



# Competency Tracking Form

Participant: Jeffery Sandhofer

Annual Service Span: October 2024 to October 2025

Annual Meeting Date: October 2025 Date Assigned to Lead: October 2024

Competency Quiz Due for all Staff: 10/29/24

**Documents Reviewed:** Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

\*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name	
JB	10/30	Lisa Bailey	✓
10/30	J	Julia Baker	✓
10/30	JG	John Gebhardt	✓
JJ	10/30	Julie Johnson	✓
10/1/24		Ilene Lubick	✓
10/30	BM	Brian Mattox	✓
		Jaime Meyer	✓
KM	10/30	Krista Mischnick	✓
10/30	DM	Dennis Moua	✓
10/30	LO	Lateeph Onikoro	✓
10-30-24	DR	Darlene Rice	✓
10/30	RS	Renee Schmidt	✓
10/30	NS	Nancy Snyder	✓
10-30	CS	Cindi Stucky	✓

Date Completed	Initials	Full Name	
—	LOA	Dave Turner	
10/30	PV	Pa Vang	✓
10/30	EZ	Elena Zadow	✓

Date Uploaded to LMS: \_\_\_\_\_

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: jeffery has an allergy to Clozapine. can tell staff when he's not feeling well, receptive to staff helping with reminders to not take clozapine Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: No reported seizure disorder
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Diagnosed with type II diabetes, follows a diabetic diet and will pack his lunches for PAI. assistance reminders to stick his diet while out on a food outings.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Diagnosed with type II diabetes, Bi-lateral hearing loss, is aware of his hearing loss, wears hearing aids in both ears. Prefer face-to-face, knows ASL and can read lips. DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: jeffery will not take medication at PAI Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independent with personal cares
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Does not have history of mobility issue or a falling
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: understands that he has hearing loss, will accept assist in community to navigate crosswalks and busy streets, will engage with people wheather he knows or not, may not understand if someone is trying to get personal info. <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Aware of his bilateral hearing loss, knows some ASL and can read lips, sometimes can become overwhelmed when there is a lot of environmental noise around him, accepts redirection
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Can identify when he's becoming upset or frustrated, let staff know when having these feelings and get supports to talk about whats frustrating him.
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Important to:</b> Friends, belonging, fitting in, Peace, getting go about the past	
<b>Important for:</b> Taking time to make understand what is being said, sometimes not "yes" even not understanding, finding a job, a healthy diet, routine, taking direction to him, encouragement, notice and praise him when doing well.	
<b>Likes:</b> Hotels; law enforcement, independence.	
<b>Dislikes:</b> people that does not respect his wishes, loud constant noises, being told "No"	
<b>Communication Style:</b> face - to - face communication so lips can be read/focus, may ask to write it down.	
<b>Learning Style:</b> building muscle memory, repeating a task, accept redirection	

Staff: Brian mattox

Date: 10/29/24



Service Recipient: Jeffery Sandholer

Service Span: 10/2024 - 10/2025

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Clozapine Jeffery can tell staff when he does not feel well and will let staff help	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Type 2 Diabetes Staff assistance with reminders to stick to his diet	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Type 2 Diabetes and Bi Lateral hearing loss	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <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*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: independent with personal cares	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will assistance in the community to navigate crosswalks	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: hearing loss does wear hearing aids he knows some ASL and can read lips staff will talk slowly a more face to face contact and write down what is being said	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Has a positive Behavior Support Plan can identify when he becomes upset	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Friends Belonging sitting in peace letting go of the past		
Important for: Taking time to make sure I understand what is being said finding a job healthy diet Routine talking to me directly Encouragement notice and praise me when doing well		
Likes: Hospitality industry (Hotels) Law enforcement independence		
Dislikes: People that don't respect his wishes loud constant noises being told no		
Communication Style: Jeffery prefers that communication happen face to face may ask staff to write down what's being said		
Learning Style: muscle memory Repeating table direction and redirection during work		

Lead Review Completed: \_\_\_\_\_

Staff: Rene Schmidt  
 Date: 10/29/24



Service Recipient: Jeffery Sandhofs  
 Service Span: Oct 24 - Oct 25

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Clozapine	<b>Medication Allergies?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b> <del>Diabetic diet</del>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Diabetic diet and will pack his lunch for PAI Type II Diabetes	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Wears hearing aids both ears <del>Type II Diabetes</del> & Bi-Lateral Hearing Loss	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> NOT at PAI	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> Independent	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> Staff will supervise while in Comm. will engage with people (strangers)	
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Pk people to talk slow make face to face contact write down what is being said if requested	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> lets staff know when having feelings of frustration & upset Has positive support plane	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> friends, Belongings, filling in, peace, letting go of the past		
<b>Important for:</b> taking time to understand what is being said, Encouragement will nod yes even if he doesnt understand find a job, healthy diet Routine talking directly to him		
<b>Likes:</b> hotels law enforcement, Independence		
<b>Dislikes:</b> People that dont respect his wishes • Loud constant noises • Being told NO		
<b>Communication Style:</b> face to face communication (read lips) may ask to write down what is being said		
<b>Learning Style:</b> building muscle memory repeating tasks		

Staff: Julie Johnson  
 Date: 10/29/24



Service Recipient: Jeffrey Sandhoke  
 Service Span: Oct 2024 / Oct 2025

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Jeffrey is Allergic to CLOzapine - he can tell staff when he's sick</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>NA</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Type 2 diabetes, bi-lateral hearing loss wears 2 hearing aids, prefers face to face conversations. Knows some ASL, needs verbal prompts to stick to diet</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>tests his blood sugar twice a day Jeffrey is receptive to staff asst.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent with personal cares</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>no history, or FRK, of falling</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>accepts staff assistance may give too much personal info out.</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Knows some ASL &amp; can read lips. prefers face to face conversation. accepts redirection staff can write down what they are saying</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>can identify when becoming frustrated becomes overwhelmed with too much stimuli</u>	

Unsupervised time while at PAI?  No  Yes

Important to: Friends, belonging, fitting in, peace, letting go of the past

Important for: time to understand/comprehend, finding a job a healthy diet, Routine, talk to him directly

Likes: hotels/hospitality industry, law enforcement Independence

Dislikes: people that don't respect his wishes loud constant noises, being told NO

Communication Style: face to face - reading lips (asks to have it written)

Learning Style: building muscle memory, repeating a task easiest way to learn. accepts staff direction

Staff: Lakshmi Onikoro



Service Recipient: Jeffery Sandofer

Date: 10/27/21

Service Span: \_\_\_\_\_

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> CHOPAZINE	<b>Medication Allergies?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b> N/A	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Type II Diabetes + <del>bi-lateral hearing</del> follow a diabetic diet	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Type II Diabetes & Bi-lateral Hearing loss	<b>DNR/DNI?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> N/A	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> Jefferey is independent with personal care.	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Need assistant. May approach strangers. <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Wear hearing aids. Redirect to face to face contact	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Jefferey knows when he is getting frustrated and will let staff know.	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Important to:</b> Friends, Belonging, fitting in, peace, letting go of the past		
<b>Important for:</b> Taking time to make sure I understand what is being said it will sometimes nod "YES" Even if he doesn't understand.		
<b>Likes:</b> Hospitality, Industry (hotels), Law enforcement, Independence		
<b>Dislikes:</b> people that don't respect his wishes. Loud constant noises		
<b>Communication Style:</b> Being told No. Some ASL & hand Lips, note facial		
<b>Learning Style:</b> Muscle memory, Repetition, redirection.		

Staff: Elena Farrow



Service Recipient: Jeddy Sandhoder

Date: 10/29/2024

Service Span: Oct 24-25

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

<p><b>Allergies:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:                  Clazapine,</p>	<p>Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                  *Listed on MAR, only administer meds per dr. order*</p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>Describe Supports:                  N/A</p>	
<p><b>Choking/                  Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:                  Type II Diabetes <sup>↑</sup> diet</p>	
<p><b>Chronic Medical                  Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:                  Type II diabetes + bi-lateral <sup>hearing loss</sup> (test 2<sup>nd</sup> / day)</p>	<p>DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  *Located in main file, share with EMT in emergency*</p>
<p><b>Medication:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:                  N/A</p>	<p>Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  *A trained staff will administer meds per a signed dr. order*</p>
<p><b>Personal Cares:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:                  IND</p>	
<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:                  N/A</p>	
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:                  Assist, may approach strangers</p>	<p><input checked="" type="checkbox"/> Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</p>
<p><b>Sensory Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:                  Wears hearing aids, Redirect to quiet area - loud noises</p>	
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:                  Talk about their upset feelings                  • Positive Behavior Support plan</p>	
<p><b>Unsupervised Time:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:                  N/A</p>	
<p><b>Important to:</b></p>	<p>Friends, belongings, sitting in, peace, letting go of the past</p>	
<p><b>Important for:</b></p>	<p>Being understood, job, diet, routine, talking directly, encouragement, praise</p>	
<p><b>Likes:</b></p>	<p>Hotels, law enforcement, <del>being out</del>, IND</p>	
<p><b>Dislikes:</b></p>	<p>loud noises, being told "No", disrespect</p>	
<p><b>Communication Style:</b></p>	<p>Some ASL + read lips, note pad (talk about)</p>	
<p><b>Learning Style:</b></p>	<p>Muscle memory, Repetition, redirection</p>	

Staff: Gina Bailey  
 Date: Oct 29, 2024



Service Recipient: Jeffery Samuel Hofer  
 Service Span: Oct 24 - Oct 25

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Jeffery has an Allergy to Clozapine. Can't tell staff when not well. He accepting of staff reminders not to take Clozapine</u> Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>N/A</u>
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diagnosed with type 2 diabetes, follows a diet, will pack his lunch for PAI, to his diet: accepting of staff reminders to stick to his diet.</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Diagnose Type 2 diabetic / Bilateral wears hearing aids, prefers face to face hearing aids conversations, some ASL *Can read lips, use Board on paper. Test Blood 2x's a day accepting of assistance with help</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Jeffery will not take meds @ PAI</u> Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent with personal Cares</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>no history of falls</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will assistance from staff accepting while in community, to navigate crosswalks + busy streets staff will supervise when out in community</u> <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>aware of hearing loss, + wears hearing aids, knows ASL, can read lips, Jeff would like staff to talk slowly, face to face contact with him, write down requests. overwhelmed with loud noises accepting of redirection, go to sensory room.</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Jeffery can identify when he is becoming upset or frustrated. Jeff can let staff know he is having these feelings + get support to talk about it. what frustrating</u>
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: <u>friends, belongings, fitting in, peace, letting go of the past</u>	
Important for: <u>Take time to make sure I understand what is being said, finding a job, healthy diet, Routine, Talk to me directly, Encouragement</u>	
Likes: <u>Hotels, Law enforcement, Independence</u>	
Dislikes: <u>People that don't respect his wishes, Loud constants noises, Being told no</u>	
Communication Style: <u>Communication face to face, so that he can read lips + focus on what being said, write down from staff what being said</u>	
Learning Style: <u>Jeff learns best through building muscle memory, Repeating a task, accept self direction + redirection during projects</u>	

Staff: Krista M  
 Date: 10/29/24



Service Recipient: Jeffery Sandhofer  
 Service Span: Oct 24 - Oct 25

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Jeffrey has an allergy to clozapine. helping him with reminders to not take clozapine.	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Jeffrey is diagnosed with Type II diabetes. Jeffrey follows a diabetic diet and will pack his lunches for PAI according to his diet. Reminders to stick to his diet while eating out.	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Jeffrey is diagnosed with II diabetes & B. lateral hearing loss. wears hearing aids. Jeffrey tests his sugars twice a day.	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: independent	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Jeffrey does not have a history of mobility issues or a risk of falling	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: he will accept staff assistance while in the community	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: is aware that he has bilateral hearing loss and does wear hearing aids. knows some ASL and can read lips. can become overwhelmed when there is a lot of environmental noise.	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: can become upset or frustrated. Jeff can let staff know when he is feeling that way. also has positive behavior support plan that offers strategies and redirection techniques	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Friends, belonging, fitting in, peace, letting go of the past</u>		
Important for: <u>Talking time to make sure I understand what is being said, I will sometimes nod yes even if I don't understand, finding job, healthy diet, routine, talking to me directly, Encouragement, notice and praise me when I'm doing well.</u>		
Likes: <u>Hospitality Industry (hotels), Law Enforcement, Independence</u>		
Dislikes: <u>People that don't respect his wishes, loud constant noises, being told "no"</u>		
Communication Style: <u>Communication has to be face to face so that he can read lips, may ask staff to write down what is being said to get clearer understanding</u>		
Learning Style: <u>Repeating a task is the easiest way for Jeffrey to learn something new</u>		

Staff: Clucky  
 Date: 10-29-24



Service Recipient: Jeffery Sandholt  
 Service Span: Oct 24-25

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>clozapine (allergy)</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>No reported seizure disorders</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diagnosed w/ type II diabetes - reminders to stick to diet</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Type II diabetes + bi-lateral hearing</u>	DNR/DNIR <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no meds @ PAI</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Does not have a history of mobility issues or risk of falling</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has hearing loss - staff ass. to navigate crosswalks + busy streets.</u>	<small>*Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</small>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Has bi-lateral hearing loss - wears hearing aids. He knows some ASL + can read lips. Overwhelmed w/ noise.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Can identify when he becomes upset or frustrated. He can let staff know when hes having these feelings.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Friends belonging</u> <u>Fitting in peace</u> <u>letting go of the past</u>		
Important for: <u>Finding a job hearing diet routine</u> <u>talking directly Encouragement Notice + praise</u> <u>taking time to make sure he understands</u>		
Likes: <u>law enforcement</u> <u>hospitality industry</u> <u>Independence</u>		
Dislikes: <u>ppl don't respect his wishes - being told no</u> <u>loud noises</u>		
Communication Style: <u>Face to face - read lips - write down</u>		
Learning Style: <u>muscle memory</u> <u>direction + redirection</u>		

Staff: DARLENE B.



Service Recipient: Jeffrey Sandhofer

Date: 10-30-24

Service Span: 10-24/10-25

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: ALLERGY TO CLOZAPINE WILL TELL STAFF HE'S FEELING WELL	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: NO REPORT	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: TYPE # DIABETES - HE PACKS HIS LUNCH STAFF WILL REMIND HIM TO STICK TO DIET	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: WEARS HEARING AIDS IN BOTH EARS HE KNOWS SOME ASL & READS LIPS	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: INDEPENDENT	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: NO ISSUES	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: STAFF WILL HELP OUT	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: STAFF TO TALK SLOW - MAKE FACE TO FACE AND WRITE DOWN	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: WILL LET STAFF KNOW - REDIRECT	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> Friends - Belongings - Fitting in - PEACE - Letting go of past		
<b>Important for:</b> understanding what is said - Diet - Routine notice + PRAISE		
<b>Likes:</b> HOTELS - LAW ENFORCEMENT INDEPENDENCE		
<b>Dislikes:</b> PEOPLE THAT DON'T RESPECT HIS WISHES - NOISES - TOLD NO BEING		
<b>Communication Style:</b> FACE TO FACE - READ LIPS - WRITE DOWN		
<b>Learning Style:</b> REPEATING - REDIRECTION		

Lead Review Completed:

Staff: Wesley Slaughter



Service Recipient: Jeffery Sandhofer

Date: 10/30/24

Service Span: 10/24 - 10/25

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Clozapine, can tell staff if he isn't feeling well, receptive to staff helping him to not take Clozapine	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Type II Diabetes, follows diabetic diet & will pack his lunch for PAI according to his diet	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Type II Diabetes & Bilateral Hearing Loss - wears hearing aids in both ears. Knows some ASL & can read lips, may use notepad. Test blood sugar twice a day	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> Independent	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> accepts assistance in crosswalks & bus stops, may not understand if strangers are trying to get info from him	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> staff talk slowly, write down things if requested, Accepts redirection in noisy areas. Going to sensory room to relax if needed	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> He knows when he is becoming upset or frustrated, Has a positive behavior support plan w/ strategies and redirection techniques	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Important to:</b> Friends, belongings, fitting in, peace, letting go of the past		
<b>Important for:</b> taking time to understand - will say "yes" even if he doesn't understand. Finding a job, healthy diet, routine, encouragement, praise if he is doing good		
<b>Likes:</b> Hotels, Law Enforcement, Independence		
<b>Dislikes:</b> People that don't respect his wishes, loud constant noises, being told no		
<b>Communication Style:</b> face-to-face so he can read lips, may ask staff to write down what's being said		
<b>Learning Style:</b> best through building muscle memory. Repetition accepts staff direction & redirection during project work		

Staff: Dennis Kwan  
 Date: 10/30/24



Service Recipient: Jeffery Sandhofer  
 Service Span: Oct 24 - Oct 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>allergic to Clozapine. tells staff when he's not well</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>N/A</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>comes with lunch according to his diet, ..</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Type 2 diabetes, bilateral hearing loss.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist with navigating due to hearing loss</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>knows some ASL and can read lips</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>does know when he is becoming frustrated,</u>	
Unsupervised time while at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Friends, belonging, fitting in, peace, letting go of past</u>		
Important for: <u>finding a job, healthy diet, routine, talking directly</u>		
Likes: <u>hospitality, industry, independence, low engagement</u>		
Dislikes: <u>people that don't respect his wishes, loud constant noise, being told no</u>		
Communication Style: <u>facts to face, can read lips, focus on what is said, may ask staff to write what is being said</u>		
Learning Style: <u>muscle memory, repeating a task to learn new desk, accepts redirections</u>		

Lead Review Completed: \_\_\_\_\_

Staff: Julia Baker  
 Date: 10/30/24



Service Recipient: Jeffrey Sandholec  
 Service Span: 10'24 - 10'25

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Jeffrey has a clonazepam allergy. can communicate when he's unwell.	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b> N/A	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> has Type 2 diabetes. follows diabetic diet and pack his own lunch. allows staff to give him reminders	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Type 2 diabetes + Bi lateral hearing loss. wears hearing aids and prefers face to face interactions. tests blood sugar twice a day.	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> NO meds @ PAI.	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> Independent cares.	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> NO mobility issues.	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> accepts staff help in community. to navigate community streets and crosswalks. staff will supervise conversations in community.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> has hearing loss, wears hearing AIDs. Uses ASL and can read lips. staff will speak slowly, face to face. can become overwhelmed by noise and may need staff	<input type="checkbox"/> Staff will supervise conversations in community.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> staff will converse w/ Jeffrey and redirect when he's upset.	<input type="checkbox"/> Staff will supervise conversations in community.
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> friends, belonging, fitting in, peace, letting go of the past		
<b>Important for:</b> taking time to understand what is being said, finding a job; healthy diet, routine, direct conversations, encouragement, praise and reinforcement		
<b>Likes:</b> hospitality industry, law enforcement, independence		
<b>Dislikes:</b> people that don't respect his wishes, loud constant noises, being told "no"		
<b>Communication Style:</b> written messages, face to face interactions		
<b>Learning Style:</b> muscle memory, repetition, staff redirection		

Staff: John Elchard



Service Recipient: Jeremy Sandhofer

Date: 10-30-24

Service Span: Oct 24 - Oct 25

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Allergy to Clozapine. He knows if he not feel well. He is receptive to staff reminder not to have Clozapine	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Type 2 Diabetes and Smoker,	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Hearing loss, He knows ASL. Bi-lateral.	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> No Meds at PAI Parkway	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> Independent	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Describe Supports:</b> No Fall risk	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> He reads lips/Has cocular implants → He understands his hearing loss	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Has Hallucinations + Paranoia at times, Is very social person + outgoing.	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> send him to coordinator's office if he gets verbally aggressive.	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> No Alone Time	
<b>Important to:</b> Friends, Belonging, Fitting In, Peace, Letting Go of Past,		
<b>Important for:</b> Taking Time to make sure he understands what is being said to him. A healthy Diet, A Routine.		
<b>Likes:</b> Motels, Hotels, Law Enforcement, Independence		
<b>Dislikes:</b> Loud constant noises, Being Told "No"		
<b>Communication Style:</b> Face To Face communication. Also Write on Paper		
<b>Learning Style:</b> Repeating Tasks are the easiest way for him to		

learn a new task.

Lead Review Completed: \_\_\_\_\_