: non verbal.		
Learning Style: Body language & expressions observation & repetition.		

Staff: Angela Doney
Date: 8/16/23



Service Recipient: Megan Traxler
Service Span: 8/23-8/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Cefdinir Seasonal allergies	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: history of seizures staff aware + trained on protocol	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: verbal prompts to slow down + non food items out of mouth	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Wolf-Parkinson Syndrome - may have rapid heart rate tuberous sclerosis - benign tumors - watch for shortness of breathe	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN for seizures	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: requires full assistance in bathroom	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: offer arm or hand for assistance	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: minimize stimulation in sensory room if overstimulated offer other activity	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: independence, making own choices, being part of group staff understands her, getting out in community		
Important for: horseback riding, music animals, outdoor concerts		
Likes:		
Dislikes: really hot or cold food, not being able to communicate effectively		
Communication Style: non verbal, body language, facial expression		
Learning Style: observation + repetition		

Staff: Doua Yang
 Date: 8/16/23



Service Recipient: Megan Traxler
 Service Span: 8/23 - 8/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>cefdinir, seasonal allergies</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>History of seizures</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal prompt to slow down / keep non food items out of mouth.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>wolff-parkinson syndrome, tubercous sclerosis. watch for slow breathing</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN for seizure, nasal spray</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer arm/hand to walk.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>minimize stimulation in program areas. over stimulated → offer preferred activity / opportunity.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>independence, own choice / decision, staff understand her, activities, out in community.</u>		
Important for: <u>horseback riding, music, animal, outing, observe others, music</u>		
Likes: <u>horseback riding, music, animals, outing, music</u>		
Dislikes: <u>hot / cold food, blue berries, asked to do things / made to participate that has no interest.</u>		
Communication Style: <u>non-verbal, body language, facial expressions.</u>		
Learning Style: <u>observation, repetition</u>		

Staff: Daniel P
 Date: 8/16/23



Service Recipient: Megan T
 Service Span: 8/23 - 8/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: caldner and seasonal allergies	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: History of seizure. Staff aware of protocol	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: reminders to keep non food items out of mouth.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: waltz parkinson, Depression, Myopia, tuberous sclerosis	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Nasal PRN for seizures	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance in bathroom	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff offer arm on uneven surfaces	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: minimize stimuli in her area if she seems upset	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: independence, choices, part of group, being in community		
Important for: horseback riding, music, outings, riding tandem bike		
Likes: horseback riding, music, outings, music at park		
Dislikes: too hot or cold food, blueberries, not being understood		
Communication Style: Nonverbal, body language and facial expressions		
Learning Style: observation and repetition		

Staff: Dennis Moore
 Date: 8/16/23



Service Recipient: Megan Traylor
 Service Span: 8/23-8/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sefdemir, seasonal allergies</u> Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>staff trained on protocol</u>
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal prompts to swallow keep non edibles from her mouth</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>numbness, Wolff Parkinson, causes rapid heart beat, tuberos sclerosis - bugs run body</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u> Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance in bathroom</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer arm and hand to her on uneven surfaces</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>staff offer preferred activity</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: <u>independence with my goals, activities, community,</u>	
Important for: <u>horseback riding, outdoors, music, concerts, bike</u>	
Likes: <u>same as important for</u>	
Dislikes: <u>really hot and cold food, made to do things, things in</u>	
Communication Style: <u>non verbal, body language, expressions</u>	
Learning Style: <u>by through observation and</u>	

10/10/2019

Page 1

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

Staff: Jackie Ahlers



Service Recipient: Megan Traxler

Date: 8-16-23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: allergic to cefibiv. seasonal allergies. Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: History of seizures, staff to know/train on protocol.
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff gives verbal prompts to slow down and keep food items out of mouth.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: mild Parkinson syndrome - staff affects heart rate. Tuberculous sclerosis (benign tumors). DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Does have PEN for seizures (nasal spray). Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires full assistance in the bathroom
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: offer you arm or hand if it's icy
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff will minimize distract in other room and watch for signs of being overstimulated.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? No Yes

Important to: independence, making own choices/decisions, being part of the group, going out into community

Important for: horseback riding, animals, concerts, music, observing others

Likes: Same

Dislikes: Really hot or cold food, blueberries, not being able to communicate needs, doing things not of interest to her

Communication Style: Nonverbal - body language / facial expressions

Learning Style: observation and repetition

Staff: Attucky
 Date: 8.16.23



Service Recipient: Megan Traxler
 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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Cefdnir</u> <u>Seasonal allergies</u> Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>history of seizures</u>
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal prompts to slow down ✓</u> <u>Keep non food items out of mouth.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>depression,</u> <u>wolff parkinson's syndrome</u> <u>(Rapid Heartbeat) Tuberos Sclerosis, exotropia</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN for seizures</u> <u>nasal spray</u> Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full ass. in bathrm</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer arm/hand if icy</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Staff will minimize stimulation in program area.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: <u>independence, choices, decisions, part of group, activities, community</u>	
Important for: <u>horse, music, concerts, bike, animals, outdoors</u>	
Likes: <u>animals, bike, outdoors</u> <u>horse, concerts music</u>	
Dislikes: <u>hot/cold-food</u> <u>blue berries</u>	
Communication Style: <u>non-verbal</u>	
Learning Style: <u>learns through observation + repetition</u>	

Staff: Jaimie Meyer



Service Recipient: Megan Traxler

Date: 10-5-23

Service Span: 8-23/8-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal. Staff aware & trained on her allergies.</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>history of seizures: Staff aware & trained on her protocol.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal reminders to keep non-food items out of mouth, watch her eat & prompt to take small bites & eat slow. limit of 1400-1600 calories/day</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Staff are aware of her chronic medical conditions. If she is having symptoms her group home will be contacted via phone.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN for seizures</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance in bathroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer a hand/arm on icy surface/uneven terrain</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>minimize stimulation in program area. if overstimulated offer activity in a different room.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>offer choices within a few feet of her. If she appears upset, offer a space for a calm/quiet break.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 	
Important to: <u>independence, choices, cardiovascular activity, community outings.</u>		
Important for: <u>House back riding, music, animals, observing others</u>		
Likes: <u>music, animals, outdoor concerts, riding tandem bike.</u>		
Dislikes: <u>not/cold food, blueberries, being made to do things that don't interest me</u>		
Communication Style: <u>Non-verbal, body language, facial expressions</u>		
Learning Style: <u>observation, repetition.</u>		

Staff: Dainaja Carlson

Date: 10/11/23



Service Recipient: Megan Traxler

Service Span: Aug 23 - Aug 24

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

Allergies: No Yes N/A
 List & Describe Supports: megan is allergic to cefdinir. she also has seasonal allergies. are aware and trained on megan's allergies
 Medication Allergies? No Yes
 Listed on MAR, only administer meds per dr. order

Seizures: No Yes N/A
 Describe Supports: megan has a history of seizures. staff are aware and trained on megan's seizure and protocol.

Choking/ Specialized Diet: No Yes
 Describe Supports: staff will give verbal prompts to keep non-food items out of her mouth. staff will monitor megan while she is eating and provide verbal prompts reminders.

Chronic Medical Conditions: No Yes N/A
 List & Describe Supports: Depression, exotropia, Myopia, tubercular sclerosis, Wolff-Parkinson syndrome. Staff are aware of Megan's chronic medical conditions.
 DNR/DNI? No Yes
 Located in main file, share with EMT in emergency

Medication: No Yes
 Describe Supports: Megan has a PRN for seizures
 Daily medication at PAI? No Yes
 A trained staff will administer meds per a signed dr. order

Personal Cares: No Yes
 Describe Supports: Requires full assistance in the bathroom

Mobility/Fall Risk: No Yes
 Describe Supports: Staff can offer Megan their hand/arm on icy surface.

Community Support: No Yes
 Describe Supports: Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs

Sensory Support: No Yes N/A
 List & Describe Supports: Staff will minimize stimulation in program areas. in the event Megan shows signs of becoming overstimulated, staff offer activity.

Behavior Support: No Yes
 List & Describe Supports: megan will be offered choices within a few feet of where she is seated or standing. if megan is upset staff can re-direct her with other options.

Unsupervised Time: No Yes
 Describe Supports: NO UNSUPERVISED TIME.

Important to: Independence, making her own/choices decisions, participation on being part of a group, that staff know her/understand her, cardiovascular activity, getting out into the community.

Important for: horse back riding, music, animals, putting (zoo) outdoor concerts, riding her tandem bike, observing others, music.

Likes: riding her tandem bike, observing others, music, horse back riding, Music, animals, putting (zoo) outdoor concerts.

Dislikes: Really hot or cold food, blueberries, not being able to communicate my needs, thoughts, and desires clearly or effectively.

Communication Style: NON-verbal. Communicates w/ facial expressions, body language.

Learning Style: megan learns best through observation and repetition

Staff: TYLER BORGARD



Service Recipient: MEGAN TRAXLER

Date: 10/19/23

Service Span: AUGUST '23 - AUGUST '24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ALLERGIC TO CEFADINIR & HAS SEASONAL ALLERGIES</u> Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>HISTORY OF SEIZURES - AWARE & TRAINED ON SEIZURES & PROTOCOL</u>
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>VERBAL PROMPT REMINDERS TO KEEP NON FOOD ITEMS OUT OF HER MOUTH. VERBAL PROMPTS TO TAKE SMALL BITES/EAT SLOWLY. 1400-1600 CAL/DAY</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>DEPRESSION, EXOTROPIA, MYOPIA, TUBERCULOSIS, WOLFF-PARKINSON SYNDROME - CONTACT HOME ABOUT SYMPTOMS</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>HAS A PRN FOR SEIZURES</u> Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>REQUIRES FULL ASSISTANCE IN BATHROOM</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>OFFER HAND/ARM ON ICY SURFACE OR UNEVEN TERRAIN</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>MINIMIZE STIMULATION IN PROGRAM AREA - IF OVERSTIMULATED OFFER PREFERRED ACTIVITY OR QUIET SPOT TO TAKE A BREAK</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>OFFER CHOICES WITHIN A FEW FEET OF WHERE SHE IS. IF UPSET/ENGAGING IN AGGRESSIVE CONDUCT, REDIRECT TO PREFERRED ACTIVITY OR PLACE FOR CALM BREAK</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NONE</u>
Important to: <u>INDEPENDENCE, MAKING CHOICES, PARTICIPATION/BEING INCLUDED, STAFF WHO KNOW/UNDERSTAND HER, GETTING OUT IN COMMUNITY & EXERCISE</u>	
Important for: <u>HOUSING, EXERCISE, GETTING OUT IN COMMUNITY, STAFF THAT KNOWS/UNDERSTANDS HER</u>	
Likes: <u>HORSEBACK RIDING, MUSIC, ANIMALS, OUTINGS (ZOO), TANDEM BIKE</u>	
Dislikes: <u>REALLY COLD/HOT FOOD, COMMUNICATE NEEDS, BEING ASKED TO DO THINGS SHE'S NOT INTERESTED IN.</u>	
Communication Style: <u>BODY LANGUAGE & FACIAL EXPRESSION</u>	
Learning Style: <u>THROUGH OBSERVATION & REPETITION</u>	

Staff: Donna Storm

Date: 9-27-23



Service Recipient: Megan Traylor

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: cefdinir	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
---	--	--

Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: history of seizures protocol
--	---

Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Verbal prompts to keep non-food items out of mouth. monitor while eating Verbal prompt to take smaller bits
--	---

Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Depression Tuberos sclerosis exotropia wolf-parkinson syndrome Myopin call group home if seeing any symptoms	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
--	--	---

Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
---	----------------------------------	---

Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full Assistance in the bathroom
---	--

Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: offer hand/arm on icy surface/uneven terrain
---	---

Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
--	--

Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: minimize stimulation in program room. If Megan shows signs of overstimulated. offer preferred activity / or go to different area
---	--

Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: give Megan choices w/in few feet of where she is seated. If she appears to be upset and is engaging in aggressive conduct re-direct to a preferred activity and space to calm/quiet break
---	---

Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 0
--	--------------------------------

Important to: Independence make her own choices/decisions participations/ being a part of the group. Staff that know and understand her Cardiovascular activity getting out into the community

Important for: Horseback riding music animals outings zoo outdoor concerts riding her tandem bike observing others music

Likes:
Dislikes: Really hot or cold food blueberries not being able to communicate my feelings needs and desires clear or effectively being asked to participate in things

Communication Style: Non-Verbal body language Facial

Learning Style: observation and repetition





Competency Tracking Form

Participant: Aaron Phelps

Annual Service Span: _____

Annual Meeting Date: _____ 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
10-5-23	jm	Jamie Meyer
	JG	John Gebhardt
	llyl	Ilene Lubick
	JG	Jess Gunderson
	SG	Sandy Greenly
	JA	Jackie Ahlers
8/16/23	DM	Dennis Moua
		Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein
11-8-22	DS	Donna Storm
8/16/23	CS	Cindi Stucky

Date Completed	Initials	Full Name
8/16/23	DY	Doua Yang
10/11/23	DR	Dainaja Ranson
8/16/23	PD	Pamela Davis
8/16/23	CS	Cond Bong Josh Snodie
10/11/23	TBS	Tyler Bongard
	AD	Angelica Denny

Date Uploaded to LMS: _____

Staff: Rene Schmitt
 Date: 8/16/23



Service Recipient: Aaron Phelps
 Service Span: July 23 - July 2

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Topical Phenol, Tegretol</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Partial control 2009</u> <u>Seizure activit = shunt malfunction</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eat independently Bite size</u> <u>Lactos free milk</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Orbital palsy 5 epi/isy</u> <u>Myose phalus interorbital shunt</u>	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Progressist Single Stand</u> <u>pill taking Pivict</u> <u>Both hand reminders</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance</u> <u>single stand</u> <u>Pivict</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unbuckles belt</u> <u>by lateral AFOS</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History Remove lap belt</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Reminder of appropriate boundaries</u> <u>Side hug</u> <u>Keep hands to self</u> <u>history of turning away</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO</u>	
Important to: <u>interact with others helping visiting</u>		
Important for: <u>personal boundaries lactos milk wheelchair safety</u>		
Likes: <u>Connect 4 magazine Book hugs helping</u>		
Dislikes: <u>Loud noise being told no, waiting for lunch</u>		
Communication Style: <u>few simple signs</u> <u>visual</u> <u>Yes/no</u>		
Learning Style: <u>verbal picture labels</u> <u>Spoken word</u>		

Staff: Kathryn Stein



Service Recipient: Aaron Phelps

Date: 8/16/23

Service Span: July 2023 – July 2024

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: Topical Phenol, Tegretol Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: Partially controlled seizure disorder. Last seizure on 7/2009. Seizure activity may be a sign of shunt malfunction
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lactose – Free milk. Able to eat independently when food is cut up into bite sized pieces.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Cerebral Palsy – Spastic, Hydrocephalus, Epilepsy, Intracranial shunt DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Single standing pivot with handlebar – Full brief change but can use toilet if given enough time. Staff give verbal prompts and reminders while he’s in the bathroom. Staff need to remind him to use both hands for the handrail when standing during his standing pivot.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Aaron sometimes unbuckles his lap belt. Staff encourage him to propel himself. Aaron has bilateral AFO’s that he should wear into PAI for all transfers.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Aaron has a history of removing his lap belt while on transportation. Staff will help him propel his wheelchair in crowds, curbs, on rough terrain or through doorways. <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Aaron enjoys hugs from staff and peers. He sometimes has an issue with appropriate boundaries with staff/peers. If staff are comfortable, they can give Aaron one side hug a day. Staff will verbally remind him to “keep your hands to yourself” or redirect with a handshake. Aaron has turned on the electric wheelchair of others and tried to move them. Staff verbally redirect him if he is picking at his skin or biting his nails.
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes No unsupervised time.	
Important to: Opportunity to interact with others, independent activity, magazines, hanging out with peers, helping others, visiting with friends.	
Important for: Personal boundaries, lactose free milk, wheelchair safety	

Staff: Kathryn Stein



Service Recipient: Aaron Phelps

Date: _____

Service Span: July 2023 – July 2024

Likes: Connect four, magazines, books, giant lacing buttons, hugs, helping others, having different foods to eat, people watching

Dislikes: loud noises, being told no, waiting for his lunch

Communication Style: A few simple signs (more, done, please) and he can point to or propel himself to things he wants. He can indicate “yes” and shake his head “no.”

Learning Style: To actively engage in activity, prefers gentle reminders and verbal cues. Aaron can understand spoken words, pictures, gestures, PECS, and labels.

Lead Review Completed: _____

Staff: Dorey Snyder
 Date: 8-16-23



Service Recipient: Aron Phelps
 Service Span: 7-23 - 7/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>topical phenol ; tegretol</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>partial controlled seizure (2009)</u>	<u>may be schunt malfunction</u>
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lactose free milk, cut into bite sz pcs</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: (circled) <u>epilepsy - shunt</u> <u>cerebral atrophy, hydrocephalus</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: (circled) <u>epilepsy - shunt</u> <u>cerebral atrophy, hydrocephalus</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance - wears briefs</u> <u>single standing pivot - can use toilet</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>umbrella lap belt, AFOs</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>help him navigate in public</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hugs from staff - sometimes inappropriate - 1 side hug per day</u> <u>Redirect if biting nails, could turn on other wheelchairs</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Magazines, helping, visiting, friends</u>		
Important for: <u>boundaries, milk, safety,</u>		
Likes: <u>connect 4, magazines, books, people watching</u>		
Dislikes: <u>loud noises, waiting waiting</u>		
Communication Style: <u>simple signs, points, yes ; no</u>		
Learning Style: <u>engage in activity, gentle reminders</u> <u>pictures, gestures, labels</u>		

Staff: John Gebhardt
 Date: 8-10-23



Service Recipient: Aaran Phelps
 Service Span: July 23 - July 24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Allergy to Topical Phenol, Tegretol</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Has partially controlled seizure disorder</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has lactose free milk, Bites</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>cerebral palsy - spastic, Epilepsy, Hydrocephalus, InterCranial Shunt</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has assistance in bathroom stand and pivot.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>He has seat belt on wheel chair wears AFO's on lower legs</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Help move his wheel chair when outside</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>NA</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Has issue with boundaries, staff to redirect and side hugs.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time.</u>	
Important to: <u>opportunity to interact with others, visiting with friends.</u>		
Important for: <u>Personal Boundries, wheel chair Safety, Lactose Free Milk.</u>		
Likes: <u>Helping others, watching people, connect</u>		
Dislikes: <u>waiting, being told no,</u>		
Communication Style: <u>simple signs, pointing, Moving Head,</u>		
Learning Style: <u>Gentle reminders & cues, Pictures, Gestures, labels.</u>		

Staff: Condi B
 Date: Aug 16 '23



Service Recipient: Arin P
 Service Span: 7/23-7/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Topical phenol. Topiramate	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Partial control disorder - 2009 July (last) Shunt issue	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lactose free milk, kite size pieces eat independently	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: C-P - Spastic Hydrocephalus, Shunt, Epilepsy	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assist, single stand pivot w/ bar Full brief change, verbal to keep hands on rail	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May unbutton lap belt, for AF's	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: History of removing lap belt during transport - staff propels wheel chair	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: Glasses	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Labs Hugs - staff will remind keep hands to self, may turn on wheel chairs of others, may pick at skin Side hugs encouraged.	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Interact w/ others, activities, friends</u> ^{independent}		
Important for: <u>Personal boundaries, wheelchair safety,</u>		
Likes: <u>Connect 4, magazines, books, hugs, helping others</u> <u>Personal watching</u>		
Dislikes: <u>Loud noise, told no, wait, for lunch</u>		
Communication Style: <u>Simple signs, points, yes/no</u>		
Learning Style: <u>Spoken word, verbal instruction, demonstration</u>		

Staff: Sandy
 Date: 8-16-23



Service Recipient: Aaron Phelps
 Service Span: 7-23 - 7-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Allergic</u> <u>Topical Therapy Phenol -</u> <u>Tegredol</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Partial controlled seizure disorder.</u> <u>Shunt mouth dysfunction - sign</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lactose free milk eat bite size pieces.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>cerebral palsy spastic hydrocephalus.</u> <u>epilepsy. Intercranial shunt</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>single stocking, Pivotal - full assistant - has</u> <u>brief change. can use toilet. - staff remind him to</u> <u>use both hands.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unbuckle his lap belt - staff</u> <u>Bilateral AFO's - wear at PAI all transfers</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will remove his lap belt -</u> <u>while in community</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>enjoys hugs - verbally remind him to keep his hands to</u> <u>himself. Redirect him if picking his skin or sores.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>opportunity to interact with others</u> <u>helping others</u> <u>visiting friends</u>		
Important for: <u>Personal bandages. lactose free milk</u>		
Likes: <u>connect, 4 magazines. books - giant lacing buttons</u> <u>people watching</u>		
Dislikes: <u>loud noises - being told no - waiting for lunch.</u>		
Communication Style: <u>simple signs. point to or propel himself -</u> <u>indicate - yes and no.</u>		
Learning Style: <u>prefers - gentle reminders & cues - does understand</u> <u>pictures, labels, pets</u>		

Staff: Pam Davis



Service Recipient: Caron Phelps

Date: 8/10/23

Service Span: July 23 - July 24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Topical Phenol & Tegretol</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>partial controlled seizure disorder</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lactose free milk, bite size pieces</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>spastic Hydrsephalus, epilepsy & intercranial shunt</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>single standing pivot w/ bar full brief change, verbal prompt / both hand on hand</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unbuckles his lap belt. bilateral</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hugs, appropriate boundaries w/ staff & peers so redirect w/ hand shake, redirect if picking skin</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>	
Important to: <u>interaction w/ others, hanging out w/ peers / friends</u>		
Important for: <u>personal boundaries, wheel chair safety</u>		
Likes: <u>connect 4, magazines, books, helping others</u>		
Dislikes: <u>loud noises, being told no, waiting for his lunch</u>		
Communication Style: <u>point to; or repeated yes/no - Head shake</u>		
Learning Style: <u>gentle reminders, verbal cues, pictures & labels</u>		

Staff: Tilene M Luback
 Date: Aug 16-23



Service Recipient: Aaron Phelps
 Service Span: July 2023-2024

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: allergy topical phenol and tegretol	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Partially controlled seizure disorder	Sign of short malfunctions
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lactose free milk, eat 3 onions, food should be cut up	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: cerebral palsy spastic, hydrocephalus	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Remind to keep hand on single stand pivot with handlebar	Full brief change but can use toilet
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: sometimes unbuckles belt	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Help proper wheel chair through crowd watch for unbacking belt	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Likes hugs but keep it appropriate/minimal	may fuss on other wheelchairs
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	no unsupervised time	
Important to:	Interactions with people, independent, magazines hanging out	
Important for:	Personal boundaries lactose free milk, wheelchair	
Likes:	connect four magazines, hugs, help other people walk safely	
Dislikes:	Loud noises, being told no, waiting for lunch	
Communication Style:	simple signs, point, yes (nod) shake (no)	
Learning Style:	Actively engaged in activity, prefers gentle reminders	

Staff: Angela Danner
 Date: 8/16/23



Service Recipient: Aaron Phelps
 Service Span: 7/23 - 7/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Topical Phenol + Tegretol	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Partially controlled seizure disorder seizure may be sign of shunt	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lactose free milk eats independently when cut up	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Cerebral palsy, epilepsy, hdd.	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance remind to use both hands when standing single standing pivot w/ bar, verbal prompts	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may unbuckle lap belt bilateral VFOs uses for all transfers	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: history of unbuckling during transfer	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: N/A	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: enjoys hugs, verbally remind to keep hands to keep himself appropriate boundaries, watch for picking at skin	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: opportunity to interact with others, helping others,		
Important for: personal boundaries, lactose free milk,		
Likes: connect four, magazines, lacing buttons, people watching		
Dislikes: loud noises, being told no, waiting for lunch		
Communication Style: simple signs, point to or propel, yes or no		
Learning Style: activity emo prefers gentle reminders, pictures, gestures		

Staff: Dana Yang



Service Recipient: Aaron Phelps

Date: 8/16/23

Service Span: 7/23 - 7/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>topical pheno, tegreto</u> Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>partially controlled seizures. seizure activity → shunt malfunction</u>
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lactose-free milk. independent. bite sized pieces.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>cerebral palsy, hydrocephalus, epilepsy, intracranial shunt</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>single stand w/ pivot, full assistance. use toilet + brief change. verbal prompts.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sometimes unlock lap belt. encourage to propel himself. Bilateral AFO's.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of lap belt removal lap belt on transportation.</u> <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>enjoys hugs from staff + peers. verbal reminders to "keep your hands to yourself", redirect when biting nails + skin.</u>
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: <u>opportunity to interact w/ others, independent activity, magazine, hang out w/ peers.</u>	
Important for: <u>personal boundaries, lactose-free milk, wheelchair safety.</u>	
Likes: <u>connect 4, magazine / book, giant lacing button, help others, people watching</u>	
Dislikes: <u>loud noises, told no, wait for lunch</u>	
Communication Style: <u>simple sign (done, please, more), propel himself to things he want, shake head yes/no.</u>	
Learning Style: <u>active, gentle reminder / cues, understand spoken words. word, pictures, gestures.</u>	

Staff: Daniel P



Service Recipient: Aaron P

Date: _____

Service Span: 7/23 - 7/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Phenol, Tegretol	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Partially controlled seizure disorder. has Shunt. has seizure 2009	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: lactase free milk. bite size pieces eats independently	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: cerebral palsy, hydrocephalus, epilepsy, shunt	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance. Stands and pivots with grab bar. Full brief change but can go in toilet	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sometimes loosens wheelchair belt. Staff encourage him to propel self. Wears A.F.O.s	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: history of removing lap belt on transportation	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: hugs staff and peers but sometimes too hard or often. Staff offer verbal reminders to give space	

Unsupervised time while at PAI? No Yes

Important to: Opportunity to interact with others, magazines, peers, independence

Important for: personal boundaries, lactose free milk, wheelchair safety

Likes: connect 4, magazines, lacing buttons, people watching

Dislikes: loud noises, being told no, waiting for lunch

Communication Style: few simple signs, points, indicates Yes and No by nodding few short words.

Learning Style: actively gentle reminders and verbal cues understands commands

Staff: Dennis Mone
 Date: 8/16/23



Service Recipient: Aaron Phelps
 Service Span: 7/23 - 7/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>topical phenol, tegetol</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>partial controlled seizure disorder, may be sign of shunt malfunction</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lactose free milk, food bite me piece</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>cerebral palsy, intercranial shunt, 100 dose epilepsy</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No meds at Parkway</u> <small>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></small>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stand + push with handle bar fall break change</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>use both hands for hand rails, make sure buckled, bilateral APO's w/ for transfers,</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>make sure belt is secured</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>N/A</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Boundaries reminder, watch him for for things others check</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>pers, helping others, waiting, choices</u>		
Important for: <u>personal boundaries, and personal safety</u>		
Likes: <u>things things, helping others, observing ppl</u>		
Dislikes: <u>loud noises, told no, waiting</u>		
Communication Style: <u>signs, point to items, yes/no shaking head</u>		
Learning Style: <u>observing, reminders, verbal cues, gestures, labels</u>		



Staff: Jackie Ahlers
 Date: 8-16-23



Service Recipient: Aaron Phelps
 Service Span: July 2023 - July 2023

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Topical Phenol and Tegretol</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Partially controlled seizure disorder, last seizure 7/2009.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lactose free milk. Can eat independently when cut up in bite size pieces</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>cerebral palsy spastic, hydrocephalus, epilepsy, intracranial shunt</u>	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has single standing pivot, can use toilet if given enough time. Staff to remind him to use both</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sometimes unbuckles lap belt. Bilateral Aids to be used for all transfers</u>	<u>hands to hold on.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of taking off lap belt during transport of</u>	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>Staff to push wheel chair</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Enjoy hugs from staff/peer but needs reminders to be appropriate. He can give side hugs. May pick skin. Can turn on others' wheel chairs.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Important to:
Chance to interact with others, magazines, help peers, visit with friends

Important for:
Personal boundaries, lactose free milk, wheelchair safety

Likes:
Connect Four, magazines, hugs, helping others people watching

Dislikes:
Loud noises, "td no", waiting for lunch

Communication Style:
Few simple signs, moves self to what wants, shake head

Learning Style:
and verbal cues, reminders, pictures, gesture, Pecs, labels

yes/no

Staff: Atucky
 Date: 8-16-23



Service Recipient: Aaron Phelps
 Service Span: July 23-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Topical phenol, teqretol	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: partially controlled seizure disorder (July 2009 last) Shunt malfunction	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lactose-free milk Bite size pieces	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: cerebral palsy - spastic, hydrocephalus epilepsy, intracranial shunt	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Vsm	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full brief change - but can use toilet	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sometimes unbuckles his lap belt.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Removing lap belt - staff will help	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: N/A	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: enjoys hugs from staff + peers - issues w/ appropriate behavior. Redirect with hand shake. Turning elec. wheel chairs peeling skin	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None	
Important to: interact, magazine, peers, visiting friends		
Important for: personal boundary, wheelc. safety,		
Likes: connect4, books, mag; hugs, helpen others, ppl watchen		
Dislikes: loud noises - being told no, waiten on lunch.		
Communication Style: few signs, he can indicate, yes + no. (shake head) propel him self.		
Learning Style: Engages in activity, gentle reminders		

Staff: Jaime Meyer



Service Recipient: Aaron Phelps

Date: 10-5-23

Service Span: 7-23/7-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Partially controlled seizure disorder. seizure activity may be sign of shunt malfunction</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lactose-free milk. cut food into bite size pieces.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Cerebral Palsy - spastic, hydrocephalus, epilepsy, intracranial shunt</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>single stand pivot w/ handlebar, full brief change but can use toilet. Reminders & verbal prompts in bathroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unbuckles lap belt. Encourage him to propel himself.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will help propel him in community.</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Remind him of personal boundaries. Redirect him if he is picking skin or biting nails</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>interact with others, magazines, helping others</u>		
Important for: <u>Personal boundaries, lactose free milk, wheelchair safety</u>		
Likes: <u>connect four, magazines, helping others, hugs</u>		
Dislikes: <u>loud noises, being told no, waiting for his lunch</u>		
Communication Style: <u>a few signs, propel himself to things he wants, shake head "yes or no"</u>		
Learning Style: <u>engage in activity, gentle reminders & verbal cues, can understand words, pics, gestures, PECS & labels.</u>		

Staff: Dainaja Pearson

Date: 10/11/23



Service Recipient: Aaron Phelps

Service Span: July 23 - July 29

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Topical Phenol, Tegretol Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Partially controlled seizure disorder. Last seizure on 7/2009. Seizure activity may be a sign of shunt malfunction.
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lactose-free milk. Able to eat independently when food is cut up into bite sized pieces.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Cerebral Palsy - Spastic, Hydrocephalus, Epilepsy, Intracranial Shunt. DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Standing pivot w/ handle bar - full brief change but can use toilet if given enough time. Staff give verbal prompts and reminders in the bathroom.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Aaron sometimes unbuckles his lap belt. Staff encourage him to propel himself. Aaron has bilateral AFO's that he should wear.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Aaron has a history of unbuckling his lap belt while transportation. Staff helps Aaron in public. Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Aaron enjoys hugs. From staff and peers. He has some issues w/ appropriate boundaries w/ staff and peers. Verbal reminders "keep your hands to yourself".
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO UNSUPERVISED TIME.
Important to: opportunity to interact w/ others independent activity; magazine, hanging out with peers, helping others, visiting w/ friends.	
Important for: Personal boundaries, Lactose free milk, wheelchair safety.	
Likes: connect four, magazine books, painting, lacing buttons, hugs helping others, having different foods to eat, people watching.	
Dislikes: Loud noises, being told no, waiting for his lunch.	
Communication Style: a few simple signs (more, done, please) and he can point propel himself to things he wants, shakes head yes or no.	
Learning Style: to activity engage in activity, prefers gentle reminders and verbal cues. Aaron can understand spoken words, pictures, gestures, PECS, and labels.	

Lead Review Completed:

Staff: TYLER BORGARD
 Date: 10/19/23



Service Recipient: AARON PHELPS
 Service Span: JULY '23 - JULY '24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>TOPICAL PHENOL & TEGRETOL</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>PARTIALLY CONTROLLED SEIZURE DISORDER. LAST SEIZURE JULY 2009. SEIZURES MAY BE SIGN OF JUNT MALFUNCTION</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>LACTOSE FREE MILK. EATS INDEPENDENTLY w/ FOOD CUT BITE SIZED.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>CEREBRAL PALS, SPASTIC, HYDROCEPHALUS, EPILEPSY, INTRA-CRANIAL SHUNT.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>SINGLE STANDING PIVOT w/ HANDLE BAR. FULL BRUEF CHANGE, CAN USE TOILET w/ ENOUGH TIME. PROVIDE PROMPTS & REMINDERS TO USE 2 HANDS ON BAR</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>SOMETIMES UNBUCKLES LAP BELT. STAFF SHOULD WEAR FOR TRANSPORT. ENCOURAGE HIM TO PROPEL CHAIR. BILATERAL AFOS</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>HAS HISTORY OF REMOVING LAP BELT ON BUS. HELP PROPEL CHAIR IN CROWDS/ROUGH TERRAIN/THROUGH DOORS</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>N/A</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ONE SIDE HUG PER DAY IF COMFORTABLE. REMIND TO KEEP HANDS TO HIMSELF OR REDIRECT w/ HANDSHAKE. HAS TURNED ON OTHERS ELECTRIC CHAIRS. REDIRECT IF PICKING/BITING FINGERS.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NONE</u>	

Important to: OPPORTUNITY TO INTERACT w/ OTHERS, MAGAZINES, HANGING OUT w/ PEERS, HELPING OTHERS, VISITING, INDEPENDENT ACTIVITY

Important for: PERSONAL BOUNDARIES, LACTOSE FREE MILK, WHEELCHAIR SAFETY

Likes: CONNECT 4, MAGAZINES, BOOKS, GIANT LACING BUTTONS, HUGS, BEING ON OTHERS, PEOPLE WATCHING, HAVING DIFFERENT FOODS TO EAT

Dislikes: LOUD NOISES, BEING TOLD NO, WAITING FOR HIS LUNCH

Communication Style: FEW SIMPLE SIGNS, CAN INDICATE YES OR NO, POINTS TO/PROPELS TOWARD WANTS

Learning Style: TO ACTIVELY ENGAGE IN ACTIVITY, GENTLE REMINDERS VERBAL CUES. CAN UNDERSTAND SPOKEN WORDS, PICTURES, GESTURES, PECS, & LABELS.

Staff: Donna Storm



Service Recipient: Aaron Phelps

Date: 11-8-23

Service Span: July 23-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: topical phenol tegretol	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: partially controlled seizure disorder '09' Seizure activity maybe sign of shunt malfunction	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: lactose – free milk able to eat independently when food is cut in to bit sized pieces	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: cerebral Palsy – spastic Hydrocephalus Epilepsy Intracranial shunt	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: single stand pivot w/hand bar – full brief change but can use toilet if given enough time. verbal prompts and reminders. use both hands for handrail when standing during pivot	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: sometimes unbuckles his lap belt. Staff encourage him to propel himself. Has bilateral AFO's that he should wear into PAE for all transfers	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may remove his lap belt while transporting	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: enjoys hugs from staff and peers. Issue with appropriate boundaries with peers and staff, can give one sided hugs to Aaron. remind him to keep his hands to self redirect	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: opportunity to interact w/others independent activity magazines hanging out w/peers helping others visiting w/friends		
Important for: personal boundaries lactose free milk wheelchair safety		
Likes: connect four magazines books giant lacing buttons. hugs helping others having different foods to eat people watching		
Dislikes: loud noises being told no waiting for his lunch		
Communication Style: few simple signs (more done please) can point to or propel himself to things he wants can indicate yes or no by shaking head		
Learning Style: gestural reminders verbal cues can understand spoken words pictures gestures PEGS and tables		



Competency Tracking Form

Participant: Sue Foss

Annual Service Span: _____

Annual Meeting Date: _____ 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
10-5-23	JM	Jamie Meyer
	JG	John Gebhardt
	IL	Ilene Lubick
	JG	Jess Gunderson
	SG	Sandy Greenly
	JA	Jackie Ahlers
8/16/23	DM	Dennis Moua
		Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein
9-27-23	DS	Donna Storm
8/16/23	CS	Cindi Stucky

Date Completed	Initials	Full Name
8/16/23	DY	Doua Yang
10/11/23	DR	Dainaja Ranson
8/10/23	PD	Pamela Davis
		Josh Snodie
10/12/23	TB	Tyler Bongard
8/16	CS	Cindy Stucky
	AD	Angela Denney

Date Uploaded to LMS: _____

Staff: Kathryn Stein
 Date: 8/16/23



Service Recipient: Sue Fass
 Service Span: 7/2023-7/2024

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sue's food should arrive to PAI pureed. Staff will offer verbal reminders for Sue to eat and drink slowly and to chew her food. Sue uses a small (mother care) spoon to take smaller bites. She also uses a spouted cup to drink to prevent choking and aspiration episodes.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: GERD- Staff verbally reminds Sue to eat and drink slowly to prevent choking. Sue uses a small plastic teaspoon (Mother Care Spoon) which gives smaller bites of food. Sue uses a spouted cup at lunch time to drink beverages, which helps prevent choking episodes and aspiration. Sue also uses Thick It in her liquids. Wear's AFO's.	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <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*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sue requires full assistance in the bathroom. Sue uses the grab bar/pivot to get on/off the toilet.	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: When transferring in/out of her wheelchair, staff will stand next to Sue and will hold onto her arm. Sue will also use the grab bar when in the bathroom. Staff will use a gait belt if Sue visually appears weak or unsteady.	
Community Support: <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
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff will observe Sue for signs that she may need items brought closer into her visual range. Staff will report any vision concerns or changes to Sue's residential staff via phone call.	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <ul style="list-style-type: none"> • Physical aggression/conduct: If Sue is grabbing another forcefully, staff will remind her to have "gentle hands". Staff will attempt to talk to Sue about being gentle when she greets others. • Verbal/emotional aggression: Staff will attempt to talk to Sue about what might be bothering her and they will help Sue work through her frustration. 	

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

Unsupervised time while at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes
Important to: It is important to Sue that she can make her own choices/decisions. It is important to Sue that she is in a calm and quiet environment. It is important to Sue that she is around people who know her well. It is important to Sue that she can follow her routines and that she is prepared for changes in her routine.
Important for: It is important for Sue that staff know her well and that staff respect her routines. It is important for Sue that she can make her own choices/decisions throughout her day. It is important for Sue that staff assist her with her wheelchair/transfers. It is important for Sue that she is able to talk through her frustrations and maintain appropriate boundaries with others.
Likes: Getting her hair and nails done, walks, playing games, shopping, friends, music, singing, movies, joking around, outings, being outside, coffee, family (brother Dan)
Dislikes: Asparagus, spinach, when people yell (loud environment), exercise, when people don't listen to her, inclement weather, going to the dentist/doctor, when friends are absent/sick, changes in her routine, when other people touch things that she is working with.
Communication Style: Sue is verbal.
Learning Style: Sue learns best through verbal explanations and hand-over-hand assistance.

Lead Review Completed: _____

Staff: Denem Lubick
 Date: Aug 16, 2023



Service Recipient: Sue Foss
 Service Span: July 2023 - July 2024

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food should be pureed. Remind to eat slowly - special cup/spoon.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Has GERD (same as above) wears aFU's (weights)	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input 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 <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs full assistance in bathroom uses grab bar to pivot	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: "same as above"	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: staff observe to see if things need to be closer	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Remind her to be gentle if she tends to grab a little too strongly. Help her work through frustrations	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Make decisions, calm and quiet environment; around those who know her		
Important for: know her well and routines; staff help with transfers, appropriate boundaries		
Likes: Hugs, nails, outings, music		
Dislikes: Roaring charges, asparagus, loud noises, exercise, being ignored, bad weather		
Communication Style: Verbal, Handover hand assistance		
Learning Style: Hand over hand assistance		

Staff: Renee Schmidt
 Date: 8/16/23



Service Recipient: Sue Foss
 Service Span: July 23 July 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wrist weights small mother care spoon Puree food</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>AFB's small thick lt Gerd eat & drink slowly</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input 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*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assist Grab Bar Pivot transfer bar</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Grab Bar to Pivot</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>objects in visual range</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Physical aggression verbal aggression</u>	<u>reminders of genital hands</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO</u>	
Important to: <u>make choice/disorders calm environment</u>		<u>follow routine Repeat changes</u>
Important for: <u>staff know well Respect routine Staff assist her w/ wheelchair transfers</u>		
Likes: <u>crafts nails beauty shopping hair walk friend movies music</u>		
Dislikes: <u>change of routine, asparagus yelling exercises dentist/doc</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal hand over hand assistance</u>		

Staff: Pam Davis



Service Recipient: Sue Foss

Date: 8/16/23

Service Span: July 23 - July 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sue food pureed, staff mother care spoons Spouted cup, verbal reminders Wrist weights	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Gerd- verbal reminder to eat slowly, spouted cup, drinks thick with tucklet She wears AFOS	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <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>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sue requires full assistance uses the grab bar to pivot on/off	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses grab bar to pivot/or gate belt.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: staff will observe for signs of assist/visual range.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: physical aggression, reminder to have gentle hands. verbal emotional aggression - staff assistance to remind/talk to assist.	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: own decisions, calm environment, follow routine, prepared for changes in her routine		
Important for: staff know her well, own decision/choices throughout the day, appropriate boundaries with others		
Likes: hair and nails done; music, outings, family, looking put together.		
Dislikes: asparagus, loud environment, not listening, Doctor/dentist exercise		
Communication Style: verbal		
Learning Style: verbal, hand over hand assistance		

Staff:

Dorey Snyder

PAI

Service Recipient:

Sue Foss

Date:

8-16-03

Service Span:

7/03 - 7/04

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wrist weights, mother's spoon, Pursee	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: AFOS GERD - eat slowly think it drinks	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes NA	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assist, grab bar-pivot, transfer	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Grab bar to pivot	
Community Support: <input checked="" 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	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: objects in visual range	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: aggression conduct - staff reminds "gentle hands" Verbal ^{aggression} what is bothering her & work thru	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO	
Important to: choices, decisions, calm environment, follow routines, prepare for changes		
Important for: staff know her, respect routines, choices, able to talk thru frustration		
Likes: hair & nails done, walks, shopping, music, outside, family		
Dislikes: asparagus, spinach, loud people, exercise, bad weather		
Communication Style: Verbal		
Learning Style: verbal explanations, hand over hand assistance		

Staff: John Gebhardt



Service Recipient: Sue Foss

Date: 8-16-23

Service Span: Aug 2023 - Aug 2024
July July

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sue's food must be purred, Eat slowly small amounts, wrist weights, small spoon, sippy cup to drink Thickened drinks. Spoon.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Has Gerd. Remind her to eat very slowly. Use spout cup. Wears AFOS	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes NA	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>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: she requires full help in the bathroom. Uses the Grab bars for support.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses wheel chair. Grab bars.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff to remind Sue, (Any changes)	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staff remind her to be gentle when grabbing other people.	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time.	
Important to: Her own choices, calm environment, Quiet. Follow her routines. Maintaining Boundaries		
Important for: That staff know her well and assist her with wheel chair transfers.		
Likes: Walks, - Games, outings, family, Her brother		
Dislikes: Asparagus, Spinach, Loud Places, Routine changes, Bad Weather		
Communication Style: Verbal		
Learning Style: Verbal explanations. Hand over hand Assist.		

Staff: Sandy
 Date: 8/16/23



Service Recipient: Sue Foss
 Service Span: 8-23-8-24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: arrives puree - staff - slow small bites - uses small spooned cup to prevent overeating. - weights for her arms/wrist. Gerd - drinks thickend. wears #70's	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Gerd. Chronic. recently removed.	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <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 *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: requires full assistance in bath room. uses grab bar to pivot to get on + off toilet.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses grab bar to pivot - Gait belt when needed	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: observe staff will give sue things she needs closer to her in visual range.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: physical aggression. staff remind her to have gentle hands. verbal emotional aggression. staff will help her work thru her aggression.	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: - make an decisions. calm, quiet environment. can follow routine + prepared for changes in routine.		
Important for: - staff know her well + respect her routines. make an choices throughout the day.		
Likes: - getting her hair. + nails done. walks. coffee. family. brother Dan to look nice + put together.		
Dislikes: - Asparagus sprich. loud environment. when people don't listen to her. changes in routine.		
Communication Style: - Verbal.		
Learning Style: - Best verbal. hand over hand assistance.		

Staff: Cindy B

Date: 8.16.23



Service Recipient: Sue P

Service Span: 7/23/23 - 7/24/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>thick in drinks</i> Verbal reminders to eat/drink slowly - milk w spoon Meats from home, puree food, sippy cups, use pt's name	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: GERD - (see above) wears AFO's	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: w/ 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*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assist - pivot w/ grab bar for toilet	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Grab bar, pivot, gait belt	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Glasses - may need help w/ items brought closer to her for visual	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Physical aggressions - reminders "gentle hands" Verbal reminders - staff will talk w/ her to help.	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: Make own choices, calm environment, routines Pre plan her for change in routine		
Important for: Staff know her well, respect her choices & routines Staff assist w/ wheel chair, talk w/ staff, boundaries		
Likes: Hair/nails done, games, shopping, outings, coffee, family friends		
Dislikes: Loud people, exercise, bad weather, DR + Dentist, change routine		
Communication Style: Verbal		
Learning Style: Verbal instructions, had her hand		

Staff: Angela Danner



Service Recipient: Sue Foss

Date: 8/16/23

Service Span: 1/8/23 - 7/8/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: spouted cup Food pureed wrist weights Small spoon (mother care)	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: GERD - reminds to eat + drink slowly wears AFOs Uses Thicksits for drinks	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <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 *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: requires full assistance uses grab bar to pivot on + off toilet	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses grab bar to pivot	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: observe for signs that she needs things brought closer verbal or emotional aggression. Work through frustration	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: if grabbing forcefully remind sue to use gentle hands strong grip	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: make own choices, calm quiet env., around people she knows well, prepare for changes in routine		
Important for: Staff know her well, respect her routine, staff assist in wheelchair transfers, appropriate		
Likes: getting hair + nails done, outing, coffee, movies, looking nice		
Dislikes: asparagus, yelling, people not listening, friends absent or sick changes in routine		
Communication Style: verbal		
Learning Style: verbal explanation + hand over hand assistance		

Staff: Doua Yang
 Date: 8/16/23



Service Recipient: Sue Foss
 Service Span: 7/23 - 8/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food should arrived puree. verbal reminders to slow down / chew. mother care spoon, spouted cup; wrist weights.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>GERD. verbal reminders to drink slowly + eat chew food. Drinks are thickened + wears AFO's.</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input 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 <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance. she uses grab par to pivot on/off toilet.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Grab bar to pivot, gait belt.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>observe items to bring closer to sue. Report visual concerns / changes.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Grab another forcefully, redirect hand. staff reminder for gentle hand. Talk to sue what bothers her.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>make own choices / decisions, calm/quiet environment, follow routine / prepared for changes.</u>		
Important for: <u>staff know her well / respect routine, make ow choices / decisions, able to talk through frustration, maintain appropriate boundaries.</u>		
Likes: <u>hair / nail done, walk, shopping, coffee, brother dan, outings</u>		
Dislikes: <u>asparagus / spinach, loud environment, don't listen to her, dentist / doctor, friend / absent, take her things</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal explanation, hand over hand assistance</u>		

Staff: Daniel P
 Date: 8/16/23



Service Recipient: Sue F
 Service Span: 8/23 - 8/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food pureed. Verbal reminders to eat slowly. Uses spouted cup and mother care spoon. Weights on wrists	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: has send. Staff remind to eat and drink slowly. Drinks thickened. Wears AFO.	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Transfers and pivots using grab bar to sit on toilet	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Transfers by standing and pivoting	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: may need items brought closer to her for vision.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: physical aggression. Staff will remind her to use 'gentle hands' Verbal aggression if upset	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: making choices, calm environment. Can follow routine. Prepared if there are changes		
Important for: respecting routines, choices. Assistance with wheelchair transfers.		
Likes: hair and nails being done, walks, music, coffee, brother Dan		
Dislikes: Asperogus, Spinach, loud environment, bad weather, Dentist, changes in routine		
Communication Style: Verbal		
Learning Style: Verbal explanations and H.O.H. assistance		

Lead Review Completed: _____

Staff: Dennis Mone



Service Recipient: Sue Foss

Date: 8/16/23

Service Span: 7/23-7/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: NA	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Should arrive pre-eat. Drink a bit slowly. Uses small spoon and sponged cup (sippy cup) weights on wrist	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: 149 GERDs, use thickened and drinks, wear AFO's	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist with pivot transfer to hold bar and get on/off toilet	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt if necessary	
Community Support: <input checked="" 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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: If she needs them, staff will assist due to visual range	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Physical aggression. Staff remind Sue to use gentle hand, verbal emotional aggression	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: make own choices, calm quiet environment, follows routine, changes in routine		
Important for: staff respect her routines, make own choices & decisions throughout the day.		
Likes: hair nails done, walks, play games, outings, coffee, brother Dan		
Dislikes: asparagus, spinach, the doctor, dentist, sick friends, touch her stuff, change in her routine		
Communication Style: verbal		
Learning Style: need our help for explanation		

100

100

100

100

100

100

100

100

Staff: Jacqie Ahler



Service Recipient: Sue Foss

Date: ~~8-16-23~~ 8-16-23

Service Span: July 2023 - July 2024

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

<p>Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>List & Describe Supports:</p>	<p>Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small></p>
<p>Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>Describe Supports:</p>	
<p>Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Food needs to be pureed. She needs prompts to eat slowly and take small bites, she needs to use a spooned cup and special spoon, needs wrist weights.</p>	
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: GERD and staff need to remind her to eat slowly, use spooned cup, thickened drinks, wear aids.</p>	<p>DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small></p>
<p>Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: N/A</p>	<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></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: She needs full assistance. She uses grab bar to get on and off toilet by pivoting.</p>	
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Same as above Bart belt as needed</p>	
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs</p>	
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: Staff will observe her for signs she needs things brought into her visual range.</p>	
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Physical aggression at times. Staff will talk to her about being gentle. Verbal/emotional aggression – staff need to help her work through her feelings.</p>	
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>	
<p>Important to: Make own choices/decisions, calm/quiet environment, allow routines, prepared for changes in her routine</p>		
<p>Important for: Staff know her well and know her routines, staff assist her with wheelchair transfers, staff help her maintain appropriate boundaries.</p>		
<p>Likes: Getting hair/nails done, music, singing, coffee, lavender</p>		
<p>Dislikes: Asparagus, Spinach, loud environment, exercise, bad weather, dentist</p>		
<p>Communication Style: Verbal</p>		
<p>Learning Style: Verbal, hand over hand</p>		

Staff: Cindi Stucky
 Date: 8.16.23



Service Recipient: Jul Foss
 Service Span: ~~8/16-17~~ 23-24 July

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Her food should arrive @ PAI pureed. used a mother care spoon. Uses weights on arms. Spooned cup</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Card - staff reminds her to eat + drink slowly to prevent choking uses thickener + wears AFOs</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>NO</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full ass. in bathrm - uses grab bar to pivot</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses grab bar to pivot / gate belt</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>observe she may need things brought closer.</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Remind her to use gentle hands (grabbing others forcefully). verbal-emotional aggression.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Choices /decisions calm & quiet environment, ppl who know her well, routine, changes in routine</u>		
Important for: <u>Respect her routines, choices/decisions, wheel chair transfers. Talk through frustrations</u>		
Likes: <u>Hair, nails, walks, games friends, outside etc.</u>		
Dislikes: <u>asparagus, vell, dont listen to her spinach, xercise, friends are sick</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal, hand over hand ass.</u>		

Staff: Donna Storm



Service Recipient: Sw Foss

Date: 9-27-23

Service Span: July 23-24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Arrived to PAI Pureed. Verbal reminders to eat/drink slowly and chew food. uses a small (mother care) spoon to take small bites spooned cup to drink.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Gerd thick it DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assist in Bathroom. use the grab bar/pivot to get on/off
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ↑ gait belt when transferring in/out <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: observe for signs she may need Items brought closer
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Grabbing another forcefully, Staff will remind her to have gentle hand, verbal ask what may be bothering her to help her work through her frustration
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ø
Important to: Choices/decisions Know her well Calm/quiet environment around people that know her well Routines prepare her for changes in her routine	
Important for: Staff know her well and respect her routines Choices/decisions staff assist, wheel chair/transfers able to talk through her frustrations maintain appropriate boundaries with others	
Likes: Getting hair/nails done walks playing games shopping. Friends music singing movies joke around outings being outside coffee Family	
Dislikes: Asparagus spinach yelling (loud environment) exercise when people don't listen to her Inelement weather Dry/Dentist friends absent/sick	
Communication Style: Verbal	
Learning Style: Verbal explanations hand over hand assist	



Staff: Jaime Meyer



Service Recipient: Sue Foss

Date: 10-5-23

Service Span: 7-23/7-24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food should arrive pureed. Staff reminders to eat & drink slow, chew food, use a smaller spoon & spouted cup.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>wears AFO's, Gerd - reminders to eat & drink slow, uses a smaller spoon & spouted cup to prevent choking episodes. Also uses Thick it in liquids.</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: See	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance in bathroom, uses grab bar/pivot to get on/off toilet.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>when transferring to/from wheelchair, staff will hold onto her arm. Use gait belt if unsteady</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Observe for signs that she needs items brought closer. Report any vision changes to house staff.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>If she is grabbing forcefully, remind her to have gentle hands. Staff will talk to her about what's bothering her.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>make choices, calm, quiet environment, follow routines, being prepared for changes in routine</u>		
Important for: <u>staff know her well & respect routines, make choices, staff assist with wheelchair transfers</u>		
Likes: <u>hair & nails done, walks, playing games, shopping, music, singing, movies</u>		
Dislikes: <u>Asparagus, spinach, people yelling, exercise, bad weather, changes in routine.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal & hand over hand</u>		

Staff: DAENATA PANSON



Service Recipient: SUE FOSS

Date: 10/11/23

Service Span: July 23 - July 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
---	--------------------------------------	--

Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
--	---------------------------

Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sue's food should arrive at PAI pureed. Verbal reminders to eat and drinks slowly.
--	---

Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Gerd - staff verbally reminds sue to eat slowly and to chew her food.	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>(*Located in main file, share with EMT in emergency*)</small>
--	---	---

Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	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>
--	----------------------------------	---

Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sue uses the grab bar/pivot to get on/off the toilet. Sue require Full assistance in the bathroom.
---	---

Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: when transferring in/out of her wheelchair, staff will stand next to sue and will hold onto her arm.
---	---

Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
--	---------------------------	---

Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff will observe sue for signs that she may need items brought closer into her visual range. Staff will report any vision concerns or changes.
---	--

Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: IF sue is grabbing another forcefully, staff will remind her to have gentle hands help sue work through her: Frustration.
---	---

Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
--	---------------------------

Important to: her own choices/decisions, calm and quiet environment. Important to be around people she knows well she can follow her routine and has time to prepare for change.

Important for: It is important for sue that staff know her well and that staff respect her routine. Important that she makes her own choices and decisions.

Likes: getting her hair done, nails done, walks, playing games, shopping, friends, music, singing, movies, joking around, outings.

Dislikes: Asparagus, spinach, when people yell/loud environment, exercise, when people don't listen to her, inclement weather.

Communication Style: sue is verbal

Learning Style: and hand-over-hand assistance. Sue learns best through verbal explanations.

Staff: THYSE, BOYLANDS



Service Recipient: SUE FOSS

Date: 10/12/23

Service Span: JULY '23 - 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
---	---	---

Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: N/A
--	----------------------------------

Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: FOOD SHOULD ARRIVE PUREED. USES MOTHER CARE SPOON TO TAKE SMALLER BITES & A SPOONED CUP TO DRINK TO PREVENT CHOKING EPISODES/ASPIRATION
--	--

Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: GERD - provide prompts TO EAT/DRINK SLOWLY & CHEW FOOD. USES THICK IT IN LIQUIDS WEARS AFOS	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
--	---	--

Medication: <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 *A trained staff will administer meds per a signed dr. order*
--	----------------------------------	--

Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: REQUIRES FULL ASSISTANCE IN BATHROOM - USES GRAB BAR/PIVOT TO GET ON/OFF TOILET
---	--

Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: STAND NEXT TO & HOLD ARM DURING TRANSFER, USE GAIT BELT IF WEAK/UNSTEADY
--	---

Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
---	--

Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: OBSERVE SUE FOR SIGNS SHE MAY NEED ITEMS BROUGHT CLOSER TO VISUAL RANGE. REPORT VISUAL CONCERNS/CHANGES TO SUE'S RESIDENTIAL STAFF VIA PHONE CALL
---	---

Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: PHYSICAL AGGRESSION/CONDUCT - REMIND TO HAVE "GENTLE HANDS" IF GRABBING HARD, ENCOURAGE TO BE GENTLE. VERBAL/EMOTIONAL AGGRESSION - TALK THROUGH WHAT'S BUGGING HER
---	---

Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NONE
--	-----------------------------------

Important to: GETTING HAIR & NAILS DONE, WALKS, PLAYING GAMES, SHOPPING, MUSIC, FRIENDS, MOVIES, JOKING, OUTINGS, COFFEE STOPS

Important for: HELP ME REGULATE MY EMOTIONS HELP ME'S PROCESS ANXIETY, HELPING HER BE PATIENT, ALLOW FOR INDEPENDENCE

Likes: INDEPENDENCE, ROUTINE/SCHEDULES (NOT BEING LIMITED) BEING ABLE TO TALK THROUGH CHANGES IN ROUTINE

Dislikes: LOW ENGAGEMENT, EXERCISE, GOING TO DENTIST/DOCTOR, CHANGES IN ROUTINE

Communication Style: VERBAL

Learning Style: THROUGH VERBAL EXPLANATIONS & HAND-OVER-HAND ASSISTANCE

