



Competency Tracking Form

Participant: Eric Connors

Annual Service Span: Intake

Annual Meeting Date: 9/21/24 Date Assigned to Lead:

Competency Quiz Due for all Staff: 9/10/24

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
9/6/24	JM	Jaime Meyer
9/6/24	JG	John Gebhardt
9-9-24	IL	Ilene Lubick
9/11/24	LO	Lateeph Onikoro
9/11/24	JJ	Julie Johnson
9/9/24	CS	Cindi Stucky
9/9/24	DM	Dennis Moua
9/11/24	Bm	Brian Mattox
9/9/24	DT	Dave Turner
9/11/24	RS	Renee Schmidt
9/9/24	NS	Nancy Snyder
9/26/24	KS	Dolly Stein
09/09/24	EZ	Elena Zadow
		Allison Zadach

Date Completed	Initials	Full Name
9/11/24	JB	Julia Baker
9/11/24	RH	Rosaleigh Halverson
9/6/24	PV	Pa Vang
9-6-24	DR	Darlene Rice
9/10/24	KM	Krista Mischnick
9-10-24	SB	Sara Bailey
		Josh Snodie
		Carla Sykes

Date Uploaded to LMS: _____

Staff: Georgie Plooy



Service Recipient: Eric Connors

Date: _____

Service Span: Intake

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Should eat bite sized pieces as he eats very quickly; snacks throughout the day are important – provided by residence. May grab others’ foods if he is close enough – staff remind to slow down when eating and redirect Eric away from others’ food.	
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:	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: Full assistance in the restroom – utilizes adult briefs – staff assist in pulling up/down pants. When needing to use the bathroom, Eric may pat his lower abdomen over his bladder, go into the bathroom to lift the toilet seat, or begin flushing the toilet.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ambulates independently; sometimes clumsy – staff assist in ensuring Eric’s path is free of obstacles and assist on slippery surfaces and uneven terrain.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Limited understanding of community safety skills; may wander away from the group if seeing something he wants; unaware of pedestrian safety – staff accompany at all times and hold his hand in busy settings to ensure safety; may approach strangers and present himself directly in their face – staff redirect to a desired activity and model stranger safety skills. <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: No vision or hearing concerns; working to better communication skills; vocalizations, gestures, communication tablet – Eric is only able to utilize the tablet with staff assistance as he cannot navigate the tablet independently. May become frustrated when staff are consistently not understanding what he is trying to communicate – staff assist Eric in communicating with others.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB – biting arm/hand when agitated; Hx of biting and hitting staff when escalated and staff were within his personal space; being told “no” or “stop it” – when agitated, staff will redirect Eric to a quiet space to self-regulate and then redirect to a desired activity. Eric is working to better understand personal boundaries, he may approach a stranger/peer/staff and present himself directly in their face or grab their arm to get their attention – staff remind Eric of personal boundaries and redirect to a desired activity.	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Snacks/food, toys/fidgets, books, routine/structure.		
Important for: Understanding his communication style, assisting in teaching him about boundaries, verbal affirmations when doing something well.		
Likes: Books, music, toys/fidgets, sensory reactions (lights, sounds, etc.), all food.		
Dislikes: Being told “no” or “stop it”, overstimulating environments		
Communication Style: Vocalizations, gestures		
Learning Style: N/A – 45 Day		

Lead Review Completed: _____

Staff: DARLENE



Service Recipient: ERIC CORVOR

Date: 9-6-24

Service Span: INTAKE

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:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>BITE SIZE PIECES</u> <u>MAY GRAB OTHERS FOOD</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 <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: <u>BRIEFS - NEEDS ASSISTANCE</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>SOMETIMES CLUMSY - STAFF WILL HELP ON UNEVEN SURFACES</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>UNAWARE OF SAFETY</u> <u>STAFF WILL HOLD HAND IN BUSY PLACES</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>NO VISION OR HEARING CONCERNS</u> <u>STAFF WILL HELP WITH COMMUNICATING</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - BITING - HITTING STAFF</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>FOOD - FIDGETS - BOOKS</u>		
Important for: <u>UNDERSTANDING HIS COMMUNICATION STYLE - BOUNDARIES</u> <u>VERBAL AFFIRMATIONS WHEN DOING WELL</u>		
Likes: <u>BOOKS - MUSIC - LIGHTS</u>		
Dislikes: <u>BEING TOLD NO OR STOP IT</u>		
Communication Style: <u>WIBT VOCAL - GESTURES</u>		
Learning Style: <u>NA - 45' DAY</u>		

Staff: Darius Moore
 Date: 9/6/24



Service Recipient: Eric Carreras
 Service Span: Indefinite

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 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: snacks eat throughout day, bite sized pieces	
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:	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: full assistance, adult briefs,	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walkers, elopes	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff stay by his side	<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: maybe can function but when a staff does not understand him	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB, working on boundaries	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: snacks / food, toys / fidgets / books		
Important for: understand his communication style		
Likes: books, music, toys / fidgets, food,		
Dislikes: told no or stop		
Communication Style: localization, gestures		
Learning Style: US lang.		

Staff: Jaime meyer



Service Recipient: Eric Connors

Date: 9/6/24

Service Span: Intake

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size- remind to slow down. snacks provided by house. may grab others' food- redirect away from food.</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:	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>full assist- briefs- staff pull up & down pants. may pat lower abdomen when he needs to use restroom.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent- clumsy- ensure path is clear of obstacles</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may wander away if he sees something he wants.</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>only utilizes tablet with staff assistance. may get frustrated when staff don't understand what he is trying to say. Assist him with communicating to</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB- biting arm/hand when agitated. Hx of biting/hitting others. staff if in personal space. Being told no/stop it- staff redirect to quiet area, then redirect to preferred activity.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>snacks/food, toys/fidgets, books, routine/structure</u>		
Important for: <u>understanding communication style, assist w/teaching boundaries, verbal affirmations when doing something well.</u>		
Likes: <u>Books, music, toys/fidgets, sensory reactions (lights, sounds, etc.) all food</u>		
Dislikes: <u>Being told "no" or "stop it", overstimulating environments</u>		
Communication Style: <u>vocalizations, gestures</u>		
Learning Style: <u>N/A - 45 day</u>		

Staff: Paia Vang



Service Recipient: Eric Connors

Date: 9/6/24

Service Span: Intake

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

<p>Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>List & Describe Supports:</p>	<p>Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*</p>
<p>Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>Describe Supports:</p>	
<p>Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: should eat bite sizes / he eats quietly, eat snack through out the day, may grab others food if close enough - remind to eat slow / redirect from others food</p>	
<p>Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>List & Describe Supports:</p>	<p>DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*</p>
<p>Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>	<p>Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Full br assist. forlets, assist in pulling up/down pants, when need / may pat his lower abdomen over bladder.</p>	
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Ambulates independently, sometimes clumsy, staff free obstacles / slippery surfaces and uneven surfaces.</p>	
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: limited community skills, may wander away from group, unaware pedestrian safety, staff hands hold his in busy settings, may approach stranger / present himself</p>	<p><input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: NO visions/hearing concerns; working better - communication, vocalizations, gestures, communication tablet, assist with tablet, may be frustrated may be frustrated when staff does not understand</p>	
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: SIB - biting arm/hand when agitated, Hx of biting/hitting staff when escalated, redirect Eric to quiet space to self-regulate, working better understand personal boundaries, may grab arms to get their attention</p>	
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>	
<p>Important to: Snacks / food, toys / fidgets, books, routine / structure.</p>		
<p>Important for: understanding his communication style, assisting him about boundaries, verbal affirmations when doing something well.</p>		
<p>Likes: Books, music, toys / fidgets, sensory reactions (lights/sound/etc) all food</p>		
<p>Dislikes: being told "no" and "stop it"</p>		
<p>Communication Style: vocalizations, gestures</p>		
<p>Learning Style: N/A - 46 days</p>		

Lead Review Completed: _____

Staff: John Gebhardt

Date: 9/6/24



Service Recipient: Eric Connors

Service Span: Intake

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:
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Should eat bite sizes as he eats quickly. Having his snacks throughout the day is important. May grab others food if he is to close to them.</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 <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: <u>Full help in bathroom, Uses adult briefs, staff pull up/down pants, Holding over abdomen, Flush Toilet</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited understanding of his surroundings. Be close to him to guide.</u> <small>Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs</small>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>No vision or hearing concerns, working on better communication skills, vocals, Assist him.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - bite arm/hand if agitated staff will redirect Eric to a quiet space</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to: <u>snacks/food, toys, figits, books, routine, structure</u>	
Important for: <u>Understanding his communication style, Assist him in teaching about Boundries, verbal affirmation/praise when doing well.</u>	
Likes: <u>Music, books, toys/figets, sensory lights, sounds, Food.</u>	
Dislikes: <u>Being told "No" and "Stop It" Any Overstimulating Places</u>	
Communication Style: <u>Vocals, gestures</u>	
Learning Style: <u>N/A 45 day</u>	

Staff: Dave Turner



Service Recipient: Eric Connors

Date: 9/8/24

Service Span: Intake

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 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 & may prob others food</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:	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>Bliefs - needs assistance</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sometimes clumsy - staff will help on uneven surfaces.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unaware of safety. staff will hold hand in busy places.</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>No vision or hearing concerns staff will help with communicating</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - Biting - hitting staff.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>Food, fidgets, books</u>		
Important for: <u>Understanding his communication style, boundaries - verbal affirmations when doing well.</u>		
Likes: <u>Books, music, lights</u>		
Dislikes: <u>Being told "no" or "stop it."</u>		
Communication Style: <u>Vocal gestures</u>		
Learning Style: <u>NA - 45-day</u>		

Staff: Gene M Lubicz



Service Recipient: Eric Connors

Date: 9-9-24

Service Span: Intake

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size, slow down reminders, snack during day, gubs other food.</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:	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>Full assist, adult built, may pat tummy over bladder when he has to go to bathroom, lift seat, flush</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent, sometimes clumsy</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>man elope, staff holds hands at all times.</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>when using tablets needs assistance, vocalization, gestures</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bites, arm/hand when agitated, has hit staff when told "NO" or "stop it" Reminders of personal boundaries.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	

Important to:

snacks, food, toys, fidgets books, routine

Important for:

understanding him, teaching boundaries, praise when he has done well

Likes:

books, music, toys, lights, sounds, food

Dislikes:

"NO" "Stop it" overstimulating environments

Communication Style:

vocalization, gestures

Learning Style:

N/A (45 days)

Staff: Devy Singh



Service Recipient: Eric Connors

Date: 9-9-24

Service Span: Finite

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sz pcs, slow down reminders snacks during day, grabs others food</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:	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>Full assist, adult briefs, may put tummy over bladder when he has to go - go to bathroom, lift seat, flush</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent, sometimes clumps</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May elope Staff holds hand at all times</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>when using tablet needs assistance, vocalizations, gestures</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bites arm/hand when agitated - Has hit staff when he was told "no" or "stop it" Reminders of personal boundaries</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	

Important to: snacks, food, toys fidgets, books routine

Important for: understanding him, teaching boundaries, praise when he has done well

Likes: books, music, toys, lights, sand, ball

Dislikes: "no" or "stop it" overstimulating environments

Communication Style: vocalizations, gestures

Learning Style: N/A (4.5 yrs)

Staff: Risa Bailey
 Date: 9-10-24



Service Recipient: Eric Connors
 Service Span: Intake

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: N/A	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: N/A	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Should eat bite size pieces as he eats very quickly, snack through out the day important provide by residence. May gobble snack. Remind slow down eating and redirect from other food	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance in restroom, utilize brief, assist with pulling pants up/down, will pat lower abdomen over his bladder, go into the bathroom to lift toilet seat, or begin flushing	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ambulates independently sometimes clumsy staff assist ensuring Eric's path is free of obstacles and assist on slippery surfaces & uneven terrain	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: limited understanding of community safety skills, wanders away from group, staff hold Eric hand in busy settings, redirect to desired activity <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: no vision, hearing concerns working to better communicate, vocalization, gestures, communication tablet. need staff assist and with tablet. become frustrated when staff do not understand him. Staff assist with communicating with others	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB - biting arms/hands when agitated, hit, hit & bites staff when escalated & when staff say no or stop it. Staff will redirect Eric to quiet place to self regulate. Eric trying work on personal boundaries grab, hit & get into personal space	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: snack, food, Toys, fidget, books, routine/structure		
Important for: understand his communication style, assist with teaching him boundaries, verbal affirmations with doing something well.		
Likes: Books, music, toys, fidgets, sensory reactors (lights/sounds). all food		
Dislikes: Being told "no" or "stop it" overstimulating environment		
Communication Style: Vocalization, gestures		
Learning Style: NA - 45 days		

Staff: Kristina

PAI

Service Recipient: Eric Connors

Date: 9/10/24

Service Span: Intake

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pieces as he eats very quickly. snacks throughout the day are important. may grab others food</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:	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>offer full assistance in bathroom. nitres adults brief staff assistances</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sometimes clumsy - staff assist in ensuring Eric path is free of obstacles assist on slippery surfaces and uneven terrain.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited understanding of community safety skills. may wander stay in groups</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>NO vision or hearing concerns, working to better communication skills, vocalizations & gestures, communication tablet may become frustrated when staff not understanding</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SB biting arm/hand when agitated or hitting staff when escalated and staff were within his personal space being told no or stop it when agitated staff will redirect</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>(NO)</u>	
Important to: <u>snacks, food, toys & fidgets, Books, routine/structure</u>		
Important for: <u>understanding his communication style, assisting in teaching him about boundaries, verbal affirmations when doing something well.</u>		
Likes: <u>Books, music, toys, fidgets, sensory reactions (lights, sound, food)</u>		
Dislikes: <u>being told "no or stop it", over stimulating environments</u>		
Communication Style: <u>vocalization & gestures</u>		
Learning Style: <u>N/A - 4/5 day</u>		

Staff: Julia Baker
 Date: 09/11/24



Service Recipient: Eric Connors
 Service Span: Intake

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: should eat bite-sized pieces as he eats very quickly; snacks throughout the day are important = provided by residence, may grab others' food if he is close enough-	
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 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: full assistance in the restroom - utilizes adult brief-staff assist in pulling up/down pants. When needing to use the bathroom, Eric may pat his lower abdomen over his bladder, go into the bathroom to lift the toilet seat, or begin flushing the toilet.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: - ambulates independently, sometimes clumsy - staff assist in ensuring Eric's path is free of obstacles and assist on slippery surfaces and uneven terrain	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: limited opportunity of community safety skills; may wander away from group if seeing something wants	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: no vision or hearing concerns, wanting to better communication skills; vocalizations, gestures, communication tablet - Eric only uses tablet w/ staff help / may become irritated when	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: sib-biting arm/hand when agitated, history of biting & hitting staff.	

staff remind to stay down when eating and redirect Eric away from other's foods

Unsupervised time while at PAI? No Yes

Important to: snacks/ food, toys/fidgets, books, routine/ structure

Important for: understanding his communication style, assisting in teaching him about boundaries, verbal affirmations when doing something well.

Likes: Books, music, toys/fidgets, sensory reactions (lights, sounds, etc.) all food.

Dislikes: Being told "no" or "stop it," overstimulating environments

Communication Style: vocalizations, gestures

Learning Style: N/A - 45 day

Staff: Pence Schmolt
 Date: 9/11/24



Service Recipient: Eric Connors
 Service Span: Intake

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size pieces reminders to slow down Snacks are important throughout the day</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
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 type="checkbox"/> Yes	Describe Supports: <u>full assistance in bathroom Uses Brief</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ambulates independently assist on slippery surfaces and uneven terrain Staff ensure path is free of obstacles</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hold hand in busy settings May wander away from group Staff accompany at all times</u>	*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>may grab face or arm to get attention STB - Biting arm/hand when agitated redirect into quiet space then activity History of Biting/hitting staff - being told no or stop</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>snacks/food, toys fidgets, books, routine, structure</u>		
Important for: <u>understanding his communication style, assisting in teaching him about boundaries, verbal affirmation when doing something well</u>		
Likes: <u>Books, music toys fidgets Sensory reaction all food</u>		
Dislikes: <u>Being told no or stop or overstimulating environments</u>		
Communication Style: <u>vocalizations gestures</u>		
Learning Style: <u>N/A - 45 day</u>		

Staff: Brian Matlock
 Date: 9/11/24



Service Recipient: Eric Connors
 Service Span: intake

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bit-size pieces reminders to slow down snacks are important throughout the day</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
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 type="checkbox"/> Yes	Describe Supports: <u>Full assistance in bathroom uses brace</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ambulates independently assist on slippery surfaces and when falling staff ensure path is free of obstacles</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hold hand in busy setting may wander away + re-group staff accompany at all times</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>may grab face or arm to get attention</u> <u>SJB - Biting arm/hand when agitated Redirect into quiet space then quietly</u> <u>History of biting / hitting staff bring told no</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>snacks/foods toys Fidgets Books routine/structure</u>		
Important for: <u>understanding his communication style assisting in teaching him about boundaries, verbal affirmation when doing something well</u>		
Likes: <u>Books, music toys Fidgets sensory reaction all food</u>		
Dislikes: <u>being told no or stop it overstimulating environments</u>		
Communication Style: <u>vocalizations gestures</u>		
Learning Style: <u>NA/45 day</u>		

Staff: Dave Turner



Service Recipient: Eric Connors

Date: 9/11/23

Service Span: Intake

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>should eat bite size pieces. Eats quickly - reminders to slow down. Snacks are important throughout the day. May take other individual's food.</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:	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>Full assistance in the bathroom - uses adult blocks. Eric may pat lower abdomen when he needs bathroom.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ambulates independently - sometimes clumsy. May need assistance on slippery surfaces & uneven terrain.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May need to hold hand while in the community. May wander from group.</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>May become frustrated when staff are unable to understand what he is trying to communicate.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB biting hand or arm. Also lot of biting or hitting staff. Staff may direct to quiet areas. May grab staff or peer's arm when trying to get attention.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>snack, food, toys/gadgets, books, routine, structure verbal aff.</u>		
Important for: <u>Understanding communication style, learning about boundaries verbal affirmations when doing well.</u>		
Likes: <u>Books, music, toys, sensory reactions, all food!</u>		
Dislikes: <u>Being told "no", overstimulating environments</u>		
Communication Style: <u>Vocalizations, gestures</u> Learning Style: <u>NA - AS day</u>		

Staff: Julie Johnson



Service Recipient: Eric Connors

Date: 9/11/24

Service Span: Intake

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 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 sized pieces, he eats very quickly. may grab others food if close. staff will prompt	
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:	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: full assistance in restroom, uses adult briefs staff assist with pulling up/down pants, may pat bladder go into bathroom & lift the seat or flush	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ambulates independently, sometimes clumsy	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: limited understanding of community - hold his in busy settings to ensure safety - provide supervision	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: no vision or hearing concerns, working to better communication skills. cannot navigate tablet independently	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes SIBs	List & Describe Supports: biting arm, biting & hitting staff when escalated in personal space. being told "no" or "stop" staff will redirect to a quieter place to calm	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Snacks, foods, toys, fidgets, books, routine, structure		
Important for: Understanding his communication style, assist in teaching him about boundaries, verbal affirmations when		
Likes: Books, music, toys, fidgets sensory reactions, (lights, sounds, etc) all food. doing well		
Dislikes: Being told "no" or to "stop it"		
Communication Style: vocalizations, gestures		
Learning Style: NA / 45 day		

Staff: Candi Stucky
 Date: 9-11-24



Service Recipient: Eric Conners
 Service Span: intake

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eat bite size pieces + eats quickly, snacks throughout day. may grab others' foods.</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:	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>Full ass. in restroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ambulates, independently, sometimes clumsy</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may wander away from group if seeing something he wants.</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>No vision of hearing concerns, working to better communication skills</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - biting arm/hand when agitated</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>snacks-food</u> <u>routine-structure</u> <u>toys-fidgets</u> <u>books</u>		
Important for: <u>understanding his communication style, teaching him boundaries, verbal affirmations when doing something well.</u>		
Likes: <u>books, music, toys-fidgets, sensory reactions - all food.</u>		
Dislikes: <u>Being told no or stop it over stimulating environments</u>		
Communication Style: <u>Vocalizations - Gestures</u>		
Learning Style: <u>N/A</u> <u>45 Day</u>		

Staff: Lateefh Onikoro
 Date: 9/11/2024



Service Recipient: ERIC Lonnors
 Service Span: Intake

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: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Should eat bite size pieces as he eats very quickly; snacks throughout the day are important. Provided by residence. May grab other's food if he is close enough.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff need to remind him to slow down while eating.	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance in the bathroom - utilizes adult brief. Staff assist in pulling up/down pants. When needing to use the bathroom. Eric may rest his lower abdomen over his shoulder.	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: go into bathroom to lift the toilet seat, or flushing the toilet. Ambulates independently. Sometimes always staff assist in ensuring Eric's path is free of obstacles and assist on	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Slipping surfaces and uneven terrain. Limited understanding of community safety skills. May wander away from the group if seeing	<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: something he wants. No vision or hearing concerns; working to better communication skills. vocalization gestures, communication tablet.	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB - biting arm/hand when agitated. Hx of self-harm. Staff when escalated and staff were within his personal space being told "No or stop it"	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Snacks/food, toys/fidgets, books, routine/structure		
Important for: understanding his communication style, assisting in teaching him about boundaries. verbal affirmation when doing something well.		
Likes: Books, music, toys/fidgets, sensory reactions (visual, sounds, etc) all food		
Dislikes: Being told what to do "no or stop it" overstimulating environment		
Communication Style: vocalizations gesture		
Learning Style: N/A - fidgety		

Staff: Elena Zedow**PAI**Service Recipient: Eric ConnorsDate: 09/11/2024Service Span: Intake

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: <u>N/A</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: <u>N/A</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size - reminder to eat slow. Snacks throughout the day. May eat others food.</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>N/A</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assist - brush - lift toilet</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>IND - may fall on slippery surfaces.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May wander, invades personal boundaries.</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>Uses tablet to communicate, vocals, gestures. Upset when he cannot communicate.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SID - biting arm/hand - escalated + staff</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ASSIST</u>	
Important to:	<u>Snacks/food, toy, fidget, books, routine/structure</u>	
Important for:	<u>Understanding communicate style, boundaries, verbal affirmations.</u>	
Likes:	<u>Book, music, toys, sensory recitations, food</u>	
Dislikes:	<u>"No" + "Stop", overstimuli</u>	
Communication Style:	<u>Vocals, gestures</u>	
Learning Style:	<u>NA</u>	

Lead Review Completed: _____

Staff: Rosaleigh Halvorson



Service Recipient: ERIC CONNORS

Date: 9/11/24

Service Span: intake

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: <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:	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full bathroom assistance, briefs puts lower abdomen over bladder, lift toilet, flush	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ambulates independently, sometimes clumsy path free of obstacles, assist on slippery surfaces + uneven terrain	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: accompany at all times, hold hands, may approach strangers & provide supervision to meet health & safety needs - go directly in face redirect	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: working to better communication skills vocalizations, gestures, communication tablet - utilize with staff assistance. may become frustrated when staff can't understand	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: biting arm/hand, being told "no" or "stop it" redirect to a quiet space to self regulate + redirect to desired activity, working on boundaries - may go directly into face, grab arm redirect	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: snacks / food, toys / fidgets, books, routine / structure		
Important for: understanding communication style, assisting in teaching him about boundaries, verbal affirmations when doing something well		
Likes: books, music, toys / fidgets, sensory reactions (lights, sounds, etc), all food		
Dislikes: being told "no" or "stop it", overstimulating environments		
Communication Style: vocalizations, gestures		
Learning Style: N/A - 45 day		

Staff: Dolly Stein
 Date: 9/26/24



Service Recipient: Eric Connors
 Service Span: Intake

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized pieces may grab others food</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:	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>Briets - need assistance</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unaware of safety clumsy, assistance w/ uneven surfaces staff will hand hand in busy places</u>	
Community Support: <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>NO VISION or hearing concerns</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - Biting, hitting staff</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>snacks, food, fidgets, books, routine</u>		
Important for: <u>understanding his communication, boundaries, verbal affirmation</u>		
Likes: <u>books, music, toy/fidgets, sensory reactions - all food</u>		
Dislikes: <u>Being told no or stop it over stimulating environments</u>		
Communication Style: <u>vocalizations - gestures</u>		
Learning Style: <u>N/A 45 days</u>		