



# Competency Tracking Form

Participant: Maxim Zolotukhn-Ridgeway

Annual Service Span: Initial Planning Meeting (45-Day)

Annual Meeting Date: 7/8/2024

Date Assigned to Lead: 7/17/2024

Competency Quiz Due for all Staff: 7/30/2024

Documents Reviewed: Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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

Date Completed	Initials	Full Name
7/30/24	JM	Jaime Meyer
7/31/24	JG	John Gebhardt
7/30	IL	Ilene Lubick
7/30/24	WK	Laura Kinney
		Pamela Davis
7/30	CS	Cindi Stucky
7/30	DM	Dennis Moua
7/30	KS	Kris Smoot
7/30	DT	Dave Turner
7/30	RS	Renee Schmidt
7-30	NS	Nancy Snyder
7/30/24	KS	Dolly Stein
7/31/24	AZ	Allison Zadak

Date Completed	Initials	Full Name
7/30/24	JB	Julia Baker
7/30/24	RH	Rosaleigh Halverson
		<del>Dora Yang</del>
7-30-24	DR	Darlene Rice
7/30/24	KM	Krista Mischnick
7/30/24	BM	Brian Mattox
7/30/24	LO	Lateeph Onikoro
07/30/24	EZ	Elena Zadow
		Josh Snodie
		Carla Sykes
7/30/24	PV	Pa la Vang
7/30/24	JS	Julie Johnson

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

Staff: Allison Zadach  
 Date: 7-30-24



Service Recipient: Maxim Zolobukhin  
 Service Span: 45 days

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>NO SEIZURES</u>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD needs help calming</u>	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>n/a</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent in navigating community, just needs reminders to stay at group</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sensitive to loud noises, uses noise cancelling headphones</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may talk to himself &amp; yell at himself, boundary issues</u>	
<b>Unsupervised time while at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Important to:</b> <u>taking care of himself, employment being in the community</u>		
<b>Important for:</b> <u>teaching styles consistent w/ visual strengths working on organizational skills</u>		
<b>Likes:</b> <u>maps, cars, road trips, Ipad, swimming, walks, camping</u>		
<b>Dislikes:</b> <u>showers, storms, severe weather</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>repetition</u>		

Staff: John Gebhardt

Date: 7/31/24



Service Recipient: Maxim ZR

Service Span: 45 Day

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:  <u>none</u>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:  <u>N/A</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD, Needs help with calming - techniques and Reassurance</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:  <u>Independent</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:  <u>N/A</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent, Remind him to STAY WITH GROUP</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sensitive to loud noises. Offer him his noise cancelling head phones to wear,</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Boundry issues,</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Important to:</b> <u>Taking care of himself, Having employment being out in the community.</u>		
<b>Important for:</b> <u>Being consistant and teaching styles Working on organizational skills</u>		
<b>Likes:</b> <u>Maps, cars, road trips, I Pad, Swimming, Walks camping.</u>		
<b>Dislikes:</b> <u>Rain showers, storms, severe weather</u>		
<b>Communication Style:</b> <u>Verbal</u>		
<b>Learning Style:</b> <u>Repetition</u>		

Staff: Julia Baker  
 Date: 7/30/24



Service Recipient: Maxim Z-R  
 Service Span: Initial planning meeting

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD, needs help w/ calming techniques and reassurance.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent in navigating community / just needs reminders to stay w/ group</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sensitive to loud noises / uses noise cancelling headphones may be offered a quiet space</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may talk to himself or yell at himself / boundary issues - may take personal items</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>taking care of himself, employment, being in the community</u>		
<b>Important for:</b> <u>teaching styles consistent w/ visual strengths and auditory weaknesses, working on organizational skills</u>		
<b>Likes:</b> <u>maps, cars, roadtrips, iPad, swinging, walks, camp</u>		
<b>Dislikes:</b> <u>showers, thunderstorms, severe weather</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>repetition</u>		

Staff: Laura R  
 Date: 7/30/24



Service Recipient: Max Z  
 Service Span: 45-day

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: NO SEIZURES	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: ADHD, OCD, needs help calming	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: S	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Sensitive to loud noises	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may talk or yell at himself.	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: <u>taking care of self, getting job, outing's in the community.</u>		
Important for: <u>teaching styles, consistant with visual strengtns working on organizational skills</u>		
Likes: <u>maps, cars, road trips, iPad, swimming, walks, camp.</u>		
Dislikes: <u>showers, storms, severe weather.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>repetition</u>		

Staff: Nancy Snyder



Service Recipient: Ridgeview

Date: 7-30-24

Service Span: 45 Day

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: ADHD, OCD Needs help with calming, techniques & reassurance	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independent & navigates in his community. Staff reminders to stay w/ group	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: sensitive to loud noises, uses noise cancelling headphones Staff offer quiet space	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May talk or yell at himself Boundary issues, unhealthy activities w/ females	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> taking care of self, getting a job, accessing community		
<b>Important for:</b> teaching styles consistent w/ visual strengths and auditory weaknesses. Working on organizational skills		
<b>Likes:</b> Maps, cars, road trips, iPad, swinging, hockey, walks, camp		
<b>Dislikes:</b> Showers, Thunderstorms/severe weather		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> repetition		

Staff: Dave Turner  
 Date: 7/30/21



Service Recipient: Maxim Z. R  
 Service Span: Initial plan 45 days

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent - Remind to stay with group</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sensitive to loud noises, has headphones, offer quiet space</u> <u>May talk or yell</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May talk or yell at self. Will food seek. May stalk females.</u>	
<b>Unsupervised time while at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Important to:</b> <u>Taking care of himself, getting a job, accessing community</u>		
<b>Important for:</b> <u>Teaching style consisted with visual strength + auditory weakness.</u>		
<b>Likes:</b>		
<u>Maps, cars, load flip, swinging, ramp, walking, hockey</u>		
<b>Dislikes:</b> <u>Severe weather, shovels</u>		
<b>Communication Style:</b> <u>Verbal</u>		
<b>Learning Style:</b> <u>Repetition</u>		

Staff: Pala Vang

Date: 7/30/24



Service Recipient: Maxim Z. R.

Service Span: 45 days

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>no seizures</u>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ADHD, OCD, helping calm, reassurance</u>	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent, remind to stay together</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sensitive to loudness, noise cancellation headphones</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>talk/yell to self, grabs items, doesn't respect women</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: <u>taking care of himself, getting a job</u>		
Important for: <u>teaching visual strengths and addition/substraction, working organization skills</u>		
Likes: <u>maps, eats, road trips, ipad</u>		
Dislikes: <u>snower, thunder storms / severe weather</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>repetition</u>		

Staff: Kns. Smoot  
 Date: 7/30/24



Service Recipient: Max Z-R  
 Service Span: Initial Planning

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD needs help w/ Calming</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Reminders to stay close</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>loud noises</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may talk or yell at himself</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: <u>Job, community, taking care of himself</u>		
Important for: <u>Teaching styles consistant w/ visual, working on org. skills</u>		
Likes: <u>maps, iPad, walks, nockey, camp</u>		
Dislikes: <u>showers, storms, severe weather.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>repetition</u>		

Staff: DARLENE RICE

Date: 7-30-24



Service Recipient: MAX-Z-R

Service Span: INTAKE-45 DAY

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: ADHD - OCD needs help w/ calming down	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes NA	Describe Supports:	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independant staff will remind him to stay close	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Loud noise	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: MAY TALK OR YELL AT HIMSELF like girls	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: job - community - TAKING CARE OF HIMSELF		
Important for: TEACHING STYLES		
Likes: MAPS, CARS, IPAD, HOCKEY - CAMP		
Dislikes: SHOWERS - STORMS		
Communication Style: VERBAL		
Learning Style: REPETITION		

Staff: Julie Johnson  
 Date: 7/30/24



Service Recipient: Maxim IR  
 Service Span: 45 days

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD, needs help with calming, technique &amp; reassurance</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent in navigating, Staff will keep in group</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sensitive to loud noises, uses noise cancelling headphones</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>he may yell, needs redirection,</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: <u>taking care of himself, getting a job</u>		
Important for: <u>teaching styles consistent with visual strengths and auditory weaknesses, working on organization skills</u>		
Likes: <u>maps, cars, roadtrips, camp, walk</u>		
Dislikes: <u>showers, storms/severe weather</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Repetition</u>		

Staff: Atuckly

Date: 7-30-24



Service Recipient: Maxum Ridgenay

Service Span: Zolobukhin 45 day

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>Medication Allergies?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> ADHD - Help w/ calming + reassurance OCD	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> independent	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	<b>Describe Supports:</b>	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> independent + navigation tell him to stay w/ group	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> loud noises, uses headphones offer quiet space	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> may talk to himself or yell @ himself	
<b>Unsupervised time while at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Important to:</b> taking care of himself getting a job		
<b>Important for:</b> teaching styles consistent working on organization skills w/ visual		
<b>Likes:</b> maps ipad walks roads hockey camp		
<b>Dislikes:</b> showers storms severe weather		
<b>Communication Style:</b> verbal		
<b>Learning Style:</b> Repetition		

Staff: Lafeeph Onikow

Date: 7/30/2024



Service Recipient: Max Ch. Ridgeway

Service Span: 45 days

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ADHD, OCD</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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>need help with calming and reassurance.</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent in navigating</u>	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sensitive to <sup>loud</sup> noise</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Talk to self</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: <u>taking of self, getting a job</u>		
Important for: <u>Teaching by Consistency virtual and Auditory frequently.</u>		
Likes: <u>maps, cars, road trip, iPad, cleaning</u>		
Dislikes: <u>Showers, Thunderstorm and Severe weather</u>		
Communication Style: <u>Verbal.</u>		
Learning Style: <u>repetition</u>		

Staff: Dennis M  
 Date: 7/30/24



Service Recipient: Maxim Z  
 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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: N/A	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: ADHD, OCD, needs help with calving and reschedule	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independent	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independent, needs to stay with group	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: loud noises, uses voice canceling head phone	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may talk or yell at himself	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: taking care of himself, setting a job, accessing the community		
Important for: natural strength, auditory weakness, teaching style, working on organizational skills		
Likes: maps, cars, road trips, ipads, web, can & sunglasses		
Dislikes: showers, thunderstorms, severe weather		
Communication Style: verbal		
Learning Style: repetition		

Staff: Jaime Meyer



Service Recipient: Maxim-S-R

Date: 7/30/24

Service Span: 45 day

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD,</u> <u>Help w/calming techniques &amp; reassurance</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Remind to stay w/group</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>loud noises, uses noise cancel headphones</u> <u>Staff offer quiet space</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Talk to himself or yell at himself</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>taking care of himself, working</u>		
<b>Important for:</b> <u>Teaching styles are consistent</u> <u>working on organizational skills</u>		
<b>Likes:</b> <u>maps, walks, camp, swing,</u>		
<b>Dislikes:</b> <u>showers, thunderstorms, severe weather</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>repetition</u>		

Staff: Brian Mattox

Date: 7/30/24



Service Recipient: maxim Z-R

Service Span: 45 day

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD, needs help with calming techniques and redirection</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>(N/A)</u>	Describe Supports:	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent to navigate 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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sensitive to loud noises, use noise canceling head phone stuff can move to quiet space</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>not talk to him self or yelling at him self</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Important to:</b> <u>taking care self getting a job accessing the community</u>		
<b>Important for:</b> <u>teaching styles consistent visual strength and working on object skills</u>		
<b>Likes:</b> <u>MAPS cars road trips swing camp walks iPad</u>		
<b>Dislikes:</b> <u>shower thunder storms severe weather</u>		
<b>Communication Style:</b> <u>verbl</u> <b>Learning Style:</b> <u>repetition</u>		

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

Staff: Krista M

Date: 7/30/04



Service Recipient: Maxim - Zornhin

Service Span: 45 day

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, GCO</u> <u>Need help cramping to reassane</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>- N/A</u>	Describe Supports:	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independant, stay with group.</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>TO loud noises / use headphone.</u> <u>quite space needed</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may talk to self and yell at self.</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: <u>taking care of himself, getting an job, and communit.</u>		
Important for: <u>teaching singles consistext w/ visual strengths working on organizational skills.</u>		
Likes: <u>maps, cars, road trips, iPad, hockey, walks</u>		
Dislikes: <u>showers, Thunder storm / severe weather</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal</u>		

Staff: Rosaleigh Halverson

Date: 7/30/24



Service Recipient: Maxim Z-R

Service Span: initial planning meeting

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OED</u> <u>needs help calming techniques - reassurance</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent navigating</u> <u>needs help to stay with group</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sensitive to loud noises, noise cancellation headphones, staff offer quiet space if needed</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may talk to self</u>	
<b>Unsupervised time while at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Important to:</b> <u>taking care of himself, getting a job, accessing community</u>		
<b>Important for:</b> <u>troubly skills, consistency with visual organizational skills, auditory weaknesses</u>		
<b>Likes:</b> <u>maps, cars, road trip, ipad, swimming, hiking, walks, camp</u>		
<b>Dislikes:</b> <u>showers, thunderstorms, severe weather</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>repetition</u>		

Staff: Elena Zadow

Date: 07/30/2024



Service Recipient: Maxim Zolotukhin-Ridgeway

Service Span: 45 day

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>N/A</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>N/A</u>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD, support calming techniques/resources</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND navigating-reminders if he wanders</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>loud noises - uses noise canceling headphones - offer quiet space</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May yell/talk to himself, boundaries (items/girls)</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: <u>Care of oneself, getting a job, communities</u>		
Important for: <u>teaching visual strength/auditory weakens, organization</u>		
Likes: <u>Maps, Cars, roadtrips, food, swinging, walks, camping</u>		
Dislikes: <u>Showers, Server weather (thunder)</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Repetition</u>		

Staff: Elene M Lubick

Date: 7-30-24



Service Recipient: Maxim 2-R

Service Span: 45 day INTL Planning

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:  <u>No seizures</u>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD, Needs help w/calming techniques</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>needed to stay w/group</u> <u>Independent navigation</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sensitive to loud noises, offer quiet area</u> <u>noise cancelling area</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may talk or yell at himself</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Important to:</b> <u>Take care of himself, getting a job, access to comments</u>		
<b>Important for:</b> <u>work on organizational skills</u> <u>teaching styles consistent with visual strengths</u>		
<b>Likes:</b> <u>maps, cars, roadtrips hockey walks camp</u>		
<b>Dislikes:</b> <u>Showers, thunderstorms, severe weather</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>Repetition</u>		

Staff: Dolly Stein (Kathryn)

Date: 7/30/24



Service Recipient: Maxim Z.R.

Service Span: Initial 45 day  
planning meeting

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>NO</u>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD</u> <u>Reassurance &amp; calm techniques</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent navigating in community</u> <u>Reminders to stay w/ group</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sensitive to loud noises, uses noise cancelling head phones, offer quiet space</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may talk/yell at himself</u> <u>Boundary issues - especially with females</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: <u>SELF care, getting a job, access to the community</u>		
Important for: <u>teaching styles consistant with visual strengths &amp; auditory weaknesses, working on organizational skills</u>		
Likes: <u>maps, cars, road trips, iPad, swinging, walking camp</u>		
Dislikes: <u>Showers, thunderstorms, severe weather</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>Repetition</u>		

Staff: Renee Schmidt  
 Date: 7/30/24



Service Recipient: Max Z-R  
 Service Span: 45-Day

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ADHD, OCD</u> <u>Needs help w/ calming techniques</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent navigator in community N/A</u> <u>Staff reminders to stay w/group</u>	
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff reminder to stay w/group</u>	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>loud noises</u> <u>offer quiet space</u> <u>uses noise cancelling head phone</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may talk &amp; yell a self</u> <u>unhealthy boundaries to females</u> <u>Boundary</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: <u>taking care of self getting a job accessing to community</u>		
Important for: <u>teaching styles consistent w/ visual strengths and auditory weaknesses</u> <u>work on organizational skills</u>		
Likes: <u>maps cars road trips iPad swinging, Hopkey camp walks</u>		
Dislikes: <u>showers thunder storms sever weather</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>repetition</u>		