



Competency Tracking Form

Participant: Andrew Felling

Annual Service Span: June 2024 to June 2025

Annual Meeting Date: 6/27/2024

Date Assigned to Lead: 8/1/2024

Competency Quiz Due for all Staff: 9/1/2024

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
8/27/24	JM	Jaime Meyer
8/27/24	JG	John Gebhardt
8/28/24	IML	Ilene Lubick
8/27/24	JJ	Julie Johnson
8/27	CS	Cindi Stucky
8/27/24	DM	Dennis Moua
8/27/24	DT	Dave Turner
8/27/24	RS	Renee Schmidt
8-29-24	NJ	Nancy Snyder
8/27/24	KS	Dolly Stein
08/27/2024	EZ	Elena Zadow
8/27/24	AZ	Allison Zadach

Date Completed	Initials	Full Name
8/28/24	JB	Julia Baker
8/27/24	RH	Rosaleigh Halverson
8/28/24	PV	Pa Vang
8-27-24	DR	Darlene Rice
8/27/24	KM	Krista Mischnick
6/27/24	BM	Brian Mattox
6/27	LO	Lateeph Onikoro
10/29/24	LB	Lisa Bailey
		Josh Snodie
		Carla Sykes

Date Uploaded to LMS: _____

Staff: Jaime Meyer



Service Recipient: Andrew Felling

Date: 8/27/24

Service Span: 6/24-6/25

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	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:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size, reminders to slowdown</u> <u>carb count from home</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Type 1 diabetes, Autism</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: <u>Trained staff check BGL before lunch, insulin after lunch.</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses <u>Reminders to go. wears brief</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need assistance & reminder to slowdown</u>	
Community Support: <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	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>over stimulated by distractions - offer quiet space</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>verbal aggression - ↓ BGL, change in routine</u> <u>Physical aggression & property destruction</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>maintain/indep. living skills, consistency, patient staff, staying busy</u>		
Important for: <u>diabetic care/diet, control over surroundings, routine</u>		
Likes: <u>Bowling, coloring, parks, music.</u>		
Dislikes: <u>out of place, changes in routine, being rushed</u>		
Communication Style: <u>body language, facial expression, some verbal</u>		
Learning Style: <u>suggestive cues, 1 or 2 word instruction</u>		

Staff: John Gebhardt



Service Recipient: ~~Andrew~~ Andrew Kelling

Date: August 28 2024

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: Lexapro and Geodon Med Allergies	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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Cut up Foods bite sizes take small bites,	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Diabetes - Type 1, ASD	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: Trained staff check glucose and BGL, Insulin,	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs reminders to use toilet, wears briefs for incontinence + BM.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Verbal reminders to slow down, offer Assistance	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Easily distracted by environments offer a quiet space/place	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Paces a lot. Verbal aggression, Physical Aggression swear, scream + yell. Property Destruction	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised times,	
Important to:	Having consistency, building skills, and staying busy. Under standing staff.	
Important for:	Help with Diet + diabetic care. Improving skills Having a routine.	
Likes:	Parks, walks, puzzles, shopping, Brother,	
Dislikes:	when staff is out of place. changes in routine Being rushed	
Communication Style:	verbal, body, and-face expressions	
Learning Style:	Visual cues + suggestive cues	

Staff: *Atucky*



Service Recipient: *Andrew Jettling*

Date: *8/27/24*

Service Span: *June 24-25*

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>Cexapro + Geodon</i>	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: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>bite size pieces prepared from home</i>	<i>has diabetes</i>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>type 1 diabetes autism</i>	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: <i>staff check his glucose + needs insulin immediately after eating</i>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>uses toilet, wears brief</i>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>ambulates independently</i>	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>easily over stimulated by distraction</i>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <i>verbal affs changes w/ routine</i>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <i>maintaining/buliding independent living skills</i> <i>stay in body, consistency</i>		
Important for: <i>assistance w/ diabetic things</i> <i>having control over surroundings</i>		
Likes: <i>bowling park walks coloring music truck shopping</i>		
Dislikes: <i>when things are out of place</i>		
Communication Style: <i>some verbal - facial - body lang.</i>		
Learning Style: <i>one or 2 word instruction w/ visual cues</i>		

Staff: Dave Tim

Date: 8/27/24



Service Recipient: June 24 - June 25

Service Span: Andrew Felling

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: Lexapro + Geodon	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:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size pieces, verbal 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, Diabetes Type 1	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: Staff are trained on diabetic protocol for Andrew. Trained staff check blood sugar	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses toilet to urinate. Prompt him to use bathroom for BM + urine	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ambulates independently. Verbal reminders to slow down.	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Easily overstimulated by small or large distractions, loud places or changes in routine. Staff will provide quiet place	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Andrew will swear + yell. Andrew has hx of property destruction. Verbal aggression - changes in routine, give Andrew time + space to calm down	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: Maintaining/building independent living skills, staying busy, consistency understanding staff		
Important for: Assistance with diabetic care + diet, increasing communication skills, having control over surroundings, routine.		
Likes: Bowling, going to park, puzzles, walks, coloring, Dollar Store		
Dislikes: Things that are out of place, changes in routine, being restrict		
Communication Style: Some verbal, body language, facial expressions		
Learning Style: 1 or 2 word instructions paired with visual cues.		

Staff: Reenee Schmidt
 Date: 8/27/24



Service Recipient: Andrew Felling
 Service Span: June 2024 - June 25

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Lexapro & Geodon</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:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut food into bite size - Lunch & Carb count to</u> <u>verbal reminders to slow down Be prepared at home</u> <u>do to his diabetes</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Type 1 Diabetes, Autism</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: <u>Administer ins with after lunch</u> <u>Trained staff Check BGL before lunch</u>	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>Uses toilet to urinate but needs reminders to go</u> <u>Always wears Briefs for BMs and incontinence</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ambulates independently</u> <u>Verbal reminders to slow down on stairs Slippery surfaces</u>	
Community Support: <input 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	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>easily overstimulated by small/large distractions in the</u> <u>environment, loud places / change in routine offer quieter place</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Swearing yelling screaming</u> <u>Verbal aggression Due to high/Low BGL, Change in routine</u> <u>overstimulated constipation History of physical & property destruction</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Maintaining/building independent living skills, staying busy</u> <u>consistency, patient/understanding staff</u>		
Important for: <u>Assistance with diabetic care & diet, increase communication skills</u> <u>Coping skills</u>		
Likes: <u>Bowling, Parks walks, puzzles coloring sports music sherk, Mario Kart</u> <u>Shopping</u>		
Dislikes: <u>things out of place, change in routine being rushed</u>		
Communication Style: <u>some verbal, body language facial expressions</u>		
Learning Style: <u>one or two instructions paired w/ visual cues suggestive cues</u>		

Staff: Dolly Stein
 Date: 8/27/24



Service Recipient: Andrew Felling
 Service Span: June 2024 – June 2025

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lexapro and Geodon 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:
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food cut into bite sized pieces and verbal reminders to slow down and take smaller bites. Lunch is prepared from home and a carb count will be included due to his diabetes.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Type 1 Diabetes, Autism 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: Trained staff check blood glucose level (BGL) before lunch and administer insulin immediately after he eats. BGL checked as needed. 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: Uses the toilet to urinate but needs reminders to go. Always wears briefs for BM's and incontinence.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ambulates independently. May need assistance and verbal reminders to slow down on stairs, slippery surfaces or uneven terrain.
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Easily overstimulated by small/large distractions in environment, loud places, and changes in his routine. Staff will offer him a quieter space.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Verbal aggression: Due to high/low blood glucose sugars, changes in routine, being overstimulated, constipation or feeling sick. Examples: swear, scream, yell History of physical aggression and property destruction . Staff should communicate with short and informed sentences and give him space and time to calm down.

Unsupervised time while at PAI? No Yes

Important to: Maintaining/building independent living skills, staying busy, consistency, patient/understanding staff

Important for: Assistance with his diabetic care and diet, increasing communication skills and coping skills, having control over his surroundings, routine

Likes: Bowling, going to the park, walks, puzzles, coloring, dollar store, sports, music, Shrek, Mario kart with his brother, shopping

Dislikes: Things that are out of place, changes in his routine, being rushed

Communication Style: Some verbal, body language, facial expressions

Learning Style: One- or two-word instructions paired with visual cues, suggestive cues

Lead Review Completed: _____

Staff: Elaine Zadow**PAI**Service Recipient: Andrew FellingDate: 08/27/2024Service Span: June 24-25

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lexapro + geodon	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: N/A	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size, reminder to slow down carb count - diabetes	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Atusim + Type I diabetes	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: Check blood sugar/glucose/level before and after	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Assist with BM, reminders to go	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: IND, may need assistance uneven/icy surface	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Assist slippery surfaces	<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: Overstimulated by distractions, loud places, and changes to routine. Offer quiet space.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Verbal aggression - blood glucose levels - ^{sweat} scream yell History of physical/property aggression	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: Maintaining IND skills, understanding, consistency.		
Important for: Assist with diabetic care/diet, communication, copying, surroundings, routine		
Likes: Bowling, park walks, puzzles, coloring, store, sport, music, shopping, Maslo cart		
Dislikes: Unordely, changes, rushed		
Communication Style: Some verbal, body language, facial expressions		
Learning Style: 1-2 word instructions, visual/suggestive cues		

Lead Review Completed:

Staff: Allison Zadach
 Date: 8/27/24



Service Recipient: Andrew Felling
 Service Span: June 2024
June 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: Lexapro, Glodon	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: n/a	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Andrew's food cut into bite size pieces, lunch prepared at home	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Type 1 Diabetes, autism	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: Trained Staff check his blood sugar. (BGL) checks as needed	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses the toilet to urinate, wears a brief for incontinence	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ambulates independently, slow down, needs reminders	
Community Support: <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	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: easily overstimulated by distractions, staff can offer him to a quiet place	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Verbal aggression - changes in routine, Feeling sick, history of physical aggression & verbal abuse	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: consistency	
Important to: maintaining/building independent living skills		
Important for: assistance w/ diabetic care & diet, having control over		
Likes: bowling, walks, puzzles, sports, his surroundings		
Dislikes: changes in routine, video games, shopping/routine		
Communication Style: some verbal, body language, facial expressions		
Learning Style: one or 2 word directions with visual cues		

Staff: Julia Baker
 Date: 6/27/24



Service Recipient: Andrew Pettino
 Service Span: June '24 - June '25

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Vespro and glodon	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: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food cut into bite sized pieces. Verbal reminders to slow down & take small bites. needs carb count	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Type 1 diabetes, Autism	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: Trained staff check blood sugar/BGL before eats & insulin after eats	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: uses toilet to urinate, uses toilet w/ reminders always wears brief	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ambulates independently. might need reminders to slow down on stairs	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: easily overly-stimulated by distractions, noises, routine changes. needs quiet spaces	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbal aggression due to high/low blood sugar. may swear, scream, yell, destroy property - needs space to calm	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: maintaining/ building independent living skills, staying busy, consistency. parent and understanding staff		
Important for: assistance w/ his diabetic care & diet. Increasing communication & coping skills, controlled surroundings, and routine		
Likes: bowling, going to the park, walks, puzzles, coloring sheet		
Dislikes: things that are out of place, routine changes, being rushed		
Communication Style: some verbal, body language, facial expressions		
Learning Style: 1-2 word instructions paired w/ visual cues & suggestive cues		

Staff: Rosaliegh Halvorsen



Service Recipient: Andrew Pelling

Date: 8/27/24

Service Span: June 2024-25

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: itxapro, geodom	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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size pieces, reminders to slow down / small bites carb count for diabetes	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Type 1 diabetes, autism	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: trained staff check blood sugar, BGL, before lunch - insulin after lunch	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: reminders to go, brief	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independent, verbal reminders for stairs, slippery / uneven terrain	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: easily overstimulated by distractions, loud places, changes in routine. Staff offer quiet place	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbal aggression due to high/low BGL, sickness history of physical aggression + property destruction short + informed sentences + space	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: maintaining, independence, consistency, patient understanding staying busy * staff		
Important for: assistance for diabetic care / diet, communication + coping skills control over surroundings, routine		
Likes: bowling, park, puzzles, coloring, music, shrek, shopping		
Dislikes: out of place, routine changes, being rushed		
Communication Style: some verbal, body language, facial expressions		
Learning Style: 1/2 word instructions, verbal + suggestive cues		

Staff: DARLENE
 Date: 8-27-24



Service Recipient: Andrew Felling
 Service Span: 6-24-16-25

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>Good on</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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>BITE SIZE PIECES / LUNCH FROM HOME</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Ambisim / Diabetes</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: <u>STAFF WILL CHECK GLUCOUS INSULIN RIGHT AFTER HE EATS</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>REMINDER TO GO - WEARS A BRIEF</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>DESTRCTIONS ARE EASILY</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>VERBAL AGGRESSION - SCREAM - SWEAR - YELL</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>Independents living skills</u>		
Important for: <u>Diet - control over surroundings</u>		
Likes: <u>BOWLING - WALKS - DOLLAR STORE - SHREK</u>		
Dislikes: <u>THINGS OUT OF PLACE - BEING RUSHED</u>		
Communication Style: <u>VERBAL - BODY LANGUAGE</u>		
Learning Style: <u>VISUAL QUE - 1 OR 2 SUGGESTIONS</u>		

Staff: Krista M
 Date: 8/27/24



Service Recipient: Andrew Felling
 Service Span: JUNE 24/JUNE 25

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Letapro & Breodon	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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: food cut up bite size. lunch is prepared from home	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Autism, diabetic type 1	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: Trained staff check w/s PAI before lunch 18 min immediately	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: use the toilet to urinate but use bed	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May need assistance on icy and have uneven terrain	
Community Support: <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	
Sensory Support: <input 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: easy overstimulated by distractions and change in routine. staff can offer a quiet space.	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Verbal aggressive - changes in routine / swear and yell Physical aggressive - give him space & time to clamdown	
Important to: Maintaining, Building independent living skills, staying busy		
Important for: Assistance with his diabetic care and diet, coping skills, routine		
Likes: Bowling, going to the park, walks, puzzles, sport		
Dislikes: things that are out of his control, changes		
Communication Style: some verbal, body language, facial expression		
Learning Style: one to two word instructions, cues		

Staff: Brian metter
 Date: 9/27/24



Service Recipient: Andrew Felling
 Service Span: June 24 - June 25

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

Employment Services Phase:		
Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lexpro and Geodon	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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Cut food into bite sized pieces verbal reminders to slow down and take small bites, carb count for diabetes	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Type 1 Diabetes, Autism	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: Trained staff check blood glucose level before lunch and administer insulin after he eats	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Need reminders to go to the bathroom	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May need assistance and reminders to slow down on stairs, slick surfaces or on uneven terrain	
Community Support: <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
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Easily overstimulated by small/large distractions in environment loud places and changes in routine	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Verbal aggression History of physical aggression and property destruction	
Unsupervised time while at PAI or in the community? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: maintaining/building independent staying busy consistency		
Important for: Assistance with diabetic cares and diet communication skills and coping skills Control over surroundings routine		
Likes: Bowling Parks walks puzzles coloring store sports music		
Dislikes: Things that are out of place changes in routine being rushed		
Communication Style: verbal body language facial expressions		
Learning Style: one or two word instructions Paired with visual cues suggestive cues		

Staff: ~~XXXXXX~~ Lafayeh Onikow



Service Recipient: Andrew Feltings

Date: 8/27/2024

Service Span: June 2024 - June 2025

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lexapro Geodon	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:	
Choking/ Specialized Diet: <input checked="" 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: food. Cut down bite size etc.	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: Check blood sugar Type 1 Diabetes Autism before eating check BGH before and after eating	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: he use toilet but need to be reminded to go	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: He moves independently	
Community Support: <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	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Over easily load places overstimulated by large/small distraction	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbal Aggression, Physical Aggression, Constitution, Building distraction	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>Maintain</u> staying busy, patient unstanding independent. <u>staff</u>		
Important for: Assistance with Diabetes care and diet routine		
Likes: bowling, going to park, pussie, and dollar store.		
Dislikes: Things that are out of place & being Rush		
Communication Style: Some verbal; Body language, facial expression		
Learning Style: One or two word instruction & suggested (few)		

Staff: Paia Vang



Service Recipient: Andrew Felling

Date: 8/28/24

Service Span: June 2024 - June 2025

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

Employment Services Phase:

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Lexapro and Meldon</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:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food cut into bite sized pieces and verbal reminders to slow down and take smaller bites, lunch is prepared from home and a carb count will be included due to his diabetes</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Type 1 diabetes, Autism</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: <u>Trained staff check blood glucose (BGL) before lunch and administer insulin immediately after he eats, BGL check as needed</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds as needed a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses the toilet to urinate but needs reminders to go, always wear briefs for BM and incontinence.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ambulates independently, may need assistance and verbal reminders to slow down on stairs, slippery surfaces or uneven terrain</u>	
Community Support: <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	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Easily overstimulated by small/large distractions in environment, loud places, and changes in his routine, staff will offer him a quieter space</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Verbal aggression: due to high/low blood press glucose sugars, changes routine, being overstimulated, constipation or feeling stuck, examples: swear, scream, yell, communicate with short sentences, give space and time to calm down, has history of physical aggression and property destruction</u>	
Unsupervised time while at PAI or in the community? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>maintaining/building independent living skills, stay busy, consistency. Patient/understanding staff</u>		
Important for: <u>Assistance with his diabetic care and diet, increasing communication skills and coping skills, having control over his surroundings, routine</u>		
Likes: <u>Bowling, going to the park, walks, puzzles, coloring, dollar store, sports, music, shrek, Mario Kart with his brother, shopping</u>		
Dislikes: <u>things that are out of place, changes in his routine, being rushed</u>		
Communication Style: <u>some verbal, body language, facial expressions</u>		
Learning Style: <u>one - two word instructions paired with visual cues, suggestive cues</u>		

Staff: Dana



Service Recipient: Andrew Felling

Date: 8/28/24

Service Span: JULY 2024 - JUNE 2025

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: Lexapro + Geodon	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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cut food into sized pieces, slow down eating	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: type 1 diabetes, autism	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: Trained staff check (BGL) before and administer insulin medication after meals	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses toilet to urinate needs reminder to go, always wears brief for the instance	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independent + needs to stay around group	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: easily overstimulated by large distractions	<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: verbal aggression, history: physical & property aggression during	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to:	maintain independent living skills, staying busy, consistency, patterns	
Important for:	assist diabetic care, increase communication skills + coping, routine	
Likes:	being gone to the park, walks, puzzles, coloring, noise, fast, shorts, roller, tree, sparkle music	
Dislikes:	things that are out of place, routine change	
Communication Style:	some verbal; body language, facial expressions	
Learning Style:	one or two word instructions: paired with verbal cues, suggestions	

Staff: Ilene M Lubick
 Date: Aug 28-24



Service Recipient: Andrew Felling
 Service Span: June 20 24 - 2025

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

Employment Services Phase:

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Lexapro and Geodon</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>Food cut into bite sized pieces and verbal reminders to slow down and take smaller bites. Lunch is prepared at home and a carb count will be included due to his diabetes.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Type 1 Diabetes, 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: <u>Trained staff check BGL before lunch & administer insulin immediately after he eats. Check BGL as needed.</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses the toilet to urinate but needs reminders to go. Always wears briefs for BM's and incontinence.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ambulates independently. May need assistance and verbal reminders to slow down on stairs, slippery/uneven</u>	
Community Support: <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 <u>terrain and surfaces.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Easily overstimulated by small/large distractions in environment, loud places and changes in his routine. Staff will offer him a quiet space.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Verbal aggression: Due to high/low blood glucose sugars, changes in routine, being overstimulated, constipation or feeling sick so may swear, scream, etc. Staff should communicate with short and informed sentences and give him</u>	
Unsupervised time while at PAI or in the community? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>space and time to calm down. History of physical aggression and property destruction.</u>	
Important to:	<u>Maintaining/building independent living skills, staying busy, consistency, patient understanding staff.</u>	
Important for:	<u>Assistance with his diabetes care and diet, communication skills and coping skills, having control over his surroundings, routine.</u>	
Likes:	<u>Bowling, going to the park, walks, puzzles, coloring, dollar store, sports, music, shrek, Mario Kart with his brother, shopping</u>	
Dislikes:	<u>Things that are out of place, changes in his routine, being rushed.</u>	
Communication Style:	<u>Some verbal, body language, facial expressions</u>	
Learning Style:	<u>One or two instructions, paired with visual cues, suggestive cues</u>	

Staff: Sara Bailey
 Date: Aug 29th, 2024



Service Recipient: Andrew Felling
 Service Span: June 2024-June 2025

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Levapro, Geodon</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:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food cut into bite size pieces and verbal reminders to slow down and take small bites. Lunch is prepared from home and carb count will be included due to his diabetes.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Type 1 diabetes, Autism</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: <u>Trained staff check blood (sugars) glucose levels before lunch + administer insulin immediately after he eats. BGL check as needed</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses the toilet to urinate but needs reminder top. Always wears briefs for BM's and incontinence</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ambulates independently. May need assistance and verbal reminders to slow down on stairs, slippery surfaces or uneven terrain</u>	
Community Support: <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	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Easily overstimulated by small / large distractions in environment, loud places, and changes in his routine. Staff will offer him a quieter space</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Verbal aggression: Due to high/low blood glucose signs change in routine, being overstimulated, constipation or being sick, ex/sweat, scream, yell. History of physical aggression + Property destruction. Staff communicate short inform sentences</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Maintaining / building independent living skills, staying busy, consistency Patient / under standing Staff</u>		
Important for: <u>Assistance with diabetic care + diet, increase communication skill and coping skills have control over his surrounding routine</u>		
Likes: <u>Bowling, going to Park, Walks, puzzles, coloring, dollar store, sports, music, Trek, Mario Kart with brother, shopping</u>		
Dislikes: <u>Things that are out of sort (out of place) changes in his routine, being rushed</u>		
Communication Style: <u>Some verbal, body language, facial expressions</u>		
Learning Style: <u>one or 2 word instructions pair with visual cues Suggestive Cues</u>		

Staff: Janas m
Date: 8/29/24



Service Recipient: Andrew Felty
Service Span: 8/24 - 6/25

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: Lexapro or gabapentin	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: —	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: food into into bite sized pieces over 1000 / 1000	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: type 1 diabetes, gluten	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: staff check	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: use toilet, nurse to go	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independent, nurse to stand down	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: easily over stimulated, offer a quiet place	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbal aggression, physical aggression	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to:	independent living skills, staying busy	
Important for:	diabetic care & comm. skills,	
Likes:	dollar stores, parks, walks, pizza, job	
Dislikes:	changes in routine, being rushed	
Communication Style:	some verbal, body language facial expressions	
Learning Style:	1-2 word instructions paired visual cues	

Staff: Anthony Dugher
Date: 8-29-24



Service Recipient: 6/24-6/25
Service Span: Andrew Felling

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:	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:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite sz pcs, lunch from home w/ carb count due to diabetes slow down reminders	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Type 2 Diabetes, Autism	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: Staff trained on BGL before lunch insulin immediately after he eats	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: VOIDS in toilet/reminders - Always wears briefs for BMS and in continence	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Independent, slow down reminders	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Overstimulated by small/large distractions in environment loud places, changes in routine - staff offer quiet space	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Verbal aggression - swear, scream, yell physical " " - give space & time to calm down	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to:	maintaining living skills, staying busy, consistency patient staff	
Important for:	Assistance w/ diabetic care, routines	
Likes:	Bowling parks, walks, puzzles, coloring, sports, Mario Kart	
Dislikes:	things things out of place, routine changes, ^{being} rushed	
Communication Style:	some verbal, body language, facial expressions	
Learning Style:	things 1 to 2 word instructions paired w/ visual cues suggestive cues	