



# Competency Tracking Form

Participant: Justin Brown

Annual Service Span: May 2024 to May 2025

Annual Meeting Date: 5/1/2024 Date Assigned to Lead: 5/7/2024

Competency Quiz Due for all Staff: 6/1/2024

**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
5/14/24	JM	Jaime Meyer
5/14/24	JG	John Gebhardt
5/14/24	JML	Ilene Lubick
5-14-24	LK	Laura Kinney
5/14/24	PD	Pamela Davis
5/14/24	CS	Cindi Stucky
5/14/24	DM	Dennis Moua
5/14/24	KS	Kris Smoot
5/21/24	DT	Dave Turner
5/14/24	RS	Renee Schmidt
5-14-24	NS	Nancy Snyder
5/14/24	KS	Dolly Stein

Date Completed	Initials	Full Name
5/14/24	JB	Julia Baker
5/14/24	RH	Rosaleigh Halverson
5/14/24	DY	Doua Yang
5-14-24	DR	Darlene Rice
5/14/24	KM	Krista Mischnick
5/14/24	Bm	Brian Mattox
5/14/24	LO	Lateeph Onikoro
		Josh Snodie

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

Staff: Angie Suster



Service Recipient: Justin Brown

Date:

Service Span: 5/24 - 5/25

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> Environmental Allergies (pollen, dust, pet dander, mold)	<b>Medication Allergies?</b> <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	<b>Describe Supports:</b> History last in 2011	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> eats independently limit Dairy / Dairy sensitivity	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	<b>DNR/DNI?</b> <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	<b>Describe Supports:</b>	<b>Daily medication at PAI?</b> <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	<b>Describe Supports:</b> Independent	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	<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> Knows when he needs a break and will take one on his own. Doesn't like loud yelling or noises	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> - likes to spend alone time in sensory rooms - will move independently to a quiet location	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> 15 minutes alone time staff check every 15 minutes, suggest going back to	
<b>Important to:</b> printing pictures, friends, music program room movies, coffee, walks, picture book, his girlfriend		
<b>Important for:</b> independence, choices/decisions, explain upcoming schedule changes, encourage group activities, listening to him		
<b>Likes:</b> music, movies, printing pictures, friends, outings, his girlfriend the picture book		
<b>Dislikes:</b> loud noises, when iPad isn't working, planetariums, Risto		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> Repetition, Demonstration, observation		

Staff: Dave Turner  
 Date: 5/21/24



Service Recipient: Justin Brown  
 Service Span: May 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>Environmental 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>HR - last one in 2011</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eats independently, limit dairy/dairy sensitive</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:	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	Describe Supports:  <u>NA</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>knows when he needs a break and will go on his own. Disturbs loud noises/yelling</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>spends time alone in sensory room/move independent to a quiet room</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>15 min check every 5 min</u>		
<b>Important to:</b> <u>printing pictures, friends, music, movies, coffee, walks, picture book, girlfriend.</u>		
<b>Important for:</b> <u>Independent choices/decisions, explain upcoming schedule change, encourage group activities, listening to him.</u>		
<b>Likes:</b> <u>Music, movie, print pictures, friends, picture book, outings, girlfriend</u>		
<b>Dislikes:</b> <u>loud noises, IPAD not working, planetariums, pasta</u>		
<b>Communication Style:</b> <u>Verbal</u>		
<b>Learning Style:</b> <u>Repetition, demonstration, observation</u>		

Staff: Doua Yang



Service Recipient: Justin Brown

Date: 5/14/24

Service Span: May 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>environmental 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 last in 2011</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eats independently, limit dairy / dairy sensitive</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 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	Describe Supports: <u>N/A</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>knows when he needs a break, will go on his own. Dislikes loud noises / yelling</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>spend time alone in sensory room. move independently to a quiet room.</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<u>15 min, check every 5 min</u>		
<b>Important to:</b> <u>painting pictures, friends, music, movies, coffee, walks, picture book, girlfriend</u>		
<b>Important for:</b> <u>independent choices / decisions, explain upcoming schedule change, encourage group activities, listening to him.</u>		
<b>Likes:</b> <u>music, movie, print picture, friends, picture book, outing, girlfriend</u>		
<b>Dislikes:</b> <u>loud noises, ipad/ipod isn't working, planataniums, pasta</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>Repetition, Demonstration, Observation</u>		

Staff: Lakeeph Onikou



Service Recipient: Justin Brown

Date: 5/14/2024

Service Span: 5/24-5/25

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>pollen, dust, dander</u> Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Environmental Allergy</u> *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</u> <u>Last in 2011</u>
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eats independently</u> <u>limit dairy / dairy sensitive</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<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"/> 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>knows when to take a break</u> <u>doesn't like noise</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>like to spend time in sensory rooms</u> <u>will move independently to a quiet location</u>
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>15 minutes alone time staff check every 15 min</u>	
<b>Important to:</b> <u>printing pictures, friends, music</u>	
<b>Important for:</b>	
<b>Likes:</b> <u>music, movies, printing, friends, putting</u>	
<b>Dislikes:</b> <u>loud noises, when iPad isn't working</u>	
<b>Communication Style:</b> <u>verbal</u>	
<b>Learning Style:</b> <u>repetitive demonstration, observation</u>	

Staff: Ilene M Lubick  
 Date: May 14-24



Service Recipient: Justin Brown  
 Service Span: 5-2024 to 5-2025

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>pollen, dust, Environmental allergies</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" 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>Has History - last one in 2011</u>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eats Independently, limit dairy/sweets</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 type="checkbox"/> No <input checked="" 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>NA</u>	Describe Supports:	
<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>Know when he needs a break &amp; will go independently</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Likes to spend time alone in person room will move independently to a quiet location</u>	
<b>Unsupervised time while at PAI?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>15 min alone time, staff checks w/g/S</u>	
<b>Important to:</b>	<u>privacy pictures, food, music, movies coffee walks</u>	
<b>Important for:</b>	<u>Independence, choice, explaining upcoming schedule changes</u>	
<b>Likes:</b>	<u>encouraging groups activities music movies pictures, friends</u>	
<b>Dislikes:</b>	<u>loud music, when speed doesn't work, pasta, planetarium</u>	
<b>Communication Style:</b>	<u>Verbal</u>	
<b>Learning Style:</b>	<u>repetition, demonstrator observation</u>	

Staff: Dolly Stein  
 Date: 5/15/24



Service Recipient: Justin Brown  
 Service Span: 5/24 - 5/25

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: Environmental Allergies (pollen, dust, pet dander, mold)	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: history of seizures last seizure in 2011	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Independent limit dairy/dairy sensitivity	
<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 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: independent	
<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:	<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: Knows when to take a break & doesn't like loud noises/yelling	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Likes to spend time alone in sensory room Independently goes to quiet spaces	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 15 mins alone		
Important to: Printing pictures, friends, music, movies, coffee, walks		
Important for: Independence, choices, explaining upcoming schedule changes, encouraging group activities,		
Likes: music, movies, printing pics, friends, outings, his girlfriend		
Dislikes: loud noises, planetarium, pasta		
Communication Style: verbal		
Learning Style: Repetition, demonstration, observation		

Staff: Brian mattox

Date: 5/14/24



Service Recipient: Justin Blauz

Service Span: 5/24 - 5/25

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: environmental Allergies pollen mold pet dander	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 them last one 2011	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: eats indy limit dairy	
<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:	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: incidental	
<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 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: know when he need to take a break does not like loud noises	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: likes to spend time alone in the sensory room's	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 15 min alone time		
<b>Important to:</b> printing pic friends music movie walks picbook		
<b>Important for:</b> independence making choices decisions change in schedule encourage play activity		
<b>Likes:</b> music movie printing pics outdoor outings		
<b>Dislikes:</b> loud noises and when I pad not working pasta playthings		
<b>Communication Style:</b> verbal		
<b>Learning Style:</b> Repetition demonstration observation		

Staff: Atucky  
 Date: 5.14.24



Service Recipient: Justin Brown  
 Service Span: May 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: Environmental 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 seizures 2011 last one	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: eats independently limited dairy	
<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:	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: independent	
<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 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: Knows when to take a break don't like loud noises	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: likes to spend time alone in sensory room.	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 15min alone time check on him		
<b>Important to:</b> printing pics, friends, music, movies coffee, walks, pic bk + his girlfriend		
<b>Important for:</b> independence - decisions - group activities Choices - schedule changes - listening to him		
<b>Likes:</b> music, pics, friends, girlfriend movies, outings, pic bk		
<b>Dislikes:</b> loud noises, pasta + planetariums when iPad isn't working		
<b>Communication Style:</b> verbal		
<b>Learning Style:</b> Rep, demonstration + observation		

Staff: Dennis Moore  
 Date: 6/14/24



Service Recipient: Justin B.  
 Service Span: 5/24 - 5/25

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: ensure mental allergies pollen, dust, mold, pet dander	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 2011	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: eats independently, dairy sensitive	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	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: independent	
<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:	<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, knows when to take break	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: likes to spend time in sensory room with friends, will move to other locations	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 15 min alone time		
<b>Important to:</b> painting pics, friends, music, movies, coffee walks, picture books, gf		
<b>Important for:</b> independence, choices, decisions, explaining schedule changes, encourage group activities, listening to him		
<b>Likes:</b> music, movies, painting pics, friends, outings, pic book gf, coffee, friends, walking		
<b>Dislikes:</b> loud noises, plantarumms, pasta		
<b>Communication Style:</b> verbal		
<b>Learning Style:</b> repetition, demonstration, observation		

Staff: Jaime meyer

Date: 5/14/24



Service Recipient: Justin Brown

Service Span: May 24 - May 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>environmental - pollen, dust, pet dander, mold</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, last in 2011</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent - dairy sensitive</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>No meds</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>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"/> 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>will take a break, doesn't like loud noises</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Time in sensory rooms, will move to quiet location</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>15 min - alone time</u>	
<b>Important to:</b>	<u>printing pics, friends, movies, coffee, walks, girlfriend</u>	
<b>Important for:</b>	<u>Independence, choices, explaining changes, encourage group, listening to him</u>	
<b>Likes:</b>	<u>music, movies, outings, girlfriend</u>	
<b>Dislikes:</b>	<u>loud noises, planetarium, pasta</u>	
<b>Communication Style:</b>	<u>Verbal</u>	
<b>Learning Style:</b>	<u>repetition, demonstrate, observation</u>	

Staff: Laura Kinney



Service Recipient: Justin Brown

Date: 5.14.24

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: <u>Environmental, Pollen, dust, mold</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 - last seizure was 2011</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eats ind. Dairy sensitive</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 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>ind</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</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>Known when he needs to take a break.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>likes to spend alone time in sensory room.</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Staff</u>		
<b>Important to:</b> <u>printing pictures, music, coffee, walks, girlfriend.</u>		
<b>Important for:</b> <u>independence, making own choices &amp; decisions, encourage group activities, being heard.</u>		
<b>Likes:</b> <u>music, movies, friends, going on outings, picture book &amp; girlfriend.</u>		
<b>Dislikes:</b> <u>Loud noise, when I-Pad isn't charged or working, Pasta</u>		
<b>Communication Style:</b> <u>Repetitive verbal</u>		
<b>Learning Style:</b> <u>Repetition &amp; Demonstration</u>		

44611-510

Staff: Pamela Davis

Date: \_\_\_\_\_



Service Recipient: Justin Brown

Service Span: 5/24 - 5/25

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: Environmental Allergies Pollen, dust - pet dander mold	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 Seizures / Last	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Independently; dairy sensitive	
<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:	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: Independent	
<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: <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: Justin doesn't like loud noises, will	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Spends time alone in sensory room	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 15 mins alone time check every 15mins		
<b>Important to:</b> pics, friends, music, coffee, walks, pic book and girlfriends		
<b>Important for:</b> independence, choices, changes in schedule(s) encourage group activities; listening to him		
<b>Likes:</b> movies, pics, friends		
<b>Dislikes:</b> loud noises, ipad not working pasta		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> repetition, observation Demonstration		

Staff: DARLENE  
 Date: 5-14-24



Service Recipient: Justin Brown  
 Service Span: 5/24-5/25

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>ENVIRONMENTAL ALLERGIES</u> <u>PET-MOLD-POLLEN</u>	Medication Allergies? <input 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>LAST ONE 2011</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>LIMIT DAIRY</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:	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>NA</u>	Describe Supports:	
<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>JUSTIN KNOW WHEN HE NEEDS A BREAK + WILL LEAVE ROOM</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>LIKE ALONE TIME</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>15 mins alone - staff will check after time</u>		
<b>Important to:</b> <u>PICTURES-FRIEND-COFFEE-MOVIE-GIRLFRIEND</u>		
<b>Important for:</b> <u>PRINTING PICTURES-INDEPENDENCE-ACTIVITIES-LISTENING TO HIM</u>		
<b>Likes:</b> <u>MOVIES-PICTURES-FRIENDS-OUTTINGS</u>		
<b>Dislikes:</b> <u>LOUD NOISES-PASTA-IPAD NOT WORKING</u>		
<b>Communication Style:</b> <u>VERBAL</u>		
<b>Learning Style:</b> <u>OBSERVATION-REPETITION-DEMONSTRATION</u>		

Staff: Nancy Supter  
 Date: 5-14-25



Service Recipient: Justin Brown  
 Service Span: 5/14 - 5/25

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>Environmental Allergies (pollen, dust, pet dander, mold)</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 seizures last in 2011</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eats independently limit Dairy / Dairy sensitivity</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:	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 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>Knows when he needs a break and will take one on his own. Doesn't like loud yelling or noises - will leave room</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>-likes to spend alone time in sensory rooms -will move independently to a quiet location</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>15 minutes alone time staff check every 15 minutes</u>	<u>suggest going back to program room</u>
<b>Important to:</b>	<u>printing pictures, friends, music MOVIES, coffee, walks, picture book, his girl friend*</u>	
<b>Important for:</b>	<u>independence, choices/decisions, explain upcoming schedule changes, encourage group activities, listening to him</u>	
<b>Likes:</b>	<u>Music, movies, printing pictures, friends, outings, his girl friend</u>	
<b>Dislikes:</b>	<u>loud noises, when iPad isn't working, planetariums, pasta</u>	
<b>Communication Style:</b>	<u>Verbal</u>	
<b>Learning Style:</b>	<u>Repetition, Demonstration, observation</u>	

Staff: John Gebhardt  
 Date: 5-14-24



Service Recipient: Justin Brown  
 Service Span: 5/24 to 5/25

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: Enviromental allergies Pollen, Dust, Mold, Dander	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 seizures Last one 2011.	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Limit Dairy Products, Remind to eat slow	
<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:	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: Independent	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" 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: Does not like loud noises, Redirect Him to a Quiet location	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: spends time alone in sensory rooms	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Only 15 min. Alone Time</u>		
<b>Important to:</b> <u>Printing photos, Music, coffee, Walks, movies Friends, Girls,</u>		
<b>Important for:</b> <u>Independence, choices, decisions, Schedules Encourage group activities. Listening to Him</u>		
<b>Likes:</b> <u>Pictures, music, movies, outings, coffee, Girl Friend,</u>		
<b>Dislikes:</b> <u>Loud noise, when iPad doesn't work, Pastas,</u>		
<b>Communication Style:</b> <u>Verbal,</u>		
<b>Learning Style:</b> <u>Demo &amp; observations.</u>		

Staff: Renee Schmitt  
 Date: 5/14/24



Service Recipient: Justin Brown  
 Service Span: 5/24 - 5/25

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: Pollen dust mold Potclander	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 last 2011	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Eat independently Dairy sensitive Limit Dairy	
<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:	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: independent	
<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:	<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: Know when need break leave room when loud & yelling	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Like to spend time in sensory room move independently	
<b>Unsupervised time while at PAI?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 15 min Staff check suggest program Room	
<b>Important to:</b>	Printing Pic friend music coffee walk Pic Book girlfriend	
<b>Important for:</b>	encourage group activities independence choice/decision Change in Schulte	
<b>Likes:</b>	music movies friend outing coffee girlfriend	
<b>Dislikes:</b>	Loud noises iPad Not working Pasta planetarium	
<b>Communication Style:</b>	Verbal	
<b>Learning Style:</b>	repetition observation demonstration	

Staff: Kristina S  
 Date: 5/14/24



Service Recipient: Justin Brown  
 Service Span: 5/24 - 5/25

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>environmental</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 - last 2011</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lasts ind, limit dairy - dairy sensitive</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:	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	Describe Supports: <u>NA</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>knows when to take breaks, doesn't let loud noises</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Will move to quiet area if needed        Spend time alone in sensory room</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>15 min alone / Check 15 min / Suggest return to room</u>		
<b>Important to:</b> <u>Printing pictures, friends, music, coffee, walks, girlfriend</u> <b>Important for:</b> <u>encourage group activities, listening to him</u> <b>Likes:</b> <u>music, movies, printing pics, friends, outings, petting park, GF</u> <b>Dislikes:</b> <u>loud noises, iped not working, pasta, planetary</u> <b>Communication Style:</b> <u>Verbal</u> <b>Learning Style:</b> <u>Repetition, Demonstration, observation</u>		

Staff: Rosaleigh Halvorson



Service Recipient: JUSTIN BROWN

Date: 5/14/24

Service Span: 5/2024-25

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: environmental allergies	Medication Allergies? <input 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, last one was 2011	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independent, dairy sensitive	
<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:	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: independent in bathroom	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:	
<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: knows when he needs to take a break no loud noises	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: likes to spend time alone in sensory room, more independence	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15; staff check on him & suggest him to program room		
<b>Important to:</b> printing pictures, frames, music, movies, walks, picture book, girlfriend		
<b>Important for:</b> independence, choices, explaining upcoming schedule changes, encourage group activities, listening to him		
<b>Likes:</b> music, movies, printing pictures, outings, picture book, girlfriend		
<b>Dislikes:</b> loud noises, when ipad isn't working, pasta		
<b>Communication Style:</b> verbal		
<b>Learning Style:</b> repetition, demonstration, observation		

Staff: Kristen M  
 Date: 5/14/24



Service Recipient: Justin Brown  
 Service Span: 5/24-5/25

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: Environmental Allergies Pollen, dust, mold	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 (last 2011)	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: eats independently limit dairy, dairy sensitive	
<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:	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: independent	
<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:	<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: knows when he needs a break. does not like loud noises	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: sends alone in the sensory room.	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 15 mins alone time		
<b>Important to:</b> Printing pictures, friends, movie, coffee, walk, girlfriend		
<b>Important for:</b> independence, choices, explaining schedule changes, group activities, listening to him		
<b>Likes:</b> music, movies, friends, outings, picture book, girlfriend		
<b>Dislikes:</b> loud noises, when iPad not working, pasta		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> repetition, demonstration, observation		