

Staff: Dolly Stein
 Date: 10/9/24



Service Recipient: Matt Fontaine
 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* Seasonal, Penicillin, Sulfa, Cefzil, Septra & Augmentin. Staff are trained on Matt's allergies.
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: Mechanical soft diet. Cut into bite size pieces. Verbally remind him to take small bites and eat slowly.
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Matt is independent. He does not want to leave the bathroom and may need verbal prompts with a slight physical prompt to leave the bathroom.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff point out obstacles, steps, curbs. Reminders to look down, hold handrail, slow down. Staff will retie shoes if Matt unties them.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input type="checkbox"/> Staff will model pedestrian & stranger provide transportation in the community, & provide supervision to meet health & safety needs If Matt were to wander off, staff will go with him or remind him to stay with group & offer hand to lead him back.
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May yell, push or rock if he feels rushed, staff will redirect, or another staff may encourage him to join another activity. May not leave bathroom, staff will verbally and lightly guide him from bathroom.
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: Routine, patience (especially with transitions), being prepared for transitions, reinforcement(clapping), iPad, singing songs/game show songs, making choices/decisions.	
Important for: Letting him complete his routines, patient staff, preparing him for transitions, reinforcement for completing tasks, choices/decisions, helping him to become more flexible in his routines, using "first/then", time to process, staff with up-beat tones.	
Likes: Music (singing Take me out to the ball game), game shows/game show songs, reinforcement (clapping), iPad/electronic games, his lunch that is sent from home, pushing buttons, videos, eating, shopping with dad/pushing cart, visiting grandma, going for rides.	
Dislikes: Being rushed, not being prepared for a transition, food that is not sent in his lunch, pickles, crunchy fruits and vegetables, feeling like someone is in his "space", being told "no", going to the doctor/dentist.	
Communication Style: Vocalizations, hand gestures, painting at pictures	
Learning Style: visual & verbal prompts, hand over hand	

Staff: Lisa Bailey
 Date: Oct 9, 2024



Service Recipient: Matt Fontaine
 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal, penicillin, Sulfa, Cefzil, Septa, Augmentin	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: mechanical soft diet, cut bite sized pieces Verbally remind him to take small bites + eat slowly	
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Matt is independent. He does not to leave the bathroom & might need verbal prompts. With slight physical prompts	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff point out obstacles, steps, curbs, reminder to look down, hold hand rail, slow down	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: reminder to stay safe with group	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may yell, push or rock if he feels rushed, staff will Redirect	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Routine, Patience, Transition, reinforcement completely task,		
Important for: Complete Routine, Patient Staff, preparing for Transition, reinforcement for completing task, flexible in his routine		
Likes: Music, Singing, games hours, game show songs, reinforcement (clapping) - f pack		
Dislikes: Being rushed, not being prepared for Transition, food out in lunch pickles, crunchy fruit & veggies, someone in his space		
Communication Style: hand gestures, pointing at pictures		
Learning Style: hand over hand		

Staff: Dave Turnd

Date: 10/9/24



Service Recipient: Matt Fontaine

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal, Penicillin, Sulfa, Cefzil, Septa, Augmentin. Staff are trained.	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mechanical soft diet, cut into bite size pieces. Verbal reminders to take small bites	
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Matt is independent. He does not want to leave the bathroom. It may need verbal prompts with a slight physical prompt to leave the bathroom.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff point out obstacles, steps, curbs. Reminders to look down, hold handrail, slow down. Staff will retie shoes if Matt unties them.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May yell, push or rock if he feels rushed. Staff will redirect or another staff will verbally & lightly guide him from bathroom	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Routine, patience (especially with transitions) being prepared for transitions, reinforcement (clapping) iPad, singing songs/game show songs, making choices.		
Important for: Letting him complete his routines, patient staff, preparing for transitions reinforcement for completing tasks. Helping him to become more flexible with his routine.		
Likes: Music, singing take me out to the ball game, game shows, game show songs, pushing buttons, videos, eating, shopping with dad, going for rides		
Dislikes: Being rushed, not being prepared for transition, food that is not sent in lunch, pickles, crunchy fruit, personal space invasion, being told "no"		
Communication Style: Vocalizations, hand gestures, pointing at pictures		
Learning Style: Visually verbal prompts, hand over hand		

Staff: Lafeeph Onikono



Service Recipient: Matt Fontaine

Date: 10/9/2024

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal, Penicillin, Sulfa, Cefzil, Septra</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mechanical Soft diet. Cut into bite pieces.</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 type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Matt is Independent. He does not want to leave the bathroom and may need verbal prompts with a sign</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physical Prompt to leave the bathroom. Staff point out obstacles, steps, curbs. Reminders to look down hold handrail, slow down. Staff will re-tie shoe if</u>	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>him to stay with the group.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May yell, push or rock if he feels rushed, staff will redirect or another staff may encourage him to join another activity</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Routine, Patience (especially with transitions), being prepared for transitions, reinforcement (clapping) iPad, Singing Songs/game show songs</u>		
Important for: <u>Letting him complete his routine, patient staff, preparing him for transition. reinforcement for completing task.</u>		
Likes: <u>Music (Singing take me out to the ball game) Game show / game show songs</u>		
Dislikes: <u>Being Rushed, not being prepared for a transition, food that is not in his lunch, pickles, crunchy fruits</u>		
Communication Style: <u>Vocalizations, hand gestures, pointing at pictures</u>		
Learning Style: <u>Visual & Verbal prompts, hand over hand</u>		

Staff: Julie Johnson
 Date: 10/9/24



Service Recipient: Matt Fortune
 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>seasonal penicillin, sulfa, Cefzil, Septra, Augmentin</u> Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* <u>staff are trained</u>
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>mechanical soft diet. cut into bite sized pieces. verbally remind him to take small bites</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <div style="float: right;"> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* </div>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <div style="float: right;"> Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* </div>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>matt is independent. may need verbal prompts to leave the bathroom</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff point out obstacles, steps, curbs. Reminders to look down. staff will re-tie shoes if matt unties them</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will follow matt if he wanders off & lead him back by hand</u> <div style="float: right;"> <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs </div>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may yell, push or rock if feels rushed, matt may not leave bathroom, staff will guide</u>
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: <u>Routine, patience (transitions) preparing him for transitions reinforcement (clapping) iPad, songs/game shows</u>	
Important for: <u>let him complete routines, patience staff, use first/then, time to process, staff with upbeat tones</u>	
Likes: <u>music (singing take me out to the ballgame) game shows songs, pushing buttons, videos, eating, shopping w/ dad</u>	
Dislikes: <u>being rushed, not being prepared for a transition food that is not sent in lunch, crunchy fruits & veg Dr/Perf</u>	
Communication Style: <u>vocalizations, hand gestures, painting pictures</u>	
Learning Style: <u>visual & verbal prompts, hand over hand</u>	

Staff: Adrienne Sneyder
 Date: 10-9-20



Service Recipient: Matt Fontaine

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* Seasonal, Penicillin, Sulfa, Cefzil, Septra & Augmentin. Staff are trained on Matt's allergies.
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: Mechanical soft diet. Cut into bite size pieces. Verbally remind him to take small bites and eat slowly.
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Matt is independent. He does not want to leave the bathroom and may need verbal prompts with a slight physical prompt to leave the bathroom.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff point out obstacles, steps, curbs. Reminders to look down, hold handrail, slow down. Staff will retie shoes if Matt unties them.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input type="checkbox"/> Staff will model pedestrian & stranger provide transportation in the community, & provide supervision to meet health & safety needs If Matt were to wander off, staff will go with him or remind him to stay with group & offer hand to lead him back.
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May yell, push or rock if he feels rushed, staff will redirect, or another staff may encourage him to join another activity. May not leave bathroom, staff will verbally and lightly guide him from bathroom.
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: Routine, patience (especially with transitions), being prepared for transitions, reinforcement(clapping), iPad, singing songs/game show songs, making choices/decisions.	
Important for: Letting him complete his routines, patient staff, preparing him for transitions, reinforcement for completing tasks, choices/decisions, helping him to become more flexible in his routines, using "first/then", time to process, staff with up-beat tones.	
Likes: Music (singing Take me out to the ball game), game shows/game show songs, reinforcement (clapping), iPad/electronic games, his lunch that is sent from home, pushing buttons, videos, eating, shopping with dad/pushing cart, visiting grandma, going for rides.	
Dislikes: Being rushed, not being prepared for a transition, food that is not sent in his lunch, pickles, crunchy fruits and vegetables, feeling like someone is in his "space", being told "no", going to the doctor/dentist.	
Communication Style: Vocalizations, hand gestures, painting at pictures	
Learning Style: visual & verbal prompts, hand over hand	

Staff: Paia Vang

Date: 10/9/24



Service Recipient: Matt Fortaine

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>seasonal, penicillin, sulfas, Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</u> <u>Cefzil, septrin & augmentin,</u> *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>maintain soft diet, use into other sized pieces, verbally remind him to take small sized and cut swigs.</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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent. does not need to have the bathroom and my need toward program with slight physical power to have the bathroom.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>points out obstacles, steps, using reminder to walk down, hold railing, slow down, watch steps if not on.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Walking, was with me, remind to stay with the group, other hand to use down.</u> <input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>was yell, yell or make it no free, remind others to give more attention, was able to have the bathroom</u>
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: <u>pastor, bathroom, having prepared for transitioning, reinforcement for walking, iPad, some songs, some books, various underwear.</u>	
Important for: <u>having him comfortable to walk, and able to walk on his own, reinforcement, or when walking, taking</u>	
Likes: <u>music, song books / some songs, reinforcement, iPad, electronic game, his lunch, and his own books, various books, walk, carry, especially with dog/bag with cat</u>	
Dislikes: <u>being noisy, not being prepared for transition and noise, not being able to walk, picking, walking slowly and regularly, walking around in his space, and not going to school</u>	
Communication Style: <u>verbal, good gesture, social and aware</u>	
Learning Style: <u>visual with auditory, and oral</u>	

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



Service Recipient: MATT FONTAINE
 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>SEASONAL-Penicillin-sulfa</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>soft diet - Bite size pieces</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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reminders to look down</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Remind to stay with group</u>	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>MAY YELL, PUSH OR ROCK IF HE FEELS RUSHED</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Routine - iPad - singing - game shows</u>		
Important for: <u>Routine - choices</u>		
Likes: <u>music - lunch - pushing buttons - videos</u>		
Dislikes: <u>Being Rushed - pickles - going to the doctor</u>		
Communication Style: <u>VOCAL - hand gestures - painting pictures</u>		
Learning Style: <u>VISUAL - VERBAL - hand over hand</u>		

Staff: Brian mattox

Date: 10/9/24



Service Recipient: matt Fontaine

Service Span: 9/2024 - 8/2025

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal, Penicillin, Sulfa, Cef21, Septa and Augmentin Steve Trajard will site meds	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mechanical soft diet cut food bite size pieces verbally remind him to take small bites and eat slowly	
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: matt is independent he does not want to leave the bath room and may need verbal prompts with slight physical prompts to leave the bathroom	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff point out obstacles steps curbs Reminders to look down hold handrail slow down retire shoes	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: matt wanders off staff will remind him to stay close and offer hand to lead back	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: yell push rock if feels rushed staff will redirect or another staff may encourage him to join another activity	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Routine patience Prepared for transitions Reinforcement clapping iPad singing songs choices/decisions		
Important for: complete his routines Patient staff transitions reinforcement completing tasks choices/decisions being flexible with routines using first/then time to with up beat songs		
Likes: music iPad game shows clapping games lunch buttons videos eating shopping family rides		
Dislikes: Being rushed not being prepared for a transition Pickles crunchy fruits vegetables someone in his space being told no doctor/dentist		
Communication Style: vocalizations hand gestures pointing at pictures		
Learning Style: visual and verbal prompts hand over hand		

Staff: Julia Baker
 Date: 10/9/24



Service Recipient: Matt Fontaine
 Service Span: 9:29 - 9:25

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal, penicillin, sulfa, cet zil sepra & Augmentin.	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	staff are med allergy trained
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: mechanical soft diet. cut into bite-sized pieces. verbally remind him to take small bites and eat slowly.	
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Matt is independent. He does not want to leave the bathroom and may need verbal prompts with a slight physical.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff point out obstacles, steps, curbs. Reminders to look down, hold handrail, slow down. staff will tie shoes.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff will make sure Matt stays with the group.	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may yell, push or rock if he feels rushed, staff will redirect, or another staff may encourage him to join another activity	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		may not leave bathroom needs guidance.
Important to: routine, patience (especially w/ transitions) being prepared for transitions, reinforcement (clapping) iPad, singing		
Important for: letting him complete routine, patient staff, preparing him for transitions, reinforcement for completing tasks, choices/decisions, helping him to		songs game show songs, making choices
Likes: music (songs take me out to the ball game) game show songs. reinforcement (clapping)		become more flexible decisions rather.
Dislikes: being rushed, not being prepared for a transition, food that is not sent in his lunch, pickles, crunchy fruits and vegetables		
Communication Style: vocalizations, hand gestures, pointing at pictures		
Learning Style: visual & verbal prompts, hand over hand		

Staff: John Gebhardt
 Date: 10/9/24



Service Recipient: Matt Fontaine

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* Seasonal, Penicillin, Sulfa, Cefzil, Septra & Augmentin. Staff are trained on Matt's allergies.
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: Mechanical soft diet. Cut into bite size pieces. Verbally remind him to take small bites and eat slowly.
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Matt is independent. He does not want to leave the bathroom and may need verbal prompts with a slight physical prompt to leave the bathroom.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff point out obstacles, steps, curbs. Reminders to look down, hold handrail, slow down. Staff will retie shoes if Matt unties them.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input type="checkbox"/> Staff will model pedestrian & stranger provide transportation in the community, & provide supervision to meet health & safety needs If Matt were to wander off, staff will go with him or remind him to stay with group & offer hand to lead him back.
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May yell, push or rock if he feels rushed, staff will redirect, or another staff may encourage him to join another activity. May not leave bathroom, staff will verbally and lightly guide him from bathroom.
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: Routine, patience (especially with transitions), being prepared for transitions, reinforcement(clapping), iPad, singing songs/game show songs, making choices/decisions.	
Important for: Letting him complete his routines, patient staff, preparing him for transitions, reinforcement for completing tasks, choices/decisions, helping him to become more flexible in his routines, using "first/then", time to process, staff with up-beat tones.	
Likes: Music (singing Take me out to the ball game), game shows/game show songs, reinforcement (clapping), iPad/electronic games, his lunch that is sent from home, pushing buttons, videos, eating, shopping with dad/pushing cart, visiting grandma, going for rides.	
Dislikes: Being rushed, not being prepared for a transition, food that is not sent in his lunch, pickles, crunchy fruits and vegetables, feeling like someone is in his "space", being told "no", going to the doctor/dentist.	
Communication Style: Vocalizations, hand gestures, painting at pictures	
Learning Style: visual & verbal prompts, hand over hand	

Staff: Ilene M Lubach
 Date: Oct 9 - 2024



Service Recipient: Matt Fontaine
 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Staff are trained on matt's allergies</u> <u>Seasonal penicillin, sulfa, cefzil, septrin & augmetin</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mechanical soft diet, cut into bite size pieces.</u> <u>Verbally remind him to take small bites and eat slowly.</u>	
Chronic Medical Conditions: <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent, he does not want to leave the bathroom</u> <u>and may need verbal prompts with a slight physical prompt to leave the bathroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff point out obstacles, steps, curbs, Reminded to look down, hold handrail, slowdown, staff will retrieve shoes if matt unties them.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May yell, push or rock if he feel rushed, staff will redirect, or another staff may encourage him to join another activity may not leave bathroom</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Staff will verbally and lightly guide him from bathroom</u>	
Important to: <u>Patience, patience (especially with + stimulis), being prepared for transitions, reinforcement (clapping), iPad, singing songs, game show songs, making choices/decisions</u>		
Important for: <u>Letting him complete his routines, patient staff, preparing him for transitions, reinforcement for completing tasks, choices/decisions, helping him to become more flexible in his routines</u>		
Likes: <u>using #1 first/then, time to process, staff with upbeat tones; Music (singing take me out to the ball game) game shows/game show songs, reinforcement</u>		
Dislikes: <u>clapping, iPad electronic games, his lunch that is sent from home & pushing buttons, shopping without pushing cart, visiting garden</u>		
Communication Style: <u>chunch fruits and vegetables, food that is not sent in his lunch, Not going to the doctor/dentist</u>		
Learning Style: <u>Visual and verbal prompts, hand over hand</u>		

Staff: Attorney
 Date: 10-9-24



Service Recipient: Matt Fontaine
 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: seasonal penicillin sulfa, ceftzil, septrin + Aug.	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mechanical soft diet. Cut into bite size pieces Verbally remind him to take small bites + eat	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNIR <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independent, doesn't want to leave bathrm - may need verbal prompts w/ a slight physical prompt to leave the bathrm	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff point out obstacles, steps, curbs, reminders to look down, hold handrail, slow down, staff will retie shoes until then	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff point out obstacles, steps, staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may yell, push or rock if he feels rushed. Staff will redirect or another staff may encourage him to join another activity may not leave bathrm - Staff will verbally lightly guide him from bathrm	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: Routine patience transitions reinforcement iPad ^{singer} songs, game show choices*		
Important for: letting him complete route, patient staff, transitions choices/decisions - more flexible		
Likes: music - game shows - songs iPad, games lunch		
Dislikes: Rushed - not sending lunch		
Communication Style: vocalizations hand gestures pointing		
Learning Style: visual + verbal - hand over hand		

Staff: Dennis Mann



Service Recipient: Matt Fontaine

Date: 10/9/24

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: Seasonal, penicillin, sulfa, cefzil septon, augmentin</p> <p>Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small></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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: mechanical soft diet, cut into bite sized</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 <small>*Located in main file, share with EMT in emergency*</small></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 <small>*A trained staff will administer meds per a signed dr. order*</small></p>
<p>Personal Care: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: independent, may need verbal prompts with slight physical prompt to leave restroom</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: safety point out obstacles, steps, curbs, remove shoes</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: it makes, remind to step with group, follow</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 type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>List & Describe Supports: N/A</p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: may yell, punch on rock if he feels rushed,</p>
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p>Important to: routes, patience, transitions, reinforcement, iPad song song</p>	
<p>Important for: helping him complete his routes, patience, safety</p>	
<p>Likes: music (song song) game shows, reinforcement, iPad/electronics,</p>	
<p>Dislikes: being rushed, not being prepared for transition, puzzles, front-loading</p>	
<p>Communication Style: vocalizations, hand gestures, pointing pics</p>	
<p>Learning Style: visuals & verbal prompts</p>	

Staff: Rosaleigh Halvorsen

Date: 10/9/24



Service Recipient: Matt Fontaine

Service Span: Sept 2024-25

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes seasonal, penicillin, sulfa, cefzil, extra *Listed on MAR, only administer meds per dr. order* augmentin
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: mechanical soft diet, bite size, verbal reminders to take small bites + eat slowly
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: independent, may need verbal prompts + slight physical prompt to leave bathroom
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: point out obstacles, steps, curbs reminders to look down, hold handrail, slow down "rattle" shoes
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: if Matt were to wander off, staff go with, remind to stay / lead back <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may yell, push, rock if feels rushed, staff will redirect, encourage verbally + lightly guide him from bathroom
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: routine, patience; being prepared for transitions, reinforcement (clapping) ipad, singing songs / game show songs, making choices / decisions	
Important for: letting him complete his routines, patient staff, preparing for transitions, reinforcements, choices / decisions, "first/then", time to process	
Likes: music, game shows, reinforcement, ipad / electronic games pushing buttons, videos, visiting grandma, shopping w dad / pushing carts	
Dislikes: being rushed, not being prepared for a transition, -food not sent in lunch, pickles, crunchy fruits / vegetables, feeling like someone in his "space", being told "no", going to doctor / dentist	
Communication Style: vocalizations, hand gestures, painting pictures	
Learning Style: visual + verbal prompts, hand over hand	

Staff: Renée Schmidt
 Date: 10/9/24



Service Recipient: Matt Fontaine
 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal Penicillin Sulfam Cefzil	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: Verbal Mechanical soft diet cut into bite size verbal reminder take small bites	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input 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: 1	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independent needs verbal prompt to leave Bathroom	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff point out obstacles steps curbs look down hold railings	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may yell, push or rock if feels rushed redirect join activities	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Routine patience being prepared for transition reinforcement iPad singing gameshow song		
Important for: letting him complete his routines Patient helping him to become more flexible in routine		
Likes: music gameshows iPad/electronic games his lunch this is sent him push buttons videos eating shopping		
Dislikes: Being rushed not being prepared food that is not sent in lunch pickles crunchy fruits veg feels like someone in space		
Communication Style: vocalization hand gestures pointing at pics		
Learning Style: visual & verbal prompts hand over hand		

Staff: Jaime Meyer

Date: 10-9-24



Service Recipient: Matt Fontaine

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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Seasonal, Penicillin, Sulfa, Cefzil, Septra & Augmentin. Staff are trained on Matt's allergies. *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: Mechanical soft diet. Cut into bite size pieces. Verbally remind him to take small bites and eat slowly.
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Matt is independent. He does not want to leave the bathroom and may need verbal prompts with a slight physical prompt to leave the bathroom.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff point out obstacles, steps, curbs. Reminders to look down, hold handrail, slow down. Staff will retie shoes if Matt unties them.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input type="checkbox"/> Staff will model pedestrian & stranger provide transportation in the community, & provide supervision to meet health & safety needs If Matt were to wander off, staff will go with him or remind him to stay with group & offer hand to lead him back.
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May yell, push or rock if he feels rushed, staff will redirect, or another staff may encourage him to join another activity. May not leave bathroom, staff will verbally and lightly guide him from bathroom.
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: Routine, patience (especially with transitions), being prepared for transitions, reinforcement(clapping), iPad, singing songs/game show songs, making choices/decisions.	
Important for: Letting him complete his routines, patient staff, preparing him for transitions, reinforcement for completing tasks, choices/decisions, helping him to become more flexible in his routines, using "first/then", time to process, staff with up-beat tones.	
Likes: Music (singing Take me out to the ball game), game shows/game show songs, reinforcement (clapping), iPad/electronic games, his lunch that is sent from home, pushing buttons, videos, eating, shopping with dad/pushing cart, visiting grandma, going for rides.	
Dislikes: Being rushed, not being prepared for a transition, food that is not sent in his lunch, pickles, crunchy fruits and vegetables, feeling like someone is in his "space", being told "no", going to the doctor/dentist.	
Communication Style: Vocalizations, hand gestures, painting at pictures	
Learning Style: visual & verbal prompts, hand over hand	