Staff: Dave Tuiv

Date: 10/9/24

Service Recipient: Britney Shafer-Frazier

Service Span: 9/24 - 9/25

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

Allergies: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal	Medication Allergies? ■ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ■ N/A	Describe Supports:	
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: Risk of choking due to eating to quickly.	
Chronic Medical Conditions: ☐ No ☐ Yes ■ N/A	List & Describe Supports:	DNR/DNI? ■ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ■ No ☐ Yes	Describe Supports:	Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: Needs help cleaning up after BM	
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Britney is social + curious + may not pay attention to where she is + may look over shoulder. She will dance + spin. May elope from group outings + in bussing area.	
Community Support: ■ No ☐ Yes	Describe Supports: May elope in public. Wears helmet on bus + outings. Stay in visual range.	■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Britney may become over-stimulated in loud + busy environments. She may become overstimulated with too many questions. Does not like to be told "No."	
Behavior Support: ■ No ☐ Yes	List & Describe Supports: Britney may become upset, frustrated, yell throw or tip over items, pull, pinch, slap. She will also take her clothes off. Staff should give her space when upset.	

Unsupervised time while at PAI? ■ No ☐ Yes

Important to: Being around peers, choices + decisions, painting her nails, being busy, walking, exploring, routines

Important for: Independence, outings, trying new things, respecting her communication + choices, looking, visiting with staff + peers

Likes: dancing, music, nails getting done, girly things, outings, walking, shopping.

Dislikes: Being told "No", watching tv, keeping her room clean, adjusting to new places

Communication Style: Some signs, vocalizations, gestures

Learning Style: Repetition, hand over hand.

Lead Review Completed: _____

Staff: Lakeesh Onicon

Date: 10/9/2024

Service Recipient: Britney Shaffer

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Risk of shocking if she eats too fast and takes too Larger or bite
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: Needs help cleaning up after BM etc.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Britney is social and curious, may not pay attention to where she is and may look over her shoulder
Community Support: ☒ No ☐ Yes	Describe Supports: May elope in public. Stay in visual range. Wear helmet on bus and outings ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Britney may become overstimulated in loud and busy environments She may become overstimulated if she is asked too many questions. She does not like being told no
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Britney may become upset, frustrated, may yell, throw items, tip things over. pull hair. punch or slap staff.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Being around Peers, Choices and decisions, painting her nails staying busy, walks, exploring routines.	
Important for: Independence, outings, trying new things, respecting her Communication and choices routine, visiting with staff and peers.	
Likes: Dancing, music, getting her nails done, girly things, outings, walks.	
Dislikes: Being told No watching TV, keeping her room clean. Adjusting to new places.	
Communication Style: Some signs, vocalizations, Gesture	
Learning Style: Repetition, hand over hand	

Lead Review Completed: _____

Staff: Tiera M Lubrik

Date: Oct 9-2024

Service Recipient: Britney Shaffer-Frazier

Service Span: 9/2024 - 9/2025

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports:
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs helping cleaning up after BM etc
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: She is social & curious, may not pay attention to where she is & may look over her shoulder. Likes to dance and spin. May elope from group or outings and
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs may elope in public. Stay in visual range. Wears helmet when on outings
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: may become overstimulated in loud & busy environments. Does not like being touched because overstimulated if asked to do may get into
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may become upset or frustrated & then may yell, throw items, tip things over, pull hair, punch/slap, take off shoes/bottle. try to offer a activity & give her space when upset.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Being around peers, choices & decisions, painting her nails, staying busy, walks, exploring routines
Important for:	Independence, outings, trying new things, respecting her communicators and choice, routine, visiting with staff and peers
Likes:	Dancing music, getting nails done, girly things outings walks being around peers shopping
Dislikes:	Being told no, watching tv, keeping room clean, adjusting to new places
Communication Style:	some signs, vocalizations gestures
Learning Style:	repetition, hand over hand

Lead Review Completed: _____

Staff: Paia Vang

Date: 10/9/24

PAI

Service Recipient: Britney Shaffer-Frazier

Service Span: 9/2024 – 9/2025

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: risk of choking if shes eating ~~food~~ / takes too large or bites
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs helping cleaning up after BM etc
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: is social and curious, may not pay attention to where she is going and may look over her shoulder. she likes to dance / spin. may elope from group.
Community Support: ☒ No ☐ Yes	Describe Supports: may elope in public, stay in visual range, wears helmet on bus and on outings. ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Britney may become over stimulated in loud and busy environments. She may become overwhelmed if questions are asked too many times. she [illegible] to be told no.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: may be upset, frustrated, may yell, throw items, tip things over, pull hair, punch or slap [illegible], [illegible] lose her shoes when something [illegible]. [illegible] and give her ~~[illegible]~~.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: being around peers, choices and decisions, [illegible] her [illegible], [illegible] busy, walks, exploring, routines

Important for: independence, [illegible], [illegible] [illegible], less [illegible] her communication / choices, routines, visiting w/ staff, peers.

Likes: dancing, music, getting her nails done, giving hugs, walks, being around peers, shopping.

Dislikes: being told no, watching TV, cleaning her room [illegible], [illegible] [illegible] her [illegible].

Communication Style: some signs, vocalizations, gestures

Learning Style: repetition, hands on [illegible]

Lead Review Completed: ____________________

Staff: DARLENE R.
Date: 10-9-24

Service Recipient: Britney Shaffer FRAZIER
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: SEASONAL	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Risk of choking	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: help after BM	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: CURIOUS - MAY ELOPE	
Community Support: ☒ No ☐ Yes	Describe Supports: WEARS helmet on BUS + outing	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Don't like being told NO MAY BECOME OVERSTIMULATED in loud + BUSY AREA	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: MAY YELL, THROW ITEMS, PULL HAIR, PUNCH	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: BEING AROUND PEERS - CHOICES - PAINTING NAILS

Important for: TRYING NEW THINGS - VISITING

Likes: DANCING - MUSIC - GIRLY THINGS - SHOPPING

Dislikes: BEING TOLD NO - WATCHING TV - KEEPING ROOM CLEAN

Communication Style: SIGNS - VOCAL - GESTURES

Learning Style: REPETITION - HAND OVER HAND

Lead Review Completed: _____

Staff: Brian mattox

Date: 10/9/24

Service Recipient: Britney Shatter-Frazier

Service Span: 9/2024 - 9/2025

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Risk of choking if she eats too fast and takes too large or bites	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: help cleaning after BM	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may not pay attention to where she is and may dance and spin may elope	
Community Support: ☒ No ☐ Yes	Describe Supports: may elope in Public stay in visual range wears helmet on bus and on outing	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Overstimulated in loud and busy environment overstimulated when ask to many question and bring told no.	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: when upset, frustrated may yell throw items tip things over pull hair hit slap, staff should offer her activites and give space	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to: Being around peers choices and decisions Painting nails staying busy walks exploring routines		
Important for: Independence outing trying new things respecting her communication and choices routines visiting with staff and peers		
Likes: Dancing, music nails done girly things outing walks being around peers Shopping		
Dislikes: told no TV keeping her room clean adjusting to new Places		
Communication Style: some signs vocalizations, gestures		
Learning Style: repetition, hand over hand		

Lead Review Completed: _____

Staff: Julia Baker
Date: 10/9/29

PAI

Service Recipient: Britney Shafer-Frazier
Service Span: _____

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: risk of choking if she eats too fast and takes too large bites	
Chronic Medical Conditions: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Needs helping cleaning up after BM etc	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Britney is social and curious, may not pay attention to where she is and looks over her shoulder. likes to dance + sph. may elope in	
Community Support: ☑ No ☐ Yes	Describe Supports: May elope in public. stay in visual range. wears helmet on bus and on outings.	☑ Staff will model pedestrian & stranger safety, community provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Britney may become upset, frustrated, may yell, throw items, flip things over, pull hair, punch or slap staff. She also takes off her shoes and clothing.	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: may become overstimulated in loud and busy environments. doesn't like too many questions. staff should offer her activities and give her space.	
Unsupervised time while at PAI? ☑ No ☐ Yes		
Important to: ~~Independence~~ Being around peers, choices and decisions, painting her nails, staying busy, walks, exploring, routines		
Important for: independence, outings, trying new things, respecting her communication and choices, routine, visiting with staff and peers.		
Likes: dancing, music, getting her nails done, girly things, outings, walks, being around peers, shopping		
Dislikes: Being told no, watching TV, keeping her room clean, adjusting to new places		
Communication Style: some signs, vocalizations, gestures		
Learning Style: repetition, hand over hand		

Lead Review Completed: _____

Staff: Lisa Bailey
Date: Oct 9, 2024

PAI

Service Recipient: Britney Shaffer Fraser
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Risk of choking if she eats too fast and takes large or bites
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs help with cleaning up after BM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Britney is social & curious, may not pay attention to where she is going & may look over shoulder likes to dance & spin, may elope on group outings & bussing area
Community Support: ☒ No ☐ Yes	Describe Supports: May elope in public. Stay in verbal range wear helmet on bus & biking ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Stimulated in loud & busy environment. She may become overstimulated if ask to many questions
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Britney may become upset, frustrated, may yell, throw items, tip things over, pull hair, pinch & slap staff. She also take off her shoes
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Being around peers, choices/decision, painting nails, stay busy, walk, exploring, routine	
Important for: Independence, outings, trying new things, respecting her Communication & choices, routine, Visiting with staff & peers	
Likes: dancing, music, nails done, girly things, outings walks, being around peers, shopping	
Dislikes: Being told no, watching tv, keeping her room clean, ajusting new place	
Communication Style: some signs, vocalizations, gestures	
Learning Style: repetition, hand over hand	

Lead Review Completed: _____

Staff: John Gebhardt

Date: 10/9/24

Service Recipient: Britney Shafer-Frazier

Service Span: _____

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

Allergies: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal Medication Allergies? ■ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ■ N/A	Describe Supports:
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: Risk of choking if she eats too fast and takes too large or bites
Chronic Medical Conditions: ☐ No ☐ Yes ■ N/A	List & Describe Supports: DNR/DNI? ■ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ■ No ☐ Yes	Describe Supports: Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: Needs helping cleaning up after BM etc
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Britney is social and curious, may not pay attention to where she is and may look over her shoulder. She also likes to dance and spin. May elope from group on outings and in busing area.
Community Support: ■ No ☐ Yes	Describe Supports: May elope in public. Stay in visual range. Wears helmet on bus and on outings ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Britney may become overstimulated in loud and busy environments. She may become overstimulated if asked too many questions. She does not like being told No.
Behavior Support: ■ No ☐ Yes	List & Describe Supports: Britney may become upset, frustrated, may yell, throw items, tip things over, pull hair, punch or slap staff. She also takes off her shoes and sometimes clothing. Staff should offer her activities and give her space when upset.

Unsupervised time while at PAI? ■ No ☐ Yes

Important to: Being around peers, choices and decisions, painting her nails, staying busy, walks, exploring, routines

Important for: Independence, outings, trying new things, respecting her communication and choices, routine, visiting with staff and peers

Likes: dancing, music, getting her nails done, girly things, outings, walks, being around peers, shopping

Dislikes: Being told No, watching TV, keeping her room clean, adjusting to new places

Communication Style: some signs, vocalizations, gestures

Learning Style: repetition, hand over hand

Lead Review Completed: _____

Staff: Rosaleigh Halvorson

Date: 10/9/24

Service Recipient: Brittney Snider-Frazier

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: risk of choking if she eats too fast + takes large or bites
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs help cleaning BM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Social + curious, may not pay attention may elope on outings or bussing and
Community Support: ☒ No ☐ Yes	Describe Supports: may elope in public stay visual range wears helmet on bus + outings ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: may become overstimulated in loud + busy environments. may become overstimulated if asked too many questions. doesn't like being told no.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: yell, throw, pull hair, slap/ punch stuff, takes off shoes/clothing. staff offer activities + give space when upset
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	choices/ decisions, painting nails, staying busy, walks, exploring, routines
Important for:	independence, outings, trying new things, respecting her communication / choices, routine, vision
Likes:	dancing, music, nails, girly, outings, walks
Dislikes:	"no", watching TV, cleaning room, adjusting to new places
Communication Style:	some signs, vocalizations, gestures
Learning Style:	repetition, hand over hand

Lead Review Completed: _____

Staff: Julie Johnson
Date: 10/9/24

PAI

Service Recipient: Britnie Shaffer
Service Span: 9/2024 - 9/2025 Fraizp

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Risk of choking if she eats too fast	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: needs help cleaning up after BM, etc	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Britnie is social & curious, may not pay attention to where she is, likes to dance & spin may elope	
Community Support: ☒ No ☐ Yes	Describe Supports: where's helper may elope in Public	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Overstimulated in loud & busy environments, or if being asked too many questions	Stay in visual range may become overstimulated
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: may become upset, frustrated, yell doesn't like being told no. staff give her space	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: being around peers, choices & decisions, painting her nails staying busy, walks, exploring routines

Important for: Independence, outings, trying new things

Likes: dancing, music, getting nails done, girly things outings, walks, shopping

Dislikes: being told no, watching t.v. keeping room clean (new places

Communication Style: gestures, some signs, vocalizations, adjusting to

Learning Style: repetition, hand over hand

Lead Review Completed: _____

Staff: Anne Marie | PAI | Service Recipient: Britney Fraser

Date: 10/9/24 | Service Span:

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Risk of choking	
Chronic Medical Conditions: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: needs assistance with BM	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports:	
Community Support: ☑ No ☐ Yes	Describe Supports: may elope, wears helmet, stay in visual range	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: may become over stimulated.	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: give personal space when upset	
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:	

Important to:	being around pets, chores, decisions, family, routines
Important for:	independence, outings, trying new things, routines
Likes:	dancing, music, nails, girly things, outings
Dislikes:	told no, watching tv, living room alone
Communication Style:	signs, vocalizations, gestures
Learning Style:	repetition, hand over hand

Lead Review Completed: _____

Staff: Jaime Meyer

Date: 10-9-24

Service Recipient: Britney Shafer-Frazier

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Risk of choking if she eats too fast & takes too large bites	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: help cleaning after BM	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: may not pay attention. may elope from group outings.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: may elope. Stay in visual range. wear helmet on bus & outings	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: may become overstimulated in loud & busy environ. Does not like being told no.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may become upset, yell, throw items, tip things, pull hair, punch, or slap. Takes off shoes. Offer activities & give her space when upset.	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: Being around peers, choices & decisions, painting nails, staying busy, walks, exploring, routines,

Important for: Independence, outings, new things, respecting her communication & choices, routine, visiting with staff & peers.

Likes: dancing, music, getting nails done, girly things, walks, shopping

Dislikes: Being told no, watching tv, keeping room clean, adjusting to new places

Communication Style: some signs, vocalizations, gestures

Learning Style: Repetition, hand over hand

Lead Review Completed: _____

Staff: ReneeSchmidt

Date: 10/9/24

PAI

Service Recipient: Britney Shafer

Service Span: 9/24 - 9/25 Frozen

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Risk of Choking if eats to fast or too large of Bites	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: Needs help w/BM Cleaning	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May not pay attention to where she is and may look over shoulder may elope from group outing/Bus	
Community Support: ☒ No ☐ Yes	Describe Supports: May elope Stay in visual range Wears helmet on bus	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: May become overstimulated in loud and busy enviroment asked too may questions Does nt Like being told NO	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: May yell throw items throw things over pull hair, punch slap may take off shoes some clothing	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to: Being around peers, choices decisions painting nails staying Busy walking routines		
Important for: Independence outings try new things visiting		
Likes: Dancing music getting hairs done girly things outing walks Shopping		
Dislikes: Being told no watching TV keeping room clean adjusting to New places		
Communication Style: Some Signs Vocalization gestures		
Learning Style: Repetitions hand over hand		

Lead Review Completed: _____

Staff: Dolly Stein
Date: 10/9/24

Service Recipient: Britney Shafer-Frazier
Service Span: 9/2024-9/2025

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

Allergies: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal Medication Allergies? ■ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ■ N/A	Describe Supports:
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: Risk of choking if she eats too fast and takes too large or bites
Chronic Medical Conditions: ☐ No ☐ Yes ■ N/A	List & Describe Supports: DNR/DNI? ■ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ■ No ☐ Yes	Describe Supports: Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: Needs helping cleaning up after BM etc
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Britney is social and curious, may not pay attention to where she is and may look over her shoulder. She also likes to dance and spin. May elope from group on outings and in busing area.
Community Support: ■ No ☐ Yes	Describe Supports: May elope in public. Stay in visual range. Wears helmet on bus and on outings ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Britney may become overstimulated in loud and busy environments. She may become overstimulated if asked too many questions. She does not like being told No.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Britney may become upset, frustrated, may yell, throw items, tip things over, pull hair, punch or slap staff. She also takes off her shoes and sometimes clothing. Staff should offer her activities and give her space when upset.

Unsupervised time while at PAI? ■ No ☐ Yes

Important to: Being around peers, choices and decisions, painting her nails, staying busy, walks, exploring, routines

Important for: Independence, outings, trying new things, respecting her communication and choices, routine, visiting with staff and peers

Likes: dancing, music, getting her nails done, girly things, outings, walks, being around peers, shopping

Dislikes: Being told No, watching TV, keeping her room clean, adjusting to new places

Communication Style: some signs, vocalizations, gestures

Learning Style: repetition, hand over hand

Lead Review Completed: _____

Staff: Stucky

Date: 10-9-24

PAI

Service Recipient: Brittney Shaffer-Fraizer

Service Span: 9/24 - 9/25

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal Medication Allergies? ☒ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Risk of choking if she eats to fast + takes to large bites
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs helping cleaning up after BM to where she is + look over shoulder.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: social + curious may not pay attention
Community Support: ☒ No ☐ Yes	Describe Supports: may elope in public. Stay in visual range - wears helmet on bus + outings ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: May become over stimulated in loud + busy environments - She may become over stimulated if asked to many questions. Doesnt like being told.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May become upset, frustrated, yell, throw items, tip things over, pull hair punch or slap.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: being around peers, choices + decisions, painting her nails, stayen busy, walks, exploring routines, (visiting w/ staff + peers)

Important for: Independence, outings, trying new things, respecting her com. choices, routine, visiting w/ staff + peers

Likes: dancing, music, getting nails done, girly things, outings, walks being around peers, shopping

Dislikes: Being told no, watching tv, Keeping her room clean, adjusting to new places

Communication Style: some signs, vocalizations, gestures

Learning Style: rcp + hand over hand.

Lead Review Completed: ____________