



# Competency Tracking Form

Participant: Brock Hamilton

Annual Service Span: June 2024 to June 2025

Annual Meeting Date: 6/18/2024

Date Assigned to Lead: 7/10/2024

Competency Quiz Due for all Staff: 7/18/2024

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
7/24/24	JM	Jaime Meyer
7/24	JG	John Gebhardt
7/24/24	JML	Ilene Lubick
7/24/24	LK	Laura Kinney
		<del>Pamela Davis</del>
7/24	CS	Cindi Stucky
7/24/24	DM	Dennis Moua
7/24/24	KS	Kris Smoot
7/24/24	DT	Dave Turner
7/24/24	RS	Renee Schmidt
7-24-24	NS	Nancy Snyder
7/24/24	KS	Dolly Stein

Date Completed	Initials	Full Name
7/24/24	JB	Julia Baker
7/24/24	RH	Rosaleigh Halverson
7/24/24	DY	Doua Yang
7-24-24	DR	Darlene Rice
7/24/24	KM	Krista Mischnick
7/24/24	BM	Brian Mattox
7/24/24	LO	Lateeph Onikoro
07/24/24	EZ	Elena Zadow
		Josh Snodie
		<del>Peter Kier</del>

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

Staff: Kristina Smoot  
 Date: 7-24-24



Service Recipient: Brock Hamilton  
 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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasoned</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Ground mel</u> <u>Break through - daily meds</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Storz assist</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assist</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may walk too fast. Doesn't look down</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not notice strangers are not staff</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>Hearing impaired</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>around peers, choices - activities</u>		
<b>Important for:</b> <u>Choices, routines, communication</u>		
<b>Likes:</b> <u>Game shows, choc. milk, watching people</u>		
<b>Dislikes:</b> <u>not having ipad, changes, raw veggies</u>		
<b>Communication Style:</b> <u>Some vocal, facial, pointing</u>		
<b>Learning Style:</b> <u>previsual, gestural prompts</u>		

Staff: DARLENE RICE



Service Recipient: BROCK HAMILTON

Date: 7-24-24

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

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: SEASONAL	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: GRANDMA TAKE MEDS. Daily	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: BITE SIZE	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: STAFF WILL ASSIST	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: DOES NEED FULL ASSIST IN BATHROOM	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: MAY WALK TO FAST	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: SOMETIMES CAN'T NOTICE STAFF FROM STRANGERS	<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: HEARING IMPAIRED	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes NA	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> AROUND PEERS - CHOICES - ACTIVITIES		
<b>Important for:</b> CHOICES - ROUTINE - COMMUNICATION		
<b>Likes:</b> GAME SHOWS - CHOC. MILK - WATCHING PEOPLE		
<b>Dislikes:</b> NO IPAD - CHANGES - RAW VEGGIES		
<b>Communication Style:</b> VOCAL - FACING		
<b>Learning Style:</b> PHYSICAL + GESTURE PROMPTS		

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

Staff: Lateph Onikoro



Service Recipient: Brock Hamilton

Date: 7/24/2024

Service Span: June 2024 - June 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: Seasonal Brock may have stuffy nose	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <del>Myoclonic Seizures</del> Grandmal Take meds Daily	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Brock has Bite Size	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will assist	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Does need full assistant in Bathroom	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Brock may not notice obstacles in front of him. Walk to fast sometimes	
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Brock may not be able to differentiate staff from Strangers	<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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <del>Hear</del> Hearing Impaired	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> Be around and be able to observe Peers		
<b>Important for:</b> To make his own decision		
<b>Likes:</b> Price is Right chocolate milk watching people walking. Ipad		
<b>Dislikes:</b> not be able to use Ipad when he wants to		
<b>Communication Style:</b> Vocalization facial expression, pointing		
<b>Learning Style:</b> physical and Jester prompts		

Staff: Atucky  
 Date: 7-24-24



Service Recipient: Brock Hamilton  
 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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>seasonal</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>grandmael myktonic - last in 94'</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>a risk for Choking. Cut into bite size pieces</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assists him w/ meds</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full ass. when using bathrm</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not react to obstacles</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>hearing impaired</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>observe peers join activities choices</u>		
Important for: <u>decisions routine staff that takes time to communicate</u>		
Likes: <u>price is right - certain staff choc milk</u>		
Dislikes: <u>not using ipad changes in routine raw veggies</u>		
Communication Style: <u>some vocal, pointing</u>		
Learning Style: <u>physical + gestural</u>		

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

Staff: Sherris

Date: 7/24/21



Service Recipient: Brock H.

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	<b>List &amp; Describe Supports:</b> spoken	<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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>Describe Supports:</b> speak through screen, probably in place	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> empty pavers other birds, assist with food	
<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> mild stagnation, stroke comes from side	<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> N/A	<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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> full care assist	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> walk with him	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> use wheelchair in community	<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> may suck out sensory in part	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> may spit, grab, bite	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> family needs, other, under staff, PAI time with self choices		
<b>Important for:</b> <del>self</del> to be present him		
<b>Likes:</b> water pump - / on fire, animals, sand, etc		
<b>Dislikes:</b> water to long		
<b>Communication Style:</b> vocalizations by himself		
<b>Learning Style:</b> visual, verbal, manual		

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

Staff: DONG Yang



Service Recipient: Brock Hamilton

Date: 7/24/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <p style="text-align: center;">seasonal allergies</p>	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>History of mal + myotonic seizures. Takes daily medications to control seizures. Staff trained on seizure protocol.</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Risk of choking. Bite-size pieces. Reminder to slow down.</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assist with daily medications</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance. Uses brief + pad.</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may walk fast + often doesn't look at surroundings.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not differentiate staff from strangers. may leave an area without staff.</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>Hearing impaired + may not be able to hear warnings / verbal direction. appear to understand some sign language, along w/ physical prompts.</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <p style="text-align: center;">N/A</p>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	

**Important to:** Be around / observe peers, join activities, choices

**Important for:** make own decisions, consistent routine, staff takes time to communicate with him

**Likes:** pipe is right, chocolate milk, particular staff, ipad

**Dislikes:** transitions, change in routine, raw veggies, not using ipad

**Communication Style:** vocalizations, facial expressions, pointing

**Learning Style:** physical + gestural prompts

Staff: Brack Hamilton  
 Date: 7/16/24



Service Recipient: Brack Hamilton  
 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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Block may have a stuffy nose when he has seasonal allergies.	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Block has history of grand mal + myoclonic seizures. Block's last seizure was in 1994. Block takes daily <del>meds</del> scheduled medication to control seizures. Staff is trained on Block's seizure protocol.	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Block is at risk for choking. Staff will provide verbal reminders to slow down + cut Block's food into bite size pieces.	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assists Block with his daily medication.	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Block requires full assistance when using the bathroom. Block uses a brief + pad due to incontinence.	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Block may not react to obstacles in front of him when walking. Block <del>does not use</del> may walk too fast + often does not look where he is stepping.	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Block may not be able to differentiate staff from strangers + may leave an area without informing staff.	<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: Block is hearing impaired + may not be able to hear warnings or verbal directions putting him at risk for potential harm. Block appears to understand some sign language, along with physical prompts.	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: To be around + be able to observe peers, join activities, have choices for activities (art, games, tv)		
Important for: To make his own decisions, have consistent routine, to have staff that takes time how best to communicate with him.		
Likes: Price is Right, chocolate milk, stuff (particular), watching people, walking, IPAD		
Dislikes: <del>Not</del> Not being able to use IPAD when he wants, transitions, changes in routine, raw vegetables.		
Communication Style: <del>Verbal</del> Vocalizations, facial expression, pointing		
Learning Style: Physical + gestural prompts.		

Staff: Laura Kinney

Date: 7/24/24



Service Recipient: Brock H.

Service Span: Annual

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>Seasonal</u>	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Myoclonic seizures</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>At risk for choking, staff will cut food into small portions.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>N/A.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will assist</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs full assistance</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not see/look where he's walking and may need reminders to slow down</u>	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>may not be able to tell the difference between a staff or stranger</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>Hott</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>to be around and able to observe others.</u>		
Important for: <u>activities, make own decisions. To have staff take their time when communicating with him.</u>		
Likes: <u>ipod, price is right, transitions</u>		
Dislikes: <u>not being able to use his ipod when he wants to eat raw veggies</u>		
Communication Style: <u>facial expressions and pointing</u>		
Learning Style: <u>Physical, gestural, prompts.</u>		

Staff: John Gebhardt  
 Date: 7/24/24



Service Recipient: Brock Hamilton  
 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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Hx of Tonic Clonic &amp; Myclonic Has Daily Meds, last seizure in 1994.</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>At risk, staff remind to slow down, small bite size pieces.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <del>NA</del>	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>Daily Meds.</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs Full assistance in bathroom</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Guide him when walking.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Hearing Impaired. Give prompts.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Have choices, activities, peers &amp; staff</u>		
Important for: <u>communicating, being included</u>		
Likes: <u>watching people, staff, walks, pictures,</u>		
Dislikes: <u>Raw Veggies, Not being able to use iPad</u>		
Communication Style: <u>Vocals, Face Expression, Pointing</u>		
Learning Style: <u>Physical &amp; Gestural Prompts</u>		

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

Staff: Allison Z.  
Date: 7/24/24



Service Recipient: Brock H.  
Service Span: June 2024 to June 2025

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: seasonal allergies	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: takes daily meds to control history of grand mal seizure seizures	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size pieces at risk for choking	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: n/a	DNR/DNI? <input type="checkbox"/> No <input checked="" 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: staff assists w/ daily med	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance to bathroom	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: fall risk, walks too fast	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may leave w/ strangers	<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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: hearing impaired	understands some sign language
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: n/a	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> be around & observe peers activities, choices		
<b>Important for:</b> make own decisions, consistent routine		
<b>Likes:</b> Price is Right, chocolate milk, watching people		
<b>Dislikes:</b> not being able to use iPad when he wants to, raw vegetables		
<b>Communication Style:</b> facial expression & pointing		
<b>Learning Style:</b> physical & visual prompts		

Staff:

Renee Schmitt



Service Recipient:

Brock Hamilton

Date:

7/24/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal Allergies	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: History of <del>his</del> grand mal & myotonic seizures Last 1994 Daily meds	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: risk of choking Bite size pieces Reminders to slow down	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	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: staff assist with meds	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance Brief & pad	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Point out obst rocks in front of him may walk fast does not look where he is stepping	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may wave area	<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: hearing impaired some physical prompt	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Be involved observe peers join activities & choices		
Important for: make own decision consistent routine staff take time to commun		
Likes: prizes right watching people choc milk		
Dislikes: Not use of iPad changes in routine raw veggie		
Communication Style: VOCIALIZATION pointing facial expressions		
Learning Style: Physical gestural prompt		

Staff: Julia Baker



Service Recipient: Brock H.

Date: 7/29/24

Service Span: 6'29 - 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: <u>seasonal allergies</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>history of grand mal seizures, last seizure in 1994, takes meds to control seizures</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>at risk for choking. staff will cut food up and remember to eat slowly</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>N/A</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<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 <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance in bathroom w/ brief and inel</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may walk too fast w/m. looking where he's walking</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>hearing impaired, can understand some sign language + physical prompts</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>being grand and observing peers, have choices for activities</u>		
<b>Important for:</b> <u>decision making, consistent routine, to have staff take time to communicate w/ him</u>		
<b>Likes:</b> <u>chocolate milk, pizza is right, staff, people watching</u>		
<b>Dislikes:</b> <u>not being able to use iPad, raw veggies, changes in routine</u>		
<b>Communication Style:</b> <u>some vocalizations facial expressions, pointing</u>		
<b>Learning Style:</b> <u>gestures, prompts, physical models</u>		

Staff: Danny Snyder  
Date: 7-24-24



Service Recipient: Brock H  
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: <u>Seasonal</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Grand mal history, last in 1994, med to control seizures</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>slow down, cut in bite sz pieces</u>	
<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>staff assists</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walks to first, not looking</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>might not recognize staff - he could go w/ strangers</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>hearing impaired knows some ASL &amp; physical prompts</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>observing peers, activities</u>		
Important for: <u>decisions, routines, staff that takes time w/ him</u>		
Likes: <u>price is right, choc milk, rosaleigh, watching people</u>		
Dislikes: <u>not using iPad, transitions, changes in routine, raw vegetables</u>		
Communication Style: <u>some vocalizations, pointing</u>		
Learning Style: <u>physical &amp; gesture prompts</u>		

Staff: Jaime meyer  
 Date: 7/24/24



Service Recipient: Brock Hamilton  
 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: <u>seasonal</u>	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Grand mal &amp; myclonic - 1994</u> <u>Daily meds to control</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size - reminders to slow down</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assist w/daily meds</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full supports</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not react to obstacles, walk to post</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>hearing impaired, some sign &amp; physical prompts</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>observe peers, join activities, choices</u>		
<b>Important for:</b> <u>choices, routine, staff take time w/him</u>		
<b>Likes:</b> <u>price is right, choc milk, watching people</u>		
<b>Dislikes:</b> <u>not being able to use ipad, raw veggies</u>		
<b>Communication Style:</b> <u>vocal, facial, pointing</u>		
<b>Learning Style:</b> <u>physical &amp; gesture prompts</u>		

Staff: Elena Z  
 Date: 07/24/2024



Service Recipient: Brock Hamilton  
 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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal allergies</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>History grand mal/myoclonic seizures. Takes daily meds.</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assist + verbal reminders - bite size</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>N/A</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assist at lunch</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assist for obstacles, may walk fast</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assist - 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>Hearing impaired, sign/physical prompts</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>peers, activities, choices</u>		
<b>Important for:</b> <u>Desks, routine, patience on communication</u>		
<b>Likes:</b> <u>Pike is right, chocolate milk, staff (Rosaleigh), people watching, walking, loud</u>		
<b>Dislikes:</b> <u>IPad unavailble, transitions, raw veggies, changes-(routine)</u>		
<b>Communication Style:</b> <u>Vocals, pointing, facial expressions</u>		
<b>Learning Style:</b> <u>physical / gesture prompts</u>		

Staff: Irene M Lubick  
 Date: July 24-2024



Service Recipient: Brock Hamilton  
 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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>this season</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>History of Grand mal &amp; myoclonic</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>At risk for choking, verbal reminder for blood</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assists w/ it daily</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance in Bathroom</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>where he is stepping        May Not react to obstacles in front of</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brock may not be able to        walk away w/ some body that looks like staff</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>Hearing impaired, understands some ASL</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>observe peers, join activities</u>		
<b>Important for:</b> <u>make his own decisions, patient staff to communicate</u>		
<b>Likes:</b> <u>Price is right, Chocolate Milk, watching people</u>		
<b>Dislikes:</b> <u>Not being able to use iPad</u>		
<b>Communication Style:</b> <u>vocalizations, pointing</u>		
<b>Learning Style:</b> <u>physical &amp; gestural prompts</u>		

Staff: Rosaleigh Hallverson



Service Recipient: Brook Hamilton

Date: 7/24/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>seasonal allergies</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>history of grand mal, myoclonic, last one in 1995</u> <u>daily scheduled meds to control</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>risk for choking, verbal reminders to slow down, bite size pieces</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance in bathroom</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not react to obstacles in front of him, may walk too fast, not look where he's stepping</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may not identify staff from strangers</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>hearing impaired</u> <u>appears to understand some sign language + physical prompts</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>be around + observe staff, joined activities, choices or activities</u>		
Important for: <u>make own decisions, consistent routine, staff that take time to communicate</u>		
Likes: <u>price is right, chocolate milk, preferred staff, ipad, walking</u>		
Dislikes: <u>not being able to use ipad <sup>with</sup> <sup>ways</sup> transitions, changes in routines</u>		
Communication Style: <u>vocalizations, pointing, facial expressions</u>		
Learning Style: <u>physical + gestural prompts</u>		

Staff: Kristin JM  
 Date: 7/24/24



Service Recipient: Brock Hamilton  
 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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Brock has seasonal allergies	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Brock has an history of seizures last one 94. Brock takes daily med scheduled meds.	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Cut up on bite size	
<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: Staff will assist	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance in bathroom.	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Brock may not be able to differentiate staff	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Brock may not be able to know a staff between stranger	<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:	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>to be around to observe peers</u>		
Important for: <u>to make his own decisions.</u>		
Likes: <u>price is right, chocolate milk, staff, watching people</u>		
Dislikes: <u>not be able to use iPad</u>		
Communication Style: <u>vocalization, facial expression, pointing</u>		
Learning Style: <u>visual, physical prompts</u>		

Staff: Dolly Stein  
 Date: 7/24/24



Service Recipient: Brock Hamilton  
 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

<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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Grand mal &amp; myoclonic seizures - last seizure 1994</u> <u>Controlled by meds</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal reminders to slow down, bite sized pieces</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>takes a daily med</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance in bathroom</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walks fast doesn't look down</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>hearing impaired</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>observing peers, join activities, choices</u>		
Important for: <u>making decisions, routine, staff taking time to communicate with him</u>		
Likes: <u>Price is right, chocolate milk, people watching, preferred staff</u>		
Dislikes: <u>raw veggies, changes in routine, transitions, not being able to use iPad</u>		
Communication Style: <u>vocalizations, facial expressions, pointing</u>		
Learning Style: <u>physical &amp; gestural prompts</u>		

Staff: Brian Mattox



Service Recipient: Brock Honille

Date: 7/24/24

Service Span: Jun/24 - Sep/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: <u>Seasonal allergies</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>myoclon seizures</u> <u>takes daily meds</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Remind to slow down and cut food into bite size pieces</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will with meds</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance in restroom</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>must walk to fast and does not look object in the way</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will be with all time must leave staffers</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>hearing impaired</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>be around friend choices activities</u>		
<b>Important for:</b> <u>decision on his own communicate with him</u>		
<b>Likes:</b> <u>price is right chocolate milk staff watching people</u>		
<b>Dislikes:</b> <u>not being able to use iPad raw vegs transition</u>		
<b>Communication Style:</b> <u>Vocalization easily expresses</u>		
<b>Learning Style:</b> <u>Phfcol and gustate prompts</u>		