

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Julie Johnson

Date of hire: 7/29/2024

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Support Plan*.

Initials of person(s) served: Jack Kestner, Jay Fearing, Maxim Zolotukhin-Rdidgeway, Justin Brown, Chelsey Rogers, Eli Arnold, Tatum Anderson, Frank Spevak, Theresa Mountain, Be Cowie

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	N/A	N/A	N/A	N/A
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	N/A	N/A	N/A	N/A
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	N/A	N/A	N/A	N/A
CPR, if required by the <i>Support Plan</i> or <i>Support Plan Addendum</i>	8/8/2024	Current Certification-9/2025- First Aid Training -8.8.2024	0.75	Star Services

PAI

<p>Support Plan, Support Plan Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	<p>8/3/2024</p>	<p>Review of Documents and Quiz</p>	<p>3.75</p>	<p>N/A</p>
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>8/3/2024</p>	<p>Review of Documents and Quiz</p>	<p>3.75</p>	<p>N/A</p>
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	<p>8/20/2024</p>	<p>In-person class and demonstration</p>	<p>3.75</p>	<p>Helath Counseling Services</p>
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	<p>8/3/2024</p>	<p>Review of Documents and Quiz</p>	<p>5</p>	<p>N/A</p>
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	<p>8/3/2024</p>	<p>Review of Documents and Quiz</p>	<p>3.75</p>	<p>N/A</p>
<p>Other topics as determined necessary according to the person's Support Plan or identified by the company:</p> <p>Topic: Topic:</p> <p>Staff signature <i>Juli Johnson</i></p>			<p>Date <i>8/8/2024</i></p>	

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

Staff: Julie Johnson
 Date: 8/7/24



Service Recipient: Cassie Hanft
 Service Span: 6/23 - 6/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: perfume, cigarette smoke straw, hay, mold, dust, pollen after shave -may be held back from outings if pollen count too high	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: Staff will regulate her food intake, reminders to take little bites & eat slowly. Cassie can follow staff's direction	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no seeded fruits or veggies, retrain from dairy products raisins, grapes, & blueberries, liver & pancreas malfunction Cassie can spoon feed herself - should stay away from wheat	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: scoliosis, developmental delay, trisomy 13 disorder, hearing disorder, asthma, diverticulitis - foods w/seeds cause stomach pain	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Cassie can independently swallow pills (with staff) before any med. admin.	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs help adjusting water temp, she has no sense of safety & cannot identify herself may need help in restroom & washing hands.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: likes to wear socks or slippers which puts her @ risk for falling. Cassie has an unsteady gait, especially on curbs, rough terrain, or stairs	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses a wheelchair on Comm. outings - always in visual range	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: certain noises & chaotic environment make Cassie anxious	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cassie may bang her head, bite her hand, slap hard surfaces, or throw herself to the floor to express frustration - she may hit, scratch, bite, grab hair, throw items	
Unsupervised time while at PAI?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to:	time to rest and relax, magazines, being involved, exercise	
Important for:	staff's redirection, to be included, to not rush her	
Likes:	magazines, fans, cars, silly humor	
Dislikes:	being rushed, transitions	
Communication Style:	yes, no, picture symbols to indicate choices, may point & vocalize needs	
Learning Style:	printed materials, enjoys Target ads, (with children & babies)	

Staff: Julie Johnson
Date: 8/1/24



Service Recipient: Anthony Sneeep
Service Span: 2/2024 - 2/2025

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: may eat	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may eat too fast, may eat too hot of food which he is a risk for burns Gluten-free diet - gets a stomach ache & headache	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes NA	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can regulate water temp	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: NA	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: accepts redirection of danger, may get too close to strangers or touching	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Can independently use sunglasses, may need a reminder	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: banging head, anxiety with changes biting, needs staff redirection (used to) bang his head	kicking
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: always have fun, to go swimming, to do all of his activities that he enjoys		
Important for: to keep a consistent/having a schedule, keep him busy! time to himself if he is frustrated, talk to him, don't yell, tell him what's up		
Likes: sports, water activities, bowling, routine, Camp, peers, staying busy, having fun, learning, outings, visuals		
Dislikes: cleaning his room		
Communication Style: gestures, vocalizations, iPad		
Learning Style: receptive to verbal & visual cues, demonstration, observation & repetition		

Staff: Julie Johnson
 Date: 8/7/24



Service Recipient: Shannon Buschman
 Service Span: 11/23 - 11/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>tylenol, tylenol 3, latex, Septra. reaction to haldol injections</u> <u>Seasonal allergies</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Complex partial status epilepticus</u> <u>accepts help during seizure, cannot communicate if she has</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>accepts staff's help during meal time</u> <u>a seizure</u> <u>she may put too much food in her mouth -</u> <u>needs assistance eating</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA @ PAI</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff must regulate water temps -</u> <u>feeding assistance needed. Restroom assistance. Briefs</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>she can pull herself back to her wheel chair</u> <u>needs verbal cues, slowdown, watch your step, hold on</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unaware of dangers in the community (traffic, etc)</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>needs her "flippies" (zippers)</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB, hits her head or bites or causing potential for injury, she may disrobe</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>to have her "flippies" go on walkers & hanging out in the hallways</u>		
Important for: <u>keep her name safe transitions, protect her privacy (eat and give her time to walk, visit, explore, let her have "flippies" help her walk time in the hallway.</u>		
Likes: <u>going on walkers, visiting other areas, hanging out in the hallway, happy/upbeat music, lunchtime</u>		
Dislikes: <u>Sad songs, she doesn't like not "getting her way" waiting to eat</u>		
Communication Style: <u>non verbal</u>		
Learning Style: <u>repetition, hand over hand - demonstration</u>		

Staff: Julie Johnson

Date: 8/17/24



Service Recipient: Leif Alne

Service Span: 2/2024 - 2/2025

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: aware of his history, accepts staff's help usually knows when he's had a seizure	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: accepts help from staff to eat, can eat most solid food, may need help with soup - needs bite sized 1/4 to 1/2 inch bites	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: Cerebral palsy, MR	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: needs assistance in water temps, could be a "burn risk" (needs Ario)	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: propelling wheel chair - may need assistance propelling his chair	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Does not understand the dangers of community such as traffic, pedestrians, cannot swim	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: family, humor, staff that listen to him, working		
Important for: being included, humor, assistance with eating & cares		
Likes: being funny, humor, jokes, wrestling, food, music, family time, staff & peers		
Dislikes: steak, loud noises of people, when others are upset, being teased, change, going to bed, exercising, being ignored		
Communication Style: understands verbal instructions, uses gestures, & modified sign language		
Learning Style: verbal explanations while physically demonstrating		

Staff: Julie Johnson



Service Recipient: Mathew Mathiason

Date: 8/7/24

Service Span: 6/2023 - 6/2024

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <u>Epi pen</u>	List & Describe Supports: <u>Bee stings, Codeine, Penicillin, pollen, ragweed, Sulfa, seasonal allergies</u> Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
Choking/ Specialized Diet: <u>NA</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>risk of choking if pieces are too big or eating too quickly</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>does get swollen feet, chest pain, Intellectual disabilities, Cannot communicate pain or symptoms</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>couldnt find information</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs assistance on icy ground, he may grab an arm for support -</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may wander, unaware of dangerous situations, myrm if hears sirens, alarms</u> <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>may run if hears alarms or sirens, motorcycles</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to: <u>riding the light rail, boats, rats, family, peers, outings.</u>	
Important for: <u>calm environment, prepare him for loud noises his epi pen, must be available, makes his own choices</u>	
Likes: <u>outings, exercise</u>	
Dislikes: <u>loud sounds, sirens, alarms, motorcycles, unexpected loud noises being told no</u>	
Communication Style: <u>pointing, responds to verbal direction</u>	
Learning Style: <u>understands verbal communication, uses outing cards, practice repetition, joking around</u>	

Staff: Julie Johnson



Service Recipient: Rob Tulloch

Date: 8/7/24

Service Span: 7/2022 - 7/2023

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: adverse reactions to Succinimide, Celontin, Clonazepam Sensitive to Lithium & Remeron	Medication Allergies? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: takes meds, increase during illness, startle tonic clonic seizures in response to loud noises, risk of injury during seizure activity	
Choking/ Specialized Diet: NA <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: eats independently, needs assistance cutting his food & needs reminders to take small bites & no talking while eating	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: acne cysts behind ears, takes meds to control, depression	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: certified staff administer (for seizures) Felbatol - 2 600mg tabs by mouth	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cannot regulate water temps	
Mobility/Fall Risk: NA <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walks fast with eyes closed,	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: doesn't watch where he is going, could walk into traffic, may forget seatbelt, may dig in garbage cans	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: May get stuck if over stimulated (twists up inside) may rub a pillow, squeeze a ball, cutting paper cue to quieter area	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: needs alone time if over stimulated, needs help maintaining boundaries	
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Important to: family, food, outings (with food, candy, pop) hanging out, friends his recorder, making jokes, being funny, making his own choices, decisions, music, going out to eat		
Important for: making his own choices and decisions, visiting friends talking about his emotions, socializing alone time when needed working, engaging in outings		
Likes: calm & quiet environment, being with peers, friends, his recorder, being able to work		
Dislikes: Coffee, chili		
Communication Style: verbally		
Learning Style: verbal explanations paired with visual demonstrations		

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <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*
Medication: <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*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to:		
Important for:		
Likes:		
Dislikes:		
Communication Style:		
Learning Style:		

Lead Review Completed: _____

Staff: Julie Johnson



Service Recipient: Rory Conway

Date: 2/8/24

Service Span: 1/2022 - 11/2023

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: DX-Generalized Convulsive epilepsy - uses a gait belt for stability & safety during seizures. Seizure protocol - (call 911 for seizures @ this time)	
Choking/ Specialized Diet: NA <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can feed himself, may take large bites of food over full his mouth, may put non-food items in his mouth or in inappropriate temps.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Acne treatment	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Rory will accept his meds.	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* PRN
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cannot regulate water temps - full assistance	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Unsteady gait, lethargy, seizure disorder may need extra support when lethargic	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Rory needs full support, doesn't comprehend potential dangers pedestrians safety, traffic, etc.	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: usually accepts staff's assistance in deescalation & regulation when over stimulated - he may slap @ his legs & the back of his head, causing marks. hyperactivity, loud vocalization & rapid movement	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Same as above. Rory may grab others, pull hair, scratching or pinching (not intentionally)	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: to have sensory items & preferred manipulatives to hold & have access to time to relax, nap, look out window & sensory time		
Important for: to have encouragement to be independent as able, balanced meals & time & support to be engaged in activity		
Likes: watching outside scenery, sensory activities & holding manipulatives, enjoys community outings with walking - Mall & parks.		
Dislikes: Having to wait for a walk, Rory will push away your hand or look away when distressed		
Communication Style: Communicates his mood through vocalization ranges from happy to anxious, communicates needs help processing needs such as a walk.		
Learning Style: repetition & hands on learning		

his

it

weighted vest or manipulatives

Staff: Julie Johnson

Date: 8/1/24



Service Recipient: Ben Connie

Service Span: _____

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Ben is aware he is lactose intolerant</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <u>NA</u> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>Autism diagnosis</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>Sulfa meds? I saw both answers in folder</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>NA</u>	Describe Supports:	
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Ben may have difficulty working at bus, but doing multiple transfers (bus)</u>	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>Sh</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Shaking fists, hitting walls, flipping tables. becomes upset when he doesn't get his way. Ben accepts staff redirection & will take a break to calm down</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>being able to search the web, movies, reading, sports independence, choice making, his job, his relationships with</u>		
Important for: <u>to participate with peers, work on conversational skills, like volume, & initiating conversation appropriately</u>		
Likes: <u>Computer, iPad, youtube, sports stats & scores, to be thorough with his job tasks @ work, maintain work place boundaries</u>		
Dislikes: <u>most fish, brussel sprouts, card games, complex board games being pushed to do things, sudden change in routine, not having choices</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Technology, demonstration, Verbal cues</u>		

Staff: Julie Johnson

Date: 7/31/24



Service Recipient: Theresa Mountain

Service Span: _____

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: She knows of her seizure disorder, take her meds @ home	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: spoon fed soft foods, small bites, has formula, and eats easily dissolvable will decline food to hard to swallow	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: moderate intellectual disability, congenital Malformation Syndromes, Cardiofacio cutaneous syndrome, heart murmur unconfirmed	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes NA	Describe Supports: Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independent, needs pericare after BM, menses cue to use soap & wash thoroughly	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Not a fall risk, but she has poor depth perception staff will assist less around uneven ground or verbally prompt	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: needs supervision for safety	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: less has mild to medium hearing loss, with hearing aids, near sighted,	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: work, family friends, staying active, technology, the show (the middle) Stuffed animals, her dog, friendship clubs, special Olympics		
Important for: to be included, doesn't like to be alone, reminders to drink formula, let her know the expectations of the day, listens & respect choices		
Likes: being busy, special olympics, softball & basketball, texting, going to Target, grandmas house, sisters house, swimming, road trips		
Dislikes: hiking, not being included loud noises, environments - Doesn't like balloons (popping sound)		
Communication Style: verbal, uses phones & tablets to text, tech savvy, some sign		
Learning Style: ipod, phone		

Staff: Jelicia Johnson



Service Recipient: Frank Spivak

Date: 7/3/24

Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>allergic to sulfa meds</u> Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>NA</u>
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>NO sugars or sweets</u> <u>NA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Tight chest muscles, sees an OT & PT, Autism</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Walks steady</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Frank could be easily taken advantage of, or be coerced into something that could do him harm</u> <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>staff attends to Frank's environment & provide him with pre-teaching, verbal or written prompts to stay safe, may need dim lighting</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>if Frank encounters something new, or surprising he may need verbal or written prompts</u>
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: <u>Routine, work, movies, iPad, headphones, Disney, reading Special Olympics, being able to "surf the web"</u>	
Important for: <u>for Frank it is important for him to participate in groups with his peers</u>	
Likes: <u>Starbursts, Gardetto's snacks, cheese pizza, most colli, watch movies, computer games, shopping online, bowling, basketball, outings</u>	
Dislikes: <u>having to wait, loud environment</u>	
Communication Style: <u>verbally & visually communicate</u>	
Learning Style: <u>verbal prompts, demonstrational</u>	

Staff: Julie Johnson
 Date: 7/3/24



Service Recipient: Tatum Anderson
 Service Span: _____

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <u>NA</u> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent, can regulate water temp.</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She does well in familiar places, can independently shop, follows pedestrian rules, She may freeze up in chaotic environments</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tatum struggles with depression & anxiety likes to talk to staff</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>up to 15 minutes</u>		
Important to: <u>Independence, routine, (but not limited to) talking through emotions & feelings with others.</u>		
Important for: <u>help her regulate her emotions, help process anxiety help her be patient & allow for independence</u>		
Likes: <u>being creative, writing, politics, cats, watching TV, humor, kick boxing, cats</u>		
Dislikes: <u>loud noisy places, high fructose corn syrup, filling out forms</u>		
Communication Style: <u>verbally</u>		
Learning Style: <u>Observation, demonstration, & verbal direction</u>		

Staff: Julie Johnson
 Date: 7/31/24



Service Recipient: Jay Fearing
 Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>can communicate when experiencing symptoms</u> Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* <u>dust & cats allergy</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>understands he has had seizures in the past, seizure free since Oct/92</u>
Choking/ Specialized Diet: <u>NA</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Jay eats independently & understands the risk of choking if he eats too fast. may take large bites</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>NA</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>enjoys outings but he may become moody. Jay knows most community safety</u> <input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Jay understands what type of environment may make him overwhelmed or overstimulated, he may need help</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u> <u>Communicating feelings</u>
Unsupervised time while at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: <u>Independence, routine, headphones, punctuality, being involved, friends, calm environment, choices, coffee & pizza</u>	
Important for: <u>help keep track of belongings, consistent schedule to be on time, don't single him out or put on spot in others presence</u>	
Likes: <u>being punctual, playing games with others, sports, likes to get excited</u>	
Dislikes: <u>loud noises, tomatoes, food that's too hot, being mis understood, misplacing things & large crowds</u>	
Communication Style: <u>Nonverbal, limited sign, pictures & symbols & writing</u>	
Learning Style: <u>Interaction, technology</u>	

Staff: Julie Johnson



Service Recipient: Eli Arnold

Date: 7/31/24

Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: NA, doesn't take meds @ PAI	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: NA	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: eats independently reminders to eat slower	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: may hold a BM (due to meds, may get constipated)	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: NA	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can walk independently but fears falling or slipping (on ice) & needs an (arm assistance)	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Eli will accept redirection. Eli will wander & may cross street w/out looking	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: prefers quiet & calm environment. likes to use sound cancelling headphones Eli is sensory defensive, applies his own lotion	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: never need to say "calm down" or "no" may need verbal cues & usually accepts direction	
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Important to: Give him space, time to process, provided a calm environment, give him choices, be positive, headphones		
Important for: Calm environment, given time to process		
Likes: music, movies, iPad, fidgets, books, computer, & going for walks		
Dislikes: vegetables except (corn & potato), fruit, except grapes & apples noises, being rushed or alot of talking		
Communication Style: verbal		
Learning Style: visual		

Staff: Julie Johnson
 Date: 7/30/24



Service Recipient: Chelsey Rogers
 Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Ceclor, cephalosporin, possibly latex</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>NA</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>raw veggies are difficult for her to swallow</u> <u>NA - food cut small in quarter sized bites</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Ataxia, autism, Bipolar affect, Poland syndrome, vision impairment disorder, hearing impaired, HBP, Moebius Syndrome</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>NA @ Pai</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs support occasionally - may need help when menstruation, needs</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent but may need uneven flooring cues</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>always accompanied by staff</u> <u>stay near her, arms length, gentle reminders</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>she cannot see or hear well, needs verbal cues to keep safe</u>	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Chelsey does not show aggression or self injurious behaviors, (no property destruction)</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Independence, iPad, learning new things, working family, video games</u>		
Important for: <u>encourage group participation, encourage her to elaborate when communicating</u>		
Likes: <u>enjoys engaging with others socially, but sometimes prefers staff, likes her independence, video games, soft clothes</u>		
Dislikes: <u>itchy clothes, prefers long sleeves & soft clothing</u>		
Communication Style: <u>Verbally & iPad</u>		
Learning Style: <u>Reading, exploring concepts individually</u>		

Staff: Julie Johnson

Date: 7/30/24



Service Recipient: Justin Brown

Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Environmental allergies Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> Justin can communicate when they bother him
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Justin takes his meds to control his seizures if seizure is more than 5 minutes, call 911
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: eats independently, reminders to slow down
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: can take & swallow, chew independently, full assistance w/ meds DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independent - may need assistance with accidents
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes NA	Describe Supports: NA
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: he understands the importance of safety <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: will take breaks on own, accept staff assistance to self-regulate. he may yell or swear if area too loud
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: very low behaviors, will leave for alone time
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 15 minutes	
Important to: printing pictures, friends music Independence, choices, decisions, supports to self-regulate	
Important for: Provide a calm & quiet environment, help him stay interested Explain changes, engaged in activities, listen to concerns & help through difficult times	
Likes: music, iPad, movies, printing pictures/my picture books, outings friends girlfriend, coffee group/walking group	
Dislikes: loud noises, if iPad/iPad isn't working, planetariums, pasta	
Communication Style: Verbal	
Learning Style: verbal, demonstration, iPad	

Staff: Julie Johnson

Date: 7/30/24



Service Recipient: Jack Kestn

Service Span: 10/8/2020

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal, med assistance if necessary	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: NA	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Constant supervision Cut food in small pieces & give reminders to slow down	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Autism, IP, GERD, Anxiety constipation care	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Individual can have 2 half tabs of lorazepam in 1 med	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Care: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: needs reminders to wash hands &/or wiping properly	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: always walk right next to him & get between him and (triggers)	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: with staff 100%, offering him PRN for anxiety	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: try to avoid loud sounds, kids screaming	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: try to avoid loud sounds/areas, & move him away from loud noises with him	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: family, iPad, electronics, books, movies, ice cream, horse back riding the zoo, bookstore, restaurants, MOA		
Important for: let him be active/move around, keep environment calm be reliable, give him some space, support in sensory & communication		
Likes: Animals, technology, the zoo, books		
Dislikes: loud sounds / kids screaming or visual of kids		
Communication Style: verbal, receptive deficits		
Learning Style: verbal, demonstration		