Staff: Renee Schmidt
Date: 7/16/24

PAI

Service Recipient: Matthew Martes
Service Span: June 2024-2025

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal Penicillin Bee Stings pollen Codine Sulfa Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Bite Size reminder eat slow Nickles size
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Heart defect Swollen Short of Breath feet cuffs take Breaks DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - Epi-Pen Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: assistance with Brief/BM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: trip/fall uneven terrain crawl up stairs
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: may run w/alarms motorcycles
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family rats choices outing interacting with peers	
Important for: Shredding included engaging in activies	
Likes: Rats Trains airplains Boats visiting music	
Dislikes: Loud noises Veggies forced activies	
Communication Style: verbal. Pointing	
Learning Style: repetition Rewards by activity	

Lead Review Completed: _____

Staff: John Gebhardt
Date: 7/16/24

PAI

Service Recipient: Matthew Martinson
Service Span: June '24 - June '25

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bee stings, Pollen, Ragweed, Sulfa, uses EpiPen. Codine + Penicillin Allergy. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Remind him to cut up foods and eat slowly to prevent choking
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Has Heart Defect, check for signs of being short of Breath. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - EpiPen. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Assist with bathroom cares,
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May trip or fall on icy + uneven surfaces.
Community Support: ☒ No ☐ Yes	Describe Supports: → ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Loud noises + noisy crowds bother him.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Family, Rats, mice, Playing Games with peers Trains, His pet Guinea Pigs. Bowling
Important for:	Choices, his decisions, being engaged in any activities.
Likes:	Rats, Trains, Planes, Outings, Boats, Bowling
Dislikes:	Loud noises, vegetables, being forced to do activities that he does not want to do
Communication Style:	verbal + pointing.
Learning Style:	Practice and repitions

Lead Review Completed: _____

Staff: Julia Barker
Date: 7/16/24

PAI

Service Recipient: Mathew Mannison
Service Span: June '24 – June '25

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: allergic to bees, poison, ragweed, penicillin, sulfa, seasonal allergies (staff trainings) Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may eat too quickly / needs reminders to slow needs bite sized pieces
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: heart defect/staff will monitor circulatory swelling, wheezing when walking reminders to breathe DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - EpiPen, allergy tablet Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs assistance w/ brief + BM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip or fall over obstacles, will crawl or use your arm to keep steady
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: aware of loud noises (alarms, crowds) may run away or need redirection
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, rats, snuggles, choices and decisions Outings	
Important for: choices and decisions, snuggles, being included and engaging in activities, his EPI-PEN	
Likes: rats, riding light rail, watching planes, puzzles, listens to music	
Dislikes: loud noises, vegetables, forced activities	
Communication Style: verbal and pointing	
Learning Style: prompt + repetition + activity rewards	

Lead Review Completed: _____

Staff: Wendy Snyder

Date: 7-16-24

PAI

Service Recipient: Matthew Martinez

Service Span: 6/24 - 6/25

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Sulfa, (Epi Pen Here) Bee Stings, Pollen, ragweed, Codine, Penicille, Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: May eat to fast, remind small bites, staff cuts Nickel sz
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Heart defect - tired, feet swollen = take breaks. Wheeze & Short of Breath DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: PRN = Epi Pen Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Assistance w/ Brief & BMs (cleaning)
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Will grab arm if he needs help, crawls up & down bus steps
Community Support: ☑ No ☐ Yes	Describe Supports: ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Loud noises, May run away from sirens, motorcycles,
Behavior Support: ☐ No ☐ Yes ☑ NA	List & Describe Supports:
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: family, cats, shredding, Outings, games w/ peers	
Important for: choices, independence, shredding, peers/activities being included	
Likes: cats, light rail, airplanes, outing, bowling, MUSIC	
Dislikes: loud noises, vegetables, forced to do things he doesn't want to do	
Communication Style: Verbal pointing	
Learning Style: Practice & repetition, reward & praise w/ activity	

Lead Review Completed: _____

Staff: Doua Yang
Date: 7/16/24

Service Recipient: matthew marvinson
Service Span: June 24-25

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bee stings, pollen, penicillin, sulfa, seasonal allergies, epi pen. codeine Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may eat quickly, verbal reminder to slow down. Nickel pieces.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Heart defect: tired, circulatory problems. Ask to take a break. wheeze, cough, short of breath. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN: epi pen, allergy tablet Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assistance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: trip/fall over obstacles. will grab arm if needed. Crawl up & down the bus
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Aware of loud noises/what irritates him. may run away/become frantic. Accepting of staff.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, rats, shredding, choices/decisions, interact w/peers

Important for: choices/decisions, independence, epi pen available, shredding, included in activities

Likes: Rats, riding light rail, watch airplanes, outings, bowling

Dislikes: loud noises that startle him, vegetables, forced to do activities

Communication Style: verbal, pointing

Learning Style: practice/repitition, reward of doing somthing

Lead Review Completed: _____

Staff: Dave Tulmo

Date: 7/16/24

PAI

Service Recipient: Matthew Mathinson

Service Span: June 24-25

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: codeine Bee stings, Ragweed, Pollen, Penicillin, staff are trained to use epi-pen Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May eat to quickly. Cut to nickel size pieces.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Heart defect, Remind Matthew to take breaks DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Matthew needs assistance to change briefs + with BM.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May trip/ fall over obstacles, curbs. Matthew may use staff arms
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ~~May~~ Matthew is aware of loud noise + may become irritated when room is loud.
Behavior Support: ☐ No ☐ Yes NA ☒	List & Describe Supports:
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Family, cats, family, playing games, trains	
Important for: Choices, decisions, epi-pen ready, interacting with peers engaging + being included in activities.	
Likes: Rats, trains, watching airplanes, outings, bowling, friends, music.	
Dislikes: Loud noises, vegetables, doing activities he does not want to do.	
Communication Style: Verbal, pointing	
Learning Style: Practice + repetition, Praise + reward with preferred activity.	

Lead Review Completed: _____

Staff: Elena Zadow

Date: 07/16/2024

Service Recipient: Matthew Martinson

Service Span: June 24-25

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bees, pollen, ragweed, peincillin, sulfa, Use epi-pen Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cut bite size, reminders to eat slow
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Heart defect, breath reminders for edema, coughing, SOB DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Assisst PRN Epi-pen Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Assist BM & brief
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Assisst w crubs, icy roads
Community Support: ☒ No ☐ Yes	Describe Supports: Assisst ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Assist with loud noises - redirect
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Assisst

Important to: Family, rats, chocos, outings, peers, games, shredding

Important for: Chocos, IN D, EPI-PEN, shredding, peers, activities, participation

Likes: Rats, trains, airplane, acting, bowling, friends, music

Dislikes: Loud noises, veggies, forced activities

Communication Style: Verbal, pointing

Learning Style: Practice, repetition, reward system

Lead Review Completed: _____

Staff: Stuckey

Date: 7-16-24

PAI

Service Recipient: Matthew Martinson

Service Span: June 24/25

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: allergic to bee stings, seasonal allergies – has epi pen, iodine, penicillan, salsa Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may eat quickly, nickle size bites
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Heart defect, swelling feet etc to take break DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: prn – epi pen Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports:
Community Support: ☒ No ☐ Yes	Describe Supports: may grab arm – crawls up + down stairs on bus ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: aware of loud noises, maybe alarmed w/ sirens, motorcycles
Behavior Support: ☐ No ☐ Yes (N/A)	List & Describe Supports:

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Family, rats, games, guinea pig, Shredding, trains, Choices

Important for: Choices – shredding, epi pen, Independence – included, engaging in activities

Likes: Rats, outings, music, trains, light rail, airplanes, (boats)

Dislikes: loud noises, doing things he don't wanna do, veg

Communication Style: verbal – pointing

Learning Style: Repition, reward in doing fun

Lead Review Completed: _____

Staff: DARLENE RICE
Date: 7-16-24

Service Recipient: MATTHEW MARTINSON
Service Span: 6-24/6-25

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: BEE stings - POLLEN - penicillin SULFA - SEASON ALLERGIES	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: ~~TAKE SM. BITES~~	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: SM. BITES	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: SHORT BREATH	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: staff will ASSIST w/ BM	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: offer ARM	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: LOUD NOISES	
Behavior Support: ☐ No ☐ Yes NA	List & Describe Supports:	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: FAMILY - SHREDDING - RATS - TRAINS

Important for: CHOICES - PEERS - ACTIVITIES

Likes: RATS - LIGHT RAIL - AIRPLANES - OUTING - MUSIC

Dislikes: LOUD NOISE - VEGGIES - FORCED TO DO SOMETHING

Communication Style: VERBAL - POINTING

Learning Style: PRACTICE - REWARD

Lead Review Completed: _____

Staff: Brian mattox

Date: 7/16/24

Service Recipient: matthew martinson

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bee Stings Pollen Redwood codeine Penicillin Sulfa Seasonal allergies	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may eat to quickly staff will remind cut food in nickel size	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Heart defect staff will remind to take a breathe again	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs assistance with BM	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may fall or trip over obstacles will grab staff arm	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: aware of loud noises may run if to loud	
Behavior Support: ☐ No ☐ Yes (N/A)	List & Describe Supports:	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family rats shredding choices/decisions going outing hang with friends

Important for: Choices independence EPIpen shredding

Likes: Rats light rail/ air Plans seeing friend music

Dislikes: loud noises vegetables making him do thing his dare not like

Communication Style: verbal/ pointing

Learning Style: Practice repetition Reward with fun things

Lead Review Completed: _____

Staff: Krista-RN

Date: 9/16/24

PAI

Service Recipient: Matthew Morrison

Service Span: June 24 - June 25

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Bee stings, Ragweed, codeine, Peicillin, sulfa. Trained staff will use EPi pen Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: May eat too quickly, staff reminder to slow down
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Heart defect - tell him to slow down if need a break. DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: PRN for epi pen Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Need assiaurce to change bleed and BM.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: May trip, fall over obstacles, crubs ect
Community Support: ☑ No ☐ Yes	Describe Supports: ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Matt is aweare of loud noises and what lirrels
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: family, cats, Shedding, choices, going on outings	
Important for: choices, indelents, epi pen, Sheolding, activites	
Likes: cats, riding the light rail, watching air planes music, friends.	
Dislikes: loud noises, veggies, Being force to do activites he dont want to do.	
Communication Style: Verbal, Pointing	
Learning Style: Practie and repition, reward of doing something fun	

Lead Review Completed: _____

Staff: Rosaleigh Halvorson

Date: 7/16/24

Service Recipient: Matthew Martinez

Service Span: June 2024-25

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: bee stings, pollen, ragweed, codeine, penicillin, sulfa, seasonal allergies staff trained, epipen Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: staff reminders to slow down + small bites may need
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: heart defect - signs of circulatory problems, tiredness, remind to take a break may wheeze / be short of breath DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: PRN epipen Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: brief + BM assistance
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: may trip/fall, will grab arm if he feels he needs help, crawls up + down bus
Community Support: ☑ No ☐ Yes	Describe Supports: ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: aware of loud noises - may run away + what irritates him alarms, sirens, motorcycles etc
Behavior Support: ☑ No ☐ Yes N/A	List & Describe Supports:

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: family, rats, shredding, chaces, outings, interacting with peers

Important for: choices, independence, epipen available, shredding, interacting with peers, included, engaging in activities

Likes: RCHS, lightrail, watching airplanes, outings, bowling, visiting, listening to music

Dislikes: loud noises, vegetables, being forced to do activities he doesn't want to do

Communication Style: verbal, pointing

Learning Style: practice, repetition, praise + reward with preferred activity

Lead Review Completed: _____

Staff: K. Smoot
Date: 7/16/24

PAI

Service Recipient: Matt Martinson
Service Span: June 2024 - June 2025

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bee stings, pollen, ragweed, penicillin Sulfa, seasonal allergies. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may eat too quickly - reminders to slow down / take small bites
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Heart defect - if staff notice - feet swelling ankles, abdomen, shortness of breath - take a rest DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Epi-pen Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs assist w/ briefs changes / BM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip over obstacles, curbs, ice - will grab staffs arm if he feels he needs help
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: is aware of loud noises/what irritates him - may run away & become frantic accepting of re-direction
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised time while at PAI? ☒ No ☐ Yes	

Important to:
rats, family, shredding, choices, outings, interacting w/ peers

Important for:
Choices, independence, epi pen, being included

Likes:
rats, riding light rail, airplanes, outings, bowling, music

Dislikes:
loud noises, vegetables, being forced to do something he doesn't want to

Communication Style:
Verbal - pointing

Learning Style:
practice, repetition, rewards.

Lead Review Completed: _____

Staff: Jaime Meyer
Date: 7/16/24

Service Recipient: Matthew Martinson
Service Span: 6/24-6/25

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

Allergies: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ■ Yes *Listed on MAR, only administer meds per dr. order* Bee Stings, Pollen, Ragweed, Codeine, Peicillin, Sulfa, season allergies. Staff are aware and trained on his allergies and use of an epi pen.
Seizures: ☐ No ☐ Yes ■ N/A	Describe Supports:
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: May eat too quickly, staff reminder to slow down and take small bites. Staff may cut his food to nickel size bites.
Chronic Medical Conditions: ■ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ■ No ☐ Yes *Located in main file, share with EMT in emergency* Heart defect- If staff see signs of Matthew getting tired or circulatory problems (swelling in feet, ankles, abdomen, chest pain or pain in calves or legs with walking), remind him to take a break. May also wheeze, cough or be short of breath.
Medication: ■ No ☐ Yes	Describe Supports: Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: Matthew needs assistance to change brief and assistance with BM
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: May trip/fall over obstacles, curbs, ice, steps or uneven terrain. Matthew will grab staff arm if he feels like he needs help.
Community Support: ■ No ☐ Yes	Describe Supports: ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Matthew is aware of loud noises and what irritates him. May run away or become frantic when he hears alarms, sirens, motorcycles or noisy crowds. He is accepting of staff redirection.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ■ No ☐ Yes	
Important to: Family, rats, shredding, choices/decisions, going on outings, interacting with peers, playing games with peers.	
Important for: Choices/decisions, independence, that his EpiPen is readily available, shredding, interacting with peers, being included/engaging in activities.	
Likes: Rats, riding the light rail, watching airplanes, going on outings, bowling, visiting with friends, listening to music	
Dislikes: Loud noises that may startle him, vegetables, being forced to do activities that he doesn't want to do.	
Communication Style: Verbal, pointing	
Learning Style: Practice and repetition, reward of doing something fun (praise & rewarding with a preferred activity)	

Lead Review Completed: _____

Staff: Lafeeph Omkor

Date: 7/16/2024

Service Recipient: Mathew Martinson

Service Span: June 2024 - June 2025

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Bee stings pollen. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: may eat too quickly. Remind to eat slowly and take small bites.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Heart effect. get fire easily. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: ~~N/A~~ PRN Epi Pen Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Need assistant to change. brief and Bm cleaning up
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: He will grap hand if he needs help. like crawl on the steps to come down.
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Loud noises & noisy Crowds bother him
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	family, choices and decisions. Play with peers
Important for:	choices/ decisions independent that his Epipen
Likes:	Raf, riding light rail, watching Airplane, Bowling
Dislikes:	Vegetable, force to do activities that he doesn't want to do
Communication Style:	Verbal, pointing
Learning Style:	practice and repitition. reward of doing Something fun.

Lead Review Completed: _____

Staff: Allison 2.
Date: 7-16-24

PAI

Service Recipient: Matthew
Service Span: annual Martinson

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: epipen bee stings, pollen, ragweed, codeine, penicillin, Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: *staff may cut his food to nickel size may eat too quickly, slow down + take small bites/bite
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: heart defect, remind him to take a break, may wheeze, cough or short breath DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Matthew needs assistance to change brief + assistance with BM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May trip/fall over obstacles (curbs, ice, steps) will grab staff arm
Community Support: ☒ No ☐ Yes	Describe Supports: Matthew is aware of loud noises. May run away. Accepting of staff redirection ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: n/a
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	family, rats, Shredding, choices, going on outings
Important for:	choices/decisions, independence, Epipen readily available
Likes:	riding the light rail, rats, watching airplanes
Dislikes:	loud noises, vegetables
Communication Style:	Verbal, pointing
Learning Style:	practice + repetition, reward of doing something fun

Lead Review Completed: _____

Staff: Laura Kinney
Date: 7/16/24

Service Recipient: Matthew Martinson
Service Span: Annual

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

Allergies: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ■ Yes *Listed on MAR, only administer meds per dr. order* Bee Stings, Pollen, Ragweed, Codeine, Peicillin, Sulfa, season allergies. Staff are aware and trained on his allergies and use of an epi pen.
Seizures: ☐ No ☐ Yes ■ N/A	Describe Supports:
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: May eat too quickly, staff reminder to slow down and take small bites. Staff may cut his food to nickel size bites.
Chronic Medical Conditions: ■ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ■ No ☐ Yes *Located in main file, share with EMT in emergency* Heart defect- If staff see signs of Matthew getting tired or circulatory problems (swelling in feet, ankles, abdomen, chest pain or pain in calves or legs with walking), remind him to take a break. May also wheeze, cough or be short of breath.
Medication: ■ No ☐ Yes	Describe Supports: Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: Matthew needs assistance to change brief and assistance with BM
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: May trip/fall over obstacles, curbs, ice, steps or uneven terrain. Matthew will grab staff arm if he feels like he needs help.
Community Support: ■ No ☐ Yes	Describe Supports: ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Matthew is aware of loud noises and what irritates him. May run away or become frantic when he hears alarms, sirens, motorcycles or noisy crowds. He is accepting of staff redirection.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ■ No ☐ Yes

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

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

Likes: Rats, riding the light rail, watching airplanes, going on outings, bowling, visiting with friends, listening to music

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

Communication Style: Verbal, pointing

Learning Style: Practice and repetition, reward of doing something fun (praise & rewarding with a preferred activity)

Lead Review Completed: _____