



Competency Tracking Form

Participant: Deb Haworth

Annual Service Span: 10/2023 – 10/2024

Annual Meeting Date: 10/9/23

Date Assigned to Lead:

Competency Quiz Due for all Staff:

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

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

Date Completed	Initials	Full Name
	AA	Ann Alberg
	DB	Destiny Barnes
	AB	Austin Bofferding
	JB	Juan Bonilla
	JA	Jesse Haug
		Buddy Heino
	DS	Dolly Stein
	J	Justyn Kriel
	mm	Misty Moorman
	DN	Dawn Nelson
	CB	Cindy Brey (Float)
		Leslie Bludorn (Float)

Date Completed	Initials	Full Name
	mp	Monti Patrick
		Anneliese Robinson
		Amelia Stopher
	S	Shelley Stover
		Allie Sutherland
		Carla Sykes
	J	Jennifer Toro
		Soua Vang
	KW	Kaleea Whitelow
		Mindi Winczewski
	T	Todd Volk
	KB	Keyla Balmaceda

Date Uploaded to LMS: _____

Staff: Doreen Nelson
 Date: 10/26/23



Service Recipient: Debi H.
 Service Span: 10/23 - 10/24

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>Med</u>	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 type="checkbox"/> N/A	Describe Supports: <u>Point Med - Deb. takes medication to control if Deb were to have a seizure call 911</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, legally blind CP Deb might not notice obstacle staff will assist her</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>None @ PAI - If med. needed staff would administer</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>Deb is independent but does need staff to escort her into restroom.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind, wears AFD, uses walker, wears a gait belt staff will assist Deb during Ambulation staff will need to hold belt Deb is capable of standing up with out staff support has in getting up from a chair/talet. Deb can only walk short distances</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Deb knows some pedestrian rules due to Deb vision impairment she might have trouble following signs</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>Deb is legally blind she wears glasses might need staff to assist her around unfamiliar area or obstacles</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>Being independent and making decision for herself, family and music</u>		
Important for: <u>Having the physical supports she needs and maintains health</u>		
Likes: <u>using her tablet, working arts & crafts, bowling, visiting family/friends and exploring her community</u>		
Dislikes: <u>loud people who gossip, sitting too long and being told where to sit on the bus</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>verbal & demonstration</u>		

Staff: Dolly Stein
 Date: 11/22/23



Service Recipient: Deb Hawthorth
 Service Span: 10/23 - 10/24

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>mold</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>Petit mal - takes medication to control her seizures. Staff call 911 if onset of seizure.</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, legally blind, CP,</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>trained staff would administer</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent but staff escort to and from bathroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind, wears AFO's, uses a walker, wears gait belt. Staff assist her when she is walking.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>due to vision impairment, she might have trouble reading signs</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>wears glasses</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	

Unsupervised time while at PAI? No Yes

Important to: independence, choices, family, music

Important for: Having physical supports and maintaining good health.

Likes: tablet, arts & crafts, bowling, visiting Fam & friends, exploring her community

Dislikes: loud people, gossip, sitting too long, being told where to sit

Communication Style: verbal

Learning Style: verbal and demonstration

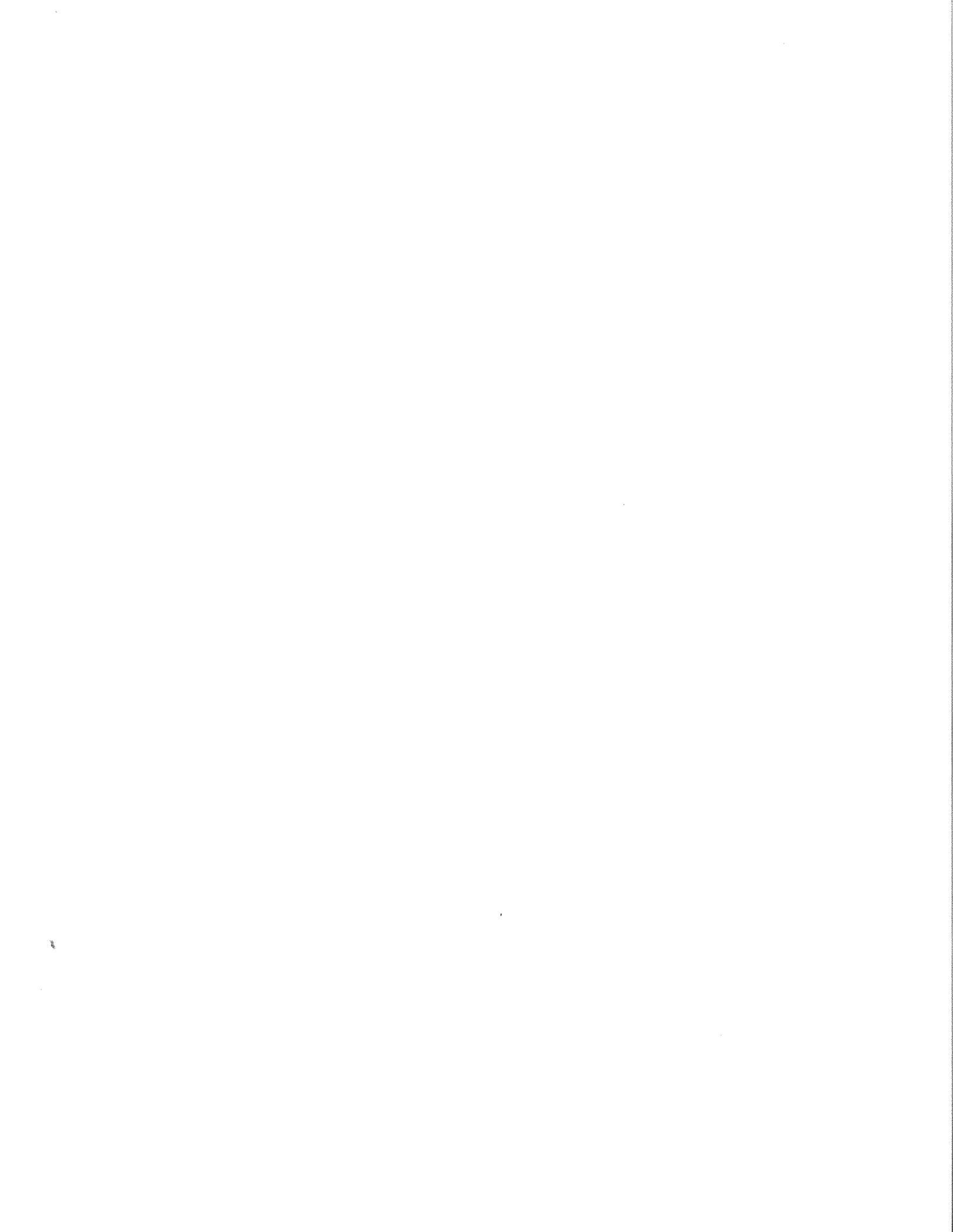
Staff: Kyla
 Date: 10-26-23



Service Recipient: Deb Hawthorth
 Service Span: 10/23/24

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: Mold	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: petit mal Deb takes medication to control if Deb were to have a seizure staff to call 911	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: sunlight sensitivity legally blind or Deb might not notice obstacle staff will assist her	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none at PAI if medication needed staff would administer Deb independent but does need staff to escort	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: her in to restroom legally blind and wear AFD and uses walker and wear a gait belt and wear staff support in getting up from chair or toilet. Deb can only walk short distances.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Deb knows some pedestrian rules due to her vision impairment she might have trouble following	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Deb is legally blind she wears signs glasses might need staff to assist her around unfamiliar are or obstacles	
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: being independent and making for herself Family and music		
Important for: Having the physical support she needs and maintains health		
Likes: using her tablet, working arts and craft bowling, visiting fam and friends and exploring		
Dislikes: new community loud people who gossip sitting to long and being told where to sit on the bus		
Communication Style: verbal		
Learning Style: verbal and demonstration		



Staff: Lois York
 Date: 10/26/23



Service Recipient: Deb Hawthorn
 Service Span: 10/23 - 10/24

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>Mold</u>	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 type="checkbox"/> N/A	Describe Supports: <u>Petit Mal Deb takes medication to control it Deb were to have a seizure staff to call 911</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, legally blind, Deb might not notice obstacle, staff will assist when</u>	DNR/DNR? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None at PAI if meds needed staff will administer</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>Deb independent but does need staff to escort her to restroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind + wear AFD + uses a walker + wear a seat belt + need order staff will assist Deb during Ambulation staff will need to hold belt. Deb is capable of standing up with staff support when getting up from chair or toilet. Deb can walk short distances</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Deb knows some pedestrian rules Deb's vision impairment she might need traffic following signs</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Deb is legally blind she wears glasses might need staff to assist her around unfamiliar area or obstacles</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>being independent and making decisions for herself, family + music</u>		
Important for: <u>having the physical supports she needs + maintains health</u>		
Likes: <u>using her tablet, watching arts + crafts, dancing, visiting family + friends + exploring communities</u>		
Dislikes: <u>loud people who gossip sitting too long + being told where to sit on the bus</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>verbal + demonstration</u>		

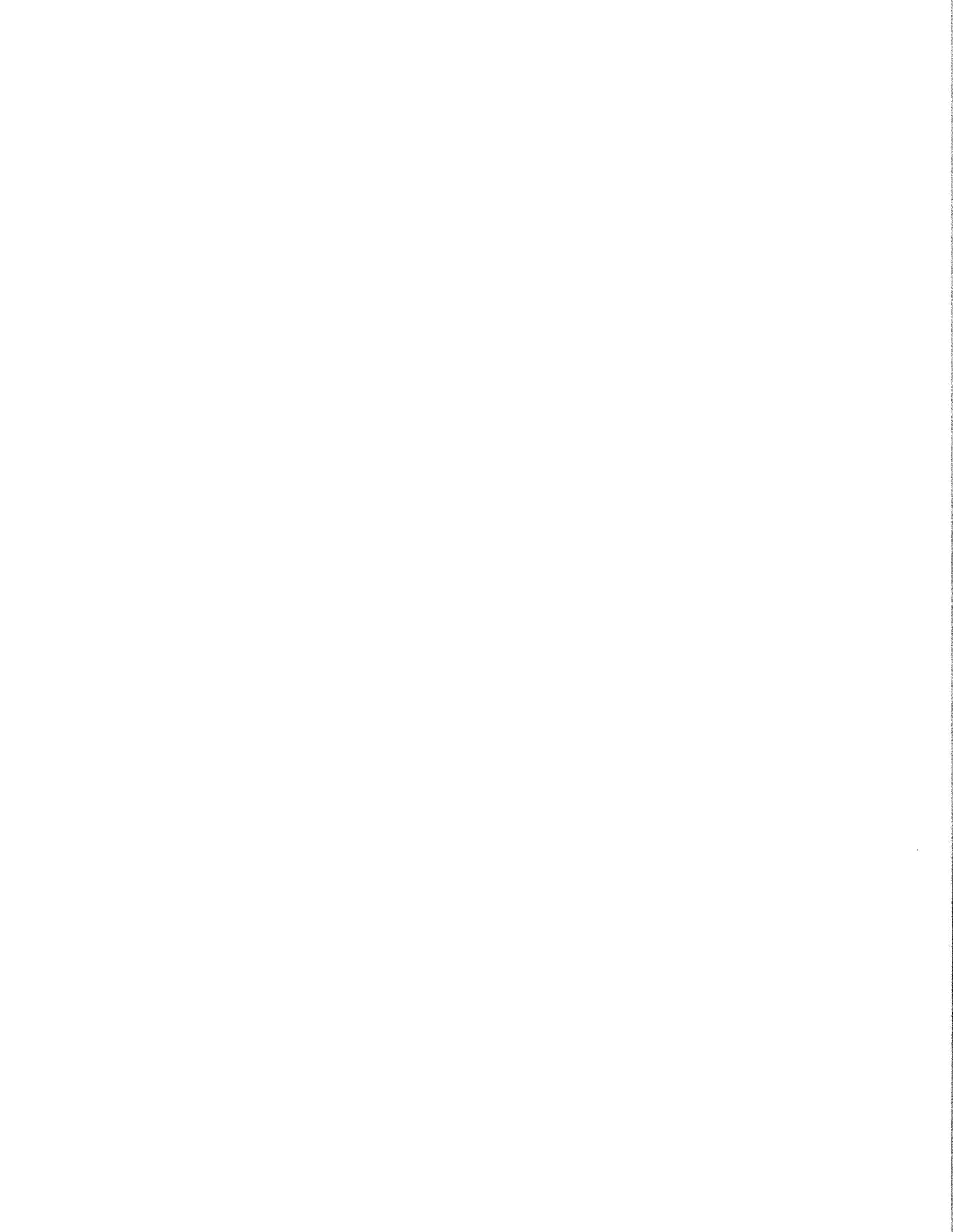
Staff: Salley Stow
 Date: 10/28/23



Service Recipient: Deb H.
 Service Span: 10/23 - 10/24

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>none</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>Petit Mal De takes meds to control - call 911 if she has one</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, legally blind, CP, might not notice obstacle - Staff will assist</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>independent but staff escorts her</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind, AFO, walker, gait belt - Staff assist while walking holding gait belt - walls start down</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>vision impairment -</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>legally blind, wears glasses:</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, make decisions for herself, play music</u>		
Important for: <u>has physical support, maintain health</u>		
Likes: <u>tablets, arts & craft, walking, bowling, playing & picking exploring her community</u>		
Dislikes: <u>loud people, gossip, sitting to long, but told where to sit on the bus</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal & demonstration</u>		



Staff: Jennifer Toro
 Date: 10/26/23

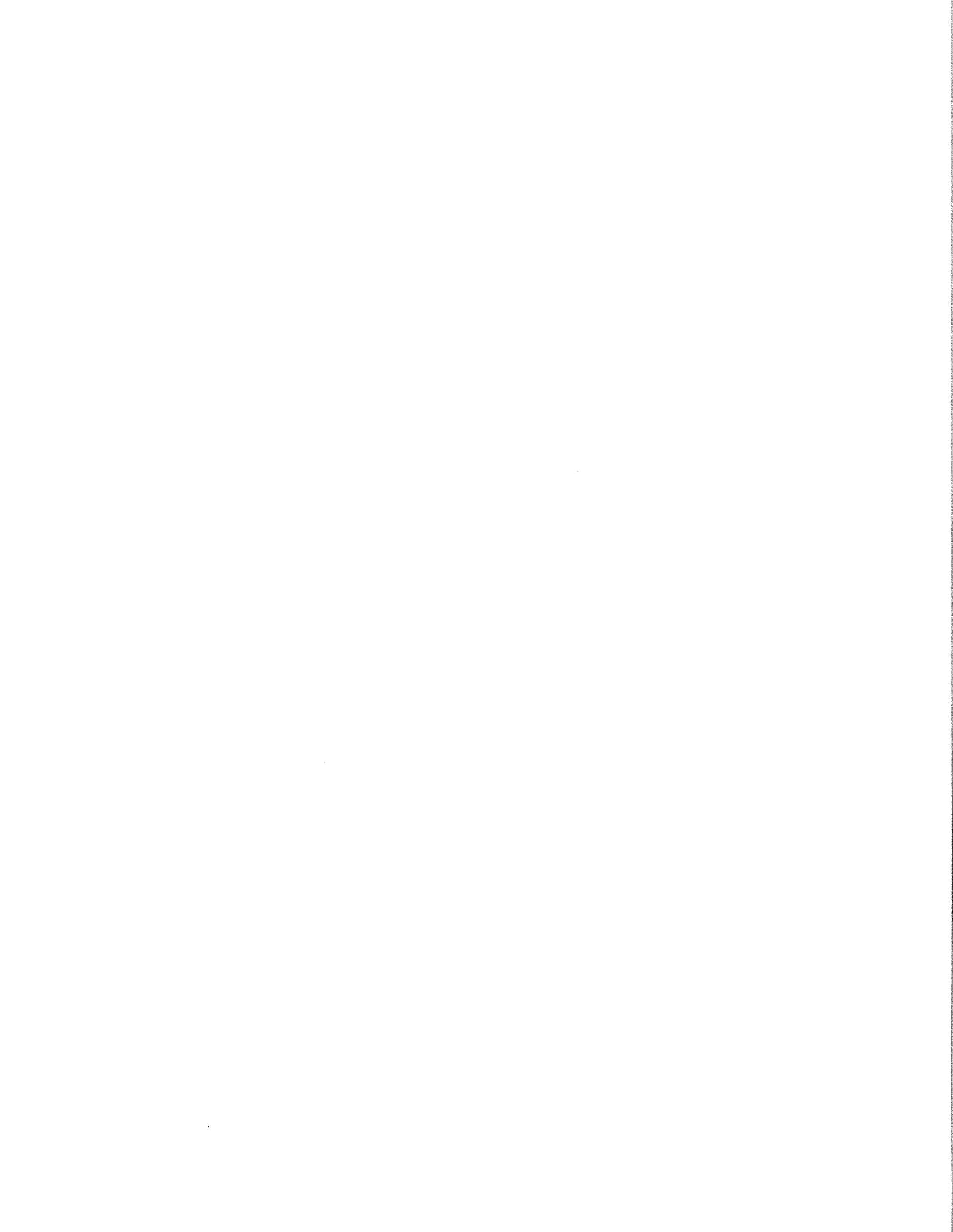


Service Recipient: Deb H
 Service Span: 10/23 - 10/24

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>mold</u>	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 type="checkbox"/> N/A	Describe Supports: <u>Petit Mal seizure call 911</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sunlight legally blind</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>escort to restroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind & AFO walker gaitbelt (hold while walking) walk short distance</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>know pedestrian rules need help with obstacles</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>legally blind glasses</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>ind + making decisions family music</u>		
Important for: <u>physical support she needs + health</u>		
Likes: <u>tablet, working, arts + crafts bowling, family, friends community</u>		
Dislikes: <u>local people who gossip, sitting too long, being told where to sit on bus</u>		
Communication Style: <u>Verb</u>		
Learning Style: <u>verb + demo</u>		

Lead Review Completed: PA



Staff: M. Patrick



Service Recipient: Deb Haworth

Date: 10/26/23

Service Span: 10/23-10/24

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: <p style="text-align: center;">Mold</p>	Medication Allergies? <input 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>Petit mal Deb takes medication to control if Deb were to have a seizure staff to call 911</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, legally blind CP, Deb might not notice obstacle staff will assist her</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 at PAI if medication needed staff would administer</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>Deb independent but does need staff to escort her in to restroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind and wear AFO and uses a walker and wear a seat belt a new order. staff will assist Deb during Ambulation staff will need to hold belt. Deb is capable of standing up with out staff</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Deb knows some pedestrian rules due to Deb vision impairment she might have trouble following signs</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Deb is legally blind she wear glasses might need staff to assist her around an familiar area or obstacles</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <p style="text-align: center;">N/A</p>	

Unsupervised time while at PAI? No Yes

Important to: Being independent and making decision for herself, family and music

Important for: Maintain the physical supports she needs and maintain health

Likes: using her tablet, working arts and crafts, bowling, visiting family and friends and exploring her community

Dislikes: loud people who gossip sitting to long and being told where to sit on the bus

Communication Style: verbal

Learning Style: verbal and demonstration

Lead Review Completed: AA

support has in getting up from a chair or toilet. Deb can only walk short distances

Staff: Destiny B.

Date: 10/24/23



Service Recipient: Deb H.

Service Span: 10/23 - 10/24

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>Mold</u> Medication Allergies? <input 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>Petit Mal, Deb takes meds to control. Call all if she has a seizure.</u>
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, legally blind, CP, staff assist w/ obstacles.</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 @ PAI - staff admin.</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>IND. Needs staff to escort.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind, wears AFO, uses a walker & gait belt. CAN STAND w/o support, CAN ONLY WALK short distances.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>VISION IMPAIRMENT, MIGHT HAVE trouble w/ SIGNS.</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>legally blind, glasses, staff assist w/ obstacles & unfamiliar area.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: <u>Independence, family, music.</u>	
Important for: <u>physical supports, health.</u>	
Likes: <u>Tablet, work, arts & crafts, bowling, family, friends, community.</u>	
Dislikes: <u>loud people, gossip, sitting too long, told where to sit on bus.</u>	
Communication Style: <u>verbal</u>	
Learning Style: <u>verbal & demo.</u>	

Staff: Justyn Leibel
 Date: 10/26/23



Service Recipient: Deb H.
 Service Span: 10/23-10/24

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>mold</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>Petit Mal - takes meds to control - call 911</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
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>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sunlight sensitivity, legally blind, may not notice obstacle</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>needs escort, otherwise independent</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind, AFO, Walker, gait belt. Walk w/ holding belt walks short distances</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may have trouble w/ signs</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>glasses, may need help w/ obstacles</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	

Unsupervised time while at PAI? No Yes

Important to: independence, decision making, family, music

Important for: physical supports + maintain health

Likes: tablet, work, art, bowling, family/friends, community

Dislikes: loud people, gossip, sitting too long,

Communication Style: verbal

Learning Style: verbal + demo

Staff: Misty McDorman
 Date: 10.26.23



Service Recipient: Deb Howard
 Service Span: 10/23/10:24

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>Mold</u>	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 type="checkbox"/> N/A	Describe Supports: <u>petit mal Deb takes meds to control if Deb has seizure call 911</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, legally blind cp</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>would need assist</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>need staff escort</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind and wears AFO and uses walker all times wears gait belt. assist w/ walking @</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wild have trouble following signs</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>legally blind wears glasses needs staff assist when walking</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>Being IND making decisions for herself, family, music</u>		
Important for: <u>Having the physical supports she needs and maintains health</u>		
Likes: <u>using tablet, working, arts, crafts, bowling</u>		
Dislikes: <u>loud people who gossip, sitting to long</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal, dem</u>		

Staff: Juan B
 Date: 10-26-23

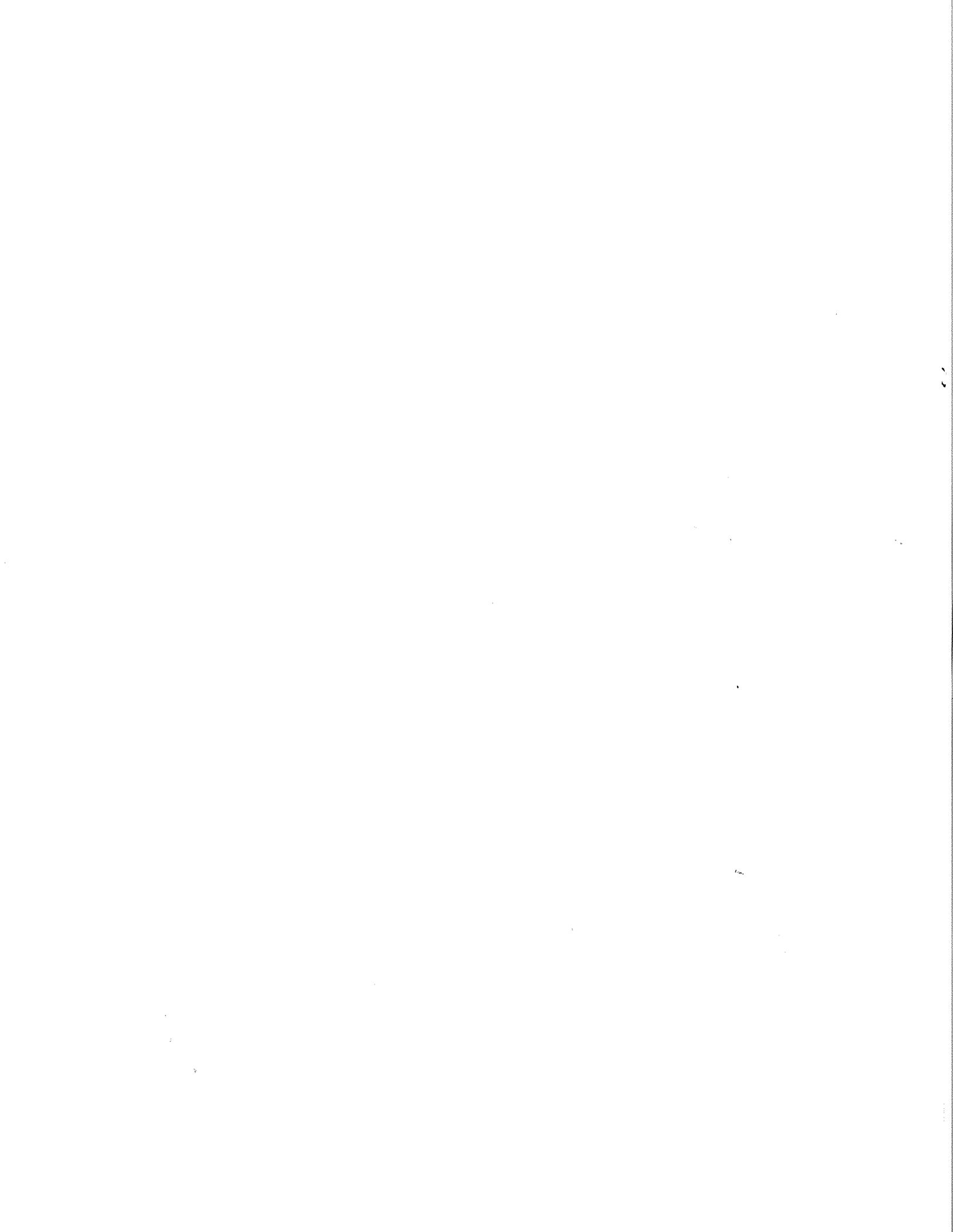


Service Recipient: Deji
 Service Span: 10/23/01/24

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>M dca</u>	Medication Allergies? <input 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 type="checkbox"/> N/A	Describe Supports: <u>Relies on staff to call 911 if seizure occurs. Staff will administer medication if needed.</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sight sensitive, needs blind person to assist her.</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>None at PAI, if meds needed staff would administer.</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>Person independent but does need staff to escort her to restroom.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Person is blind and needs staff assistance. Staff will assist with walking, transfers, and other mobility needs. Person can only walk with support.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Person needs some pedestrian assistance. Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs.</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Person is totally blind. She wears glasses around unfamiliar area obstacles.</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>Being independent & making decisions for herself, family & music.</u>	
Important for:	<u>Having the physical supports she needs to maintain health.</u>	
Likes:	<u>using her tablet, working arts & crafts, bowling with family & friends & especially community.</u>	
Dislikes:	<u>loud ppl who goes for smoke too long & being told where to sit on the bus.</u>	
Communication Style:	<u>verbal</u>	
Learning Style:	<u>verbal/demonstration</u>	

Lead Review Completed: AA



Staff: Jesse Haug
 Date: 10-26-23



Service Recipient: Deb Haworth
 Service Span: 10/23-10/24

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>Mold</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>Petit Mal, Deb takes medication to control it Deb were to have a seizure staff to call 911</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: (Empty)	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sunlight sensitivity, legally blind CP might not notice obstacle = staff assist</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 @ PAI / would need assist</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>independent, but needs staff to escort her to the restroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind & wear AFD & uses a walker / gate Dely staff assist during ambulation / hold bolt. can stand up w/o assist. can only walk short distances</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>knows some pedestrian rules, due to vision impairment she might have trouble following signs</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>legally blind, wears glasses, might need staff to assist in unfamiliar areas or obstacles</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>Being independent, making decisions for herself, family, music</u>		
Important for: <u>having physical supports to maintain health</u>		
Likes: <u>using her tablet, working, arts/crafts, bowling, visit fam/friends exploring her com.</u>		
Dislikes: <u>loud people gossip sitting too long / being told where to sit on bus</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal demonstration</u>		

Lead Review Completed: AN

Staff: Austin Bollerding
 Date: 10/26/23



Service Recipient: Deb Hewarth
 Service Span: 10/23 - 10/24

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>Mold.</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>Pett Med - takes med to control if Deb were to have a seizure, staff to call 911.</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, legally blind, cf. might not notice obstacle staff will assist her.</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 @ PAI - staff administer.</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Escort but independent.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Legally blind and wear AFO, uses a walker and wear a gait belt. Staff walk w/ Deb and hold belt, can stand on her own. Only walk short distances.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Knows some road rules, due to impairment might have trouble w/ signs.</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>Deb is legally blind, she wears glasses and might need staff to assist her around unfamiliar area or obstacles.</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>Being independent and making decision for herself, family and music.</u>		
Important for: <u>Having physical support and maintain health.</u>		
Likes: <u>Her tablet, working, arts and crafts, building, visiting family and friends and exploring her community.</u>		
Dislikes: <u>loud people who gossip, sitting too long and being told where to sit on the bus.</u>		
Communication Style: <u>verbal.</u>		
Learning Style: <u>verbal and demonstration.</u>		

Staff: Dolly Stern



Service Recipient: Deb Haworth

Date: 10/26/23

Service Span: 10/23-10/24

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>Mold</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>Petit Mal Deb takes meds for seizures</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, Blind, CP,</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>NOT a PAI</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent, staff walk with her</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Blind, wears AFO's, uses walker, gait belt. Staff assist her when walking, walks short distances</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff stay with her 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 type="checkbox"/> N/A	List & Describe Supports: <u>legally blind, wears glasses, may need assistance in unfamiliar areas</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	

Unsupervised time while at PAI? No Yes

Important to: Independence, making decisions, family, music

Important for: Having supports physically to get around

Likes: tablets, arts & crafts, bowling, visiting fam

Dislikes: loud people, gossip, being told where to sit

Communication Style: verbal

Learning Style: verbal & demonstration

Lead Review Completed: AS

Staff: Sova Nang
 Date: 10/30/23



Service Recipient: Deb H.
 Service Span: Oct 23/Oct 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>Mold</u>	Medication Allergies? <input 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>petit mal - controlled by meds. call 911 if Deb has a seizure.</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sunlight sensitivity, legally blind, CP, may not notice obstacle - staff assist.</u>	<input checked="" type="checkbox"/> NR/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>staff escort but Deb can IND use + wipe in BR.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind, wears AFOs, uses walker + gait belt. staff assist w/ ambulation + can walk short distances. Take breaks as needed.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>knows some pedestrian rules, but due to vision impairment may not be able to follow signs.</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>glasses - can IND clean + ask for help as needed. staff may assist when navigating around obstacles.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	

Unsupervised time while at PAI? No Yes

Important to:

Being IND, making decisions for herself, family, music.

Important for:

Having physical supports to maintain health.

Likes:

visiting family + friends.

Tablet, working, arts + crafts, bowling, exploring community,

Dislikes:

being told where

loud people, gossip, sitting for long periods of time, to sit on bus.

Communication Style:

verbal

Learning Style:

visual demonstration + verbal instructions.

Staff: Kaleea Whitlow



Service Recipient: Deb Haworth

Date: 10-26-23

Service Span: 10/23 - 10/24

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>Mold</u>	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
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Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Petit mal @ Deb were to have a seizure staff to call 911</u>
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Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
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Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, legally blind CP. Deb might not notice obstacle staff will assist her</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
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Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none at PAI, if medication needed staff would administer</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
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Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Deb independent but does need staff to escort her into the restroom.</u>
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Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind and wear AFO and uses a walker and wear a gait belt a new order, staff will assist deb during Ambulation staff will need to hold belt. Deb is capable of standing up with out Staff Support has in getting up from a chair or toilet.</u>
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Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Deb knows some pedestrian rules due to deb vision impairment, she might have trouble following signs.</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
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Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Deb knows some pedestrian</u>
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Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
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Unsupervised time while at PAI? No Yes

Important to: Being Independent and making decision for herself; family and music

Important for: Having the physical supports she needs and maintains health

Likes: Using her tablet, working arts and crafts, bowling, visiting family and friends and exploring her community.

Dislikes: loud people, people who gossip, sitting to long, being told where to sit on the bus.

Communication Style: Verbal

Learning Style: Verbal and demonstration

Staff: _____

Date: _____



Service Recipient: _Deb Haworth_

Service Span: 10/23 10/24

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>Mold</p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>Describe Supports: Petit Mal Deb takes medication to control if Deb were to have a seizure staff to to call 911</p>
<p>Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: Sunlight sensitivity , legally blind CP Deb might not notice obstacle staff will assist her DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <p style="text-align: right;">*Located in main file, share with EMT in emergency*</p> </p>
<p>Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: None at PAI If medication needed staff would administer Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <p style="text-align: right;">*A trained staff will administer meds per a signed dr. order*</p> </p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Deb independent but does need staff to escort her in to restroom</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: legally blind and wear AFO and uses a walker and wear a gait belt anew order Staff will assist Deb during Ambulation staff will need to hold belt .Deb is capable of standing up with out staff support has in getting up from a chair or toilet. Deb can only walk short distance's s</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Deb knows some pedestrian rule s due to Deb vision impairment she might have trouble following signs <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, <p style="text-align: right;">provide transportation in the community, & provide supervision to meet health & safety needs</p> </p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: Deb is legally blind she wear glasses might need staff to assist her around unfamiliar area or obstacles</p>
<p>Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports NA</p>

Staff: _____

Date: _____



Service Recipient: _Deb Haworth__

Service Span: 10/23 10/24

Unsupervised time while at PAI? No Yes

Important to: Being independent and making decision for herself, family and music.

Important for: Having the physical supports she needs and maintains health

Likes: using her tablet, working arts and crafts ,bowling , visiting family and friends and exploring her community.

Dislikes: loud people who gossip sitting to long and being told where to sit on the bus.

Communication Style: verbal

Learning Style: verbal and demonstration.

Staff: Amalby
 Date: _____



Service Recipient: _Deb Haworth_
 Service Span: 10/23 10/24

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	Mold
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Petit Mal Deb takes medication to control if Deb were to have a seizure staff to to call 911
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Sunlight sensitivity , legally blind CP Deb might not notice obstacle staff will assist her <input type="checkbox"/> Yes DNR/DNI? <input checked="" type="checkbox"/> No *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None at PAI If medication needed staff would administer 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: Deb independent but does need staff to escort her in to restroom
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: legally blind and wear AFO and uses a walker and wear a gait belt anew order Staff will assist Deb during Ambulation staff will need to hold belt .Deb is capable of standing up with out staff support has in getting up from a chair or toilet. Deb can only walk short distance's s
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Deb knows some pedestrian rule s due to Deb vision impairment she might have trouble following signs pedestrian & stranger safety, <input checked="" type="checkbox"/> Staff will model 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: Deb is legally blind she wear glasses might need staff to assist her around unfamiliar area or obstacles
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports NA

AA

Staff: _____

Date: _____



Service Recipient: _Deb Haworth__

Service Span: 10/23 10/24

Unsupervised time while at PAI? No Yes

Important to: Being independent and making decision for herself, family and music.

Important for: Having the physical supports she needs and maintains health

Likes: using her tablet, working arts and crafts ,bowling , visiting family and friends and exploring her community.

Dislikes: loud people who gossip sitting to long and being told where to sit on the bus.

Communication Style: verbal

Learning Style: verbal and demonstration.

Staff: Mandi W
 Date: 2-12-



Service Recipient: Deb Haworth
 Service Span: 10-23 / 10-24

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>Mold</u>	Medication Allergies? <input 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 type="checkbox"/> N/A	Describe Supports: <u>follow protocol, call 911</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, legally blind</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>would need help</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 escort</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>legally blind, AFO, walker, Gait belt</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>knows some pedestrian rules, might have trouble following signs</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>legally blind, glasses, assist around unfamiliar area</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, making decisions for herself, family, music</u>		
Important for: <u>physical supports, maintain health</u>		
Likes: <u>tablet, arts and crafts, bowling, family/friends</u>		
Dislikes: <u>loud people, gossip, being told where to sit on the bus</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Verbal demonstration</u>		

Staff: _____

Date: _____



Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Andy B
 Date: 4/16/24



Service Recipient: Deb H.
 Service Span: 10/23-10/24

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>None</u>	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 type="checkbox"/> N/A	Describe Supports: <u>petit mal - takes meds to control call 911</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sunlight sensitivity, legally blind CP</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>and, but staff will escort to restroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wears AFO, legally blind, walker, fall belt Staff assist 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>Glasses</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	

Unsupervised time while at PAI? No Yes

Important to:

Independence, choices, family, music

Important for:

Physical supports, maintaining good health

Likes:

Tablet, Art & Crafts, family & friend time

Dislikes:

Loud people, gossip, sitting too long, told where to sit

Communication Style:

Visual

Learning Style:

Verbal & demo



Competency Tracking Form

Participant: Paul Shaw

Annual Service Span: 9/2023 – 9/2024

Annual Meeting Date: 9/27/23

Date Assigned to Lead:

Competency Quiz Due for all Staff:

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

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

Date Completed	Initials	Full Name
	MA	Ann Alberg
	DB	Destiny Barnes
	AB	Austin Bofferding
	JB	Juan Bonilla
	JH	Jesse Haug
		Buddy Heine
	DS	Dolly Stein
	JK	Justyn Kriel
	MM	Misty Moorman
	DN	Dawn Nelson
	CB	Cindy Brey (Float)
		Leslie Bludorn (Float)

Date Completed	Initials	Full Name
	mp	Monti Patrick
		Anneliese Robinson
		Amelia Stopher
	SS	Shelley Stover
		Allie Sutherland
		Carla Sykes
	JT	Jennifer Toro
		Soua Vang
	KW	Kaleea Whitelow
		Mindi Winczewski
	TV	Todd Volk
	KB	Keyla Balmaceda

Date Uploaded to LMS: _____

Staff: _____

Date: _____



Service Recipient: Paul Shaw

Service Span: 9/23 9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: _____ Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: _____
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: _____ DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Would need staff to administer Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independent
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Paul knows some pedestrian safety ,but is trusting and may need help to determine who is safe and who is not . Staff will be present in the community. <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: Paul has moderate high frequency hearing loss He wears glasses and is able to care for them independently
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	

AA

Staff: _____

Date: _____



Service Recipient: Paul Shaw

Service Span: 9/23 9/24

Important to: Helping around the house ,living with foster parents, going shopping and working

Important for:having opportunities to try new and more complex jobs and having opportunities to incorporate in to his community.

LikesHelping around the house ,living with foster parent,npop,snacks work, and country music, drawing and coloring

Dislikes: Chow mien, doing cards on the work floor when people pass away and when people will not leave him alone.

Communication Style: verbal

Learning Style:verbal and demonstration

Staff: Shelley Stover
 Date: 10/20/23



Service Recipient: Paul Shaw
 Service Span: 9/23-9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>instructing</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>high frequency hearing loss, wear glasses</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>helping around the home, living w/ foster parent, going shopping & working</u>		
Important for: <u>having opp. to try new & complex jobs, community</u>		
Likes: <u>helping around the home, living w/ foster parent, pop'n snacks, work, country music, drawing & coloring</u>		
Dislikes: <u>chow men, doing cards, on the walk floor, when people pass by & when people will not leave him alone.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal & demonstrative</u>		

Lead Review Completed: NA

Staff: Ann Alby
 Date: _____



Service Recipient: Paul Shaw
 Service Span: 9/23 9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports : Would need staff to administer Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independent	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Paul knows some pedestrian safety ,but is trusting and may need help to determine who is safe and who is not . Staff will be present in the community. <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: Paul has moderate high frequency hearing loss He wears glasses and is able to care for them independently	
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		

. AA

Staff: _____

Date: _____



Service Recipient: Paul Shaw

Service Span: 9/23 9/24

Important to: Helping around the house ,living with foster parents, going shopping and working

Important for:having opportunities to try new and more complex jobs and having opportunities to incorporate in to his community.

LikesHelping around the house ,living with foster parent,npop,snacks work, and country music, drawing and coloring

Dislikes: Chow mien, doing cards on the work floor when people pass away and when people will not leave him alone.

Communication Style: verbal

Learning Style:verbal and demonstration

Staff: Cindy D

Date: 4.16.24



Service Recipient: Paul S.

Service Span: 9/23 - 9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Ind.</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Moderate high frequency hearing loss - wears glasses - cares indep.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	

Unsupervised time while at PAI? No Yes

Important to:

Helping around the house, working, with family

Important for:

Opportunities ~~opportunities~~ to try new things: try complex jobs, community drawing

Likes:

Helping around the house, with family, Country music

Dislikes:

cards on work tour, people bothering him, someone passes away

Communication Style:

Verbal

Learning Style:

Verbal + demo

Staff: Dolly Stein

Date: 10/30/23



Service Recipient: Paul Shaw

Service Span: 9/23 - 9/24

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*
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Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
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Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
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Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
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Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Would need staff to administer</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*
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Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>
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Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
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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
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Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Moderate high frequency hearing loss. wears glasses</u>
---	---

Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
--	---

Unsupervised time while at PAI? No Yes

Important to: helping around the house, living w/ foster parents, shopping, working

Important for: opportunities to try new things and more complex jobs, opportunities to incorporate in his community.

Likes: helping around the house, pop, snacks, work, country music, drawing, coloring

Dislikes: chow mien, doing cards on the work floor when people pass away and when others won't leave him alone

Communication Style: verbal

Learning Style: verbal and demonstration

Staff: Sava Vang
 Date: 10/30/23



Service Recipient: Paul S.
 Service Span: Sept 23 | Sept 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: IND.	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>very trusting + can't tell who to trust or not, knows some pedestrian rules.</i>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>glasses - handles IND, moderate high frequency hearing loss.</i>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to:		
<i>helping around the house, living w/ foster parents, shopping & working into his community</i>		
Important for:		
<i>opportunities to try new/complex jobs, opportunities to incorporate</i>		
Likes:		
<i>pop, snacks, work, country music, drawing, coloring, help in house</i>		
Dislikes:		
<i>chew mein, cards when people pass, when people don't leave him alone.</i>		
Communication Style:		
<i>verbal</i>		
Learning Style:		
<i>verbal instructions + visual demonstrations.</i>		

Staff: Down Nelson



Service Recipient: Paul Shaw

Date: 10/26/23

Service Span: 9/23-9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>would need staff to administer</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Paul knows some pedestrian safety, but is trusting and may need help to determine what's safe & who's not staff will be present 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Paul has moderate high frequency hearing loss. He wears glasses and is able to care for them independently</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>Helping around the house, living w/ foster parents, going shopping and shopping</u>		
Important for: <u>Helping around the house, having opportunities to try new and more complex jobs, having opp. to incorporate in his community</u>		
Likes: <u>Helping around the house, living w/ foster parents, Pop, snacks, work and country music, drawing coloring</u>		
Dislikes: <u>Chow mein, doing cards on the work floor when people pass away and people that won't leave him alone</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal & demonstration</u>		



Staff: Keyla B

Date: 10-26-23



Service Recipient: Paul Shaw

Service Span: 9/23 - 9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>would need staff to administer</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 checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Paul knows some pedestrian safety, but is trusting and may need help determining who is safe and present in community.</u>	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Paul has moderate high frequency hearing loss He wears glasses and is able to care for them independently</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>Helping around the houses living w/ Foster parents going shopping and working</u>		
Important for: <u>having opportunities to try new and more complex jobs and having opportunities to incorporate in to his community</u>		
Likes: <u>helping around the house, living w/ Foster parent, pop, snack, work, country music drawing and coloring</u>		
Dislikes: <u>chow mien, doing cards on work floor when people pass away and when people will not leave his alone.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal and demonstration</u>		

Lead Review Completed: AA

Staff: Todd Vog
 Date: 10/20/23



Service Recipient: Paul Snow
 Service Span: 9/23-9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Would need staff to administer</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Paul knows some pedestrian safety but trusting and may need help to determine who is safe and who is not. Staff will be present in the 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Paul has moderate high freq hearing loss. He wears glasses and is able to care for them independently.</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>helping @ the house, living with foster parents, going shopping and working</u>		
Important for: <u>having opport. to try new and more complex jobs and having opport. to incorporate in to her community</u>		
Likes: <u>helping around the house, living with foster parent, using, snacks work, and country music, drawing + coloring</u>		
Dislikes: <u>crow mess, doing cards on the work floor when people piss away and when people will not leave him alone</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Verbal + demonstration</u>		

Staff: Kaleea Whitelow



Service Recipient: Paul Shaw

Date: 10-26-23

Service Span: 9/23 - 2/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <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>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>would need staff to administer</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Paul knows some pedestrian safety, but is trusting and may need help to determine who is safe and who is not. Staff will be present in the community.</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Paul has moderate high frequency hearing loss. He wears glasses and is able to care for them independently.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	

Unsupervised time while at PAI? No Yes

Important to: Helping around the house, living with foster parents, going shopping and working.

Important for: Having opportunities to try new and more complex jobs and having opportunities to incorporate in to his community.

Likes: Helping around the house, living with foster parent, no pop, snacks, work, and country music, drawing and coloring.

Dislikes: Chow mien, doing cards on the work floor, when people pass away and when people will not leave him alone.

Communication Style: Verbal

Learning Style: verbal / demonstration

Staff: Jenni Spector
 Date: 8/26/23



Service Recipient: Paul Shaw
 Service Span: 9/23 - 9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>ind</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>trusting</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>hearing loss, glasses (ind)</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>help around the house, living with foster parents, shopping, working</u>		
Important for: <u>try new opp & more complex PAS, opp comm</u>		
Likes: <u>helping around house, living foster parents, npop, snacks, work, country music</u>		
Dislikes: <u>crowd main, cards, people passed away, people not leaving him alone</u>		
Communication Style: <u>verb</u>		
Learning Style: <u>verb demo</u>		

Lead Review Completed: NA

Staff: M. Patrick

Date: 10/24/23



Service Recipient: Paul Shaw

Service Span: 9/23-9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>would need staff to administer</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>#ND</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Paul knows some pedestrian safety but is trusting and may need help to determine who is safe and who is not. Staff will be present in the community/</u>	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Paul has moderate high frequency hearing loss. He wears glasses and is able to care for them independently</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>Helping around the house, living with foster parents, going shopping and working</u>		
Important for: <u>having opportunities to try new and more complex jobs and having opportunities to incorporate into his community</u>		
Likes: <u>Helping around the house, living with foster parent, in pop, snacks, work and country music drawings and coloring</u>		
Dislikes: <u>Chow mein, doing cards on the work floor when people pass away and when people will not leave him alone</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal and demonstration</u>		

Lead Review Completed: AA

Staff: Destiny B
 Date: 10/23/24

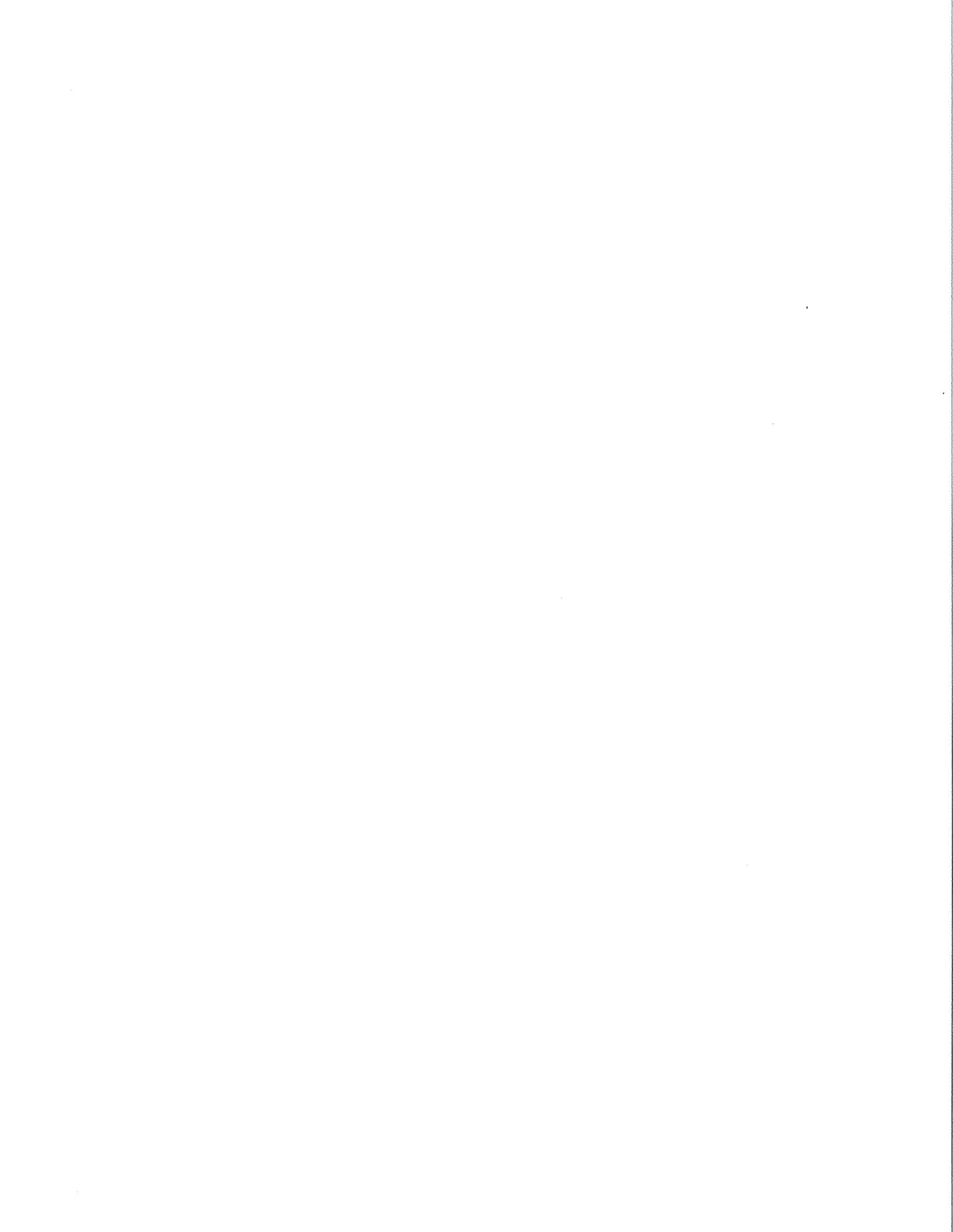


Service Recipient: Paul S.
 Service Span: 9/23 - 9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes <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 Admin.</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>incl.</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Trusting, may need staff assist. w/ staff in comm.</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>Moderate high frequency hearing loss, glasses, incl.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Helping around the house, Foster parents, shopping, working.</u>		
Important for: <u>New jobs, comm.</u>		
Likes: <u>helping, foster parent, snacks, work, country, drawing</u>		
Dislikes: <u>chow mein, crabs, people passing away.</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>verbal & demo.</u>		

Lead Review Completed: AA



Staff: Justyn Koel



Service Recipient: Paul S.

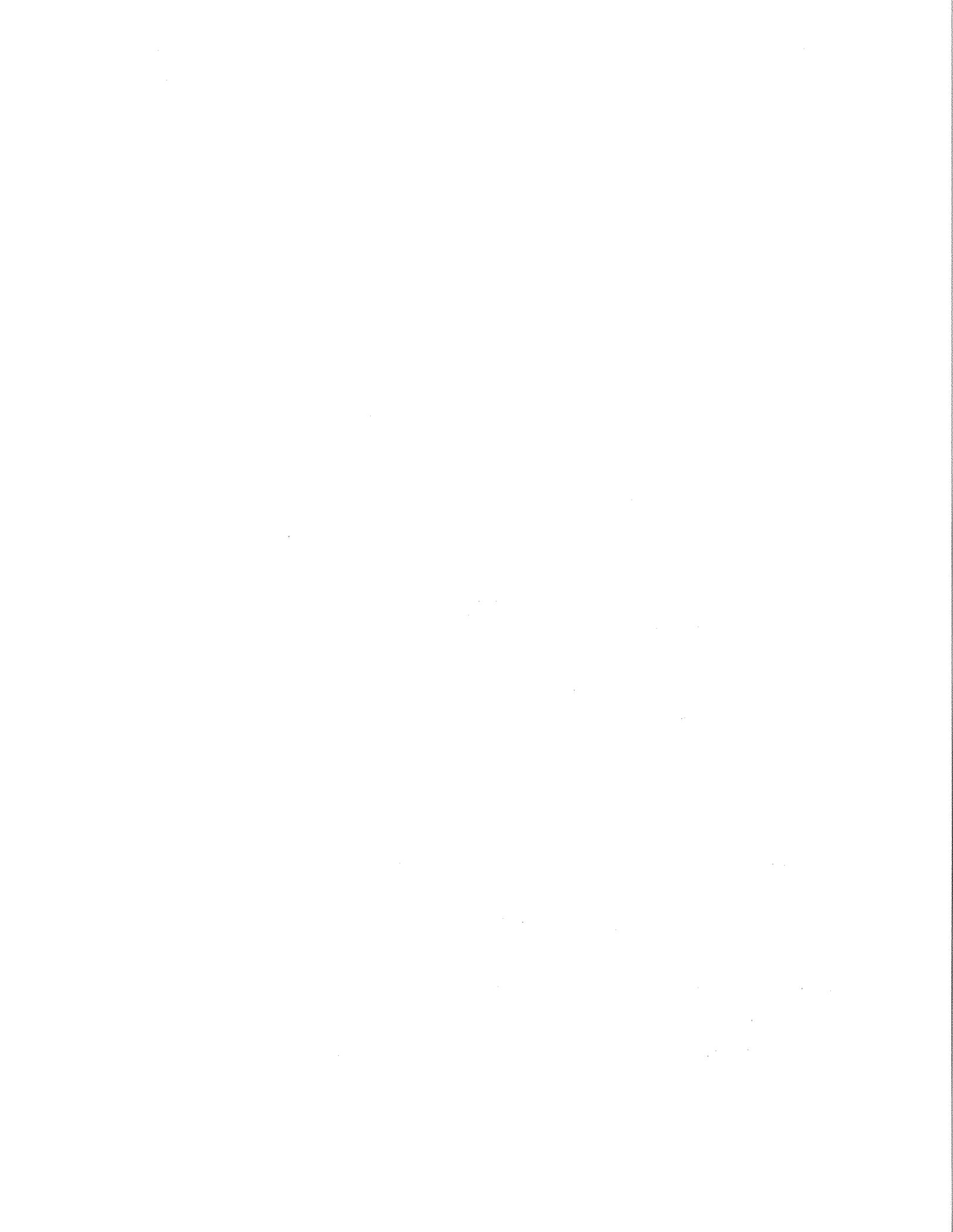
Date: 10/26/23

Service Span: 9/23 - 9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Would need staff assist.</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Overly trusting w/ staff 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>moderate - high frequency hearing loss glasses</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>Helping around house, foster parents, shopping, working</u>		
Important for: <u>work/complex jobs, community</u>		
Likes: <u>Helping around house, foster parents, pop, snacks, work, music, art</u>		
Dislikes: <u>chow mien, cards on workfloor, people passing away</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal/demo</u>		

Lead Review Completed: AA



Staff: Misty Moorman
 Date: 10-26-03



Service Recipient: Paul Shaw
 Service Span: 9-23-9-24

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: <u>N/A</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 type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>N/A</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>N/A</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>would need assist</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Paul knows some pedestrian car trusting needs help to determine safe</u>	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Paul has high frequency hearing loss he wears glasses and can take care of them</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>Helping around the house, living w/ foster parents shopping, working</u>		
Important for: <u>trying new things, community</u>		
Likes: <u>snacks, work, country music, drawing</u>		
Dislikes: <u>Chow mein, when people pass away doing cards</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Verbal, dem</u>		

Lead Review Completed: AA

Staff: Austin Bollerding
 Date: 10/26/23



Service Recipient: Paul Shaw
 Service Span: 9/23-9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: None	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 administer.</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent.</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Knows some feel safe safety, is trusting and may need help to determine who is safe and who is not. w/ staff 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Has moderate high frequency hearing loss, wears glasses and is able to care for them independently.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI? No Yes

Important to: Helping around the house, living w/ foster parents, going shopping and working.

Important for: Having opportunities to try new and more complex jobs and having opportunities to incorporate in to his community.

Likes: Helping around the house, living w/ foster parent, pop, snacks, work, country music, drawing and coloring.

Dislikes: Chow mien, doing cards on the work floor when people pass away and when people will not leave him alone.

Communication Style: verbal.

Learning Style: verbal and demonstration.

Lead Review Completed: AA

Staff: Dolly Stein
 Date: 10/26/23



Service Recipient: Paul Shaw
 Service Span: 9/23-9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>meds passed by a trained staff</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Knows some pedestrian safety, stay with her</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>moderate high frequency hearing loss. wears glasses</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	

Unsupervised time while at PAI? No Yes

Important to: Helping around the house, living with foster shopping, working

Important for: trying new and more complex jobs, opportunities in community

Likes: Helping around the house, foster parent (living with) pops, snacks, work, country music

Dislikes: chow mein, cards on the work floor, when people pass away, others not leaving him alone

Communication Style: verbal

Learning Style: verbal & demonstration

parents



Staff: Jesse Hargy
 Date: 10-26-23



Service Recipient: Paul Shaw
 Service Span: 9/23-9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Not @ PAI / would need staff to administer</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Paul knows some pedestrian safety, but is trusting to may need help to determine who is safe + who is not w/ staff at all times</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>has moderate high-frequency hearing loss wears glasses + is able to cope for them independently</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>Helping around the house, living w/ Foster parents, going shopping + working</u>		
Important for: <u>having opportunities to try new + more complex jobs having opportunities to incorporate into his community</u>		
Likes: <u>helping around the house, living w/ foster parents, n pop, snacks, work, country music, drawing, coloring</u>		
Dislikes: <u>Chow mien, doing cards on work floor, when people pass away, when people won't leave him alone.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal + demonstration</u>		

Staff: Julen B
 Date: 10-26-23



Service Recipient: Paul S
 Service Span: 9/23-9/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Would need staff to administer</u>	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Ind.</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Paul knows some pedestrian safety local is trusting & may need help to determine who is safe & who is not staff will be present in the 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Paul has moderate high frequency hearing loss. He wears glasses & is able to care for them independently.</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>Helping around the house, living with foster parents, going shopping & working</u>		
Important for: <u>having opportunities to try new + complex jobs, having opportunities to incorporate in the community.</u>		
Likes: <u>Helping around the house, living with foster parents, pop, snacks, work & count by muscle, drawing & coloring</u>		
Dislikes: <u>chow mein, doing cards on the work floor, when people pass away & when people will not leave him alone.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal & demonstration</u>		

