



Competency Tracking Form

Participant: Linda Schroeder Annual Service Span: 9/24 - 9/25

Annual Meeting Date: 9/30/24 Date Assigned to Lead: 10/01/24

Competency Quiz Due for all Staff: 11/01/24

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
	AA	Ann Alberg
	DB	Destiny Barnes
	AB	Austin Bofferding
	JB	Juan Bonilla
	mw	Melinda Winczewski
		Carla Sykes
	JH	Jesse Haug
	PD	Pamela Davis

Date Completed	Initials	Full Name
	AV	Justyn Kriel
	DS	Shelley Stover
	DN	Dawn Nelson
	MP	Monti Patrick
10-10	KB	Keyla Balmaceda
	MS	Morgan Smith
		Nada Mohamed
		Felicia Schwartz
10/28/24	FD CN	Courtney Nuss
10/10/24	KA AA	Ayan Alin

Date Uploaded to LMS: _____

Staff: _Pamela Davis



Service Recipient: Linda Schroeder

Date: 10/10/24

Service Span: 09/24-09/25

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <p style="text-align: center;">Penicillin, strongly scented perfumes</p> *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: Linda will have coughing spells at times while eating. Staff will give verbal reminders to chew slowly.
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: Linda has a history of Breast Cancer. If concerns call residence immediately. DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: X 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Wears glass
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: Living with females around her age, attending church w/family, arts and crafts, visiting her sister in Oklahoma, being asked for help.	

Staff: CMSS
 Date: _____



Service Recipient: Linda Schroeder
 Service Span: 10/24-10/29

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>penicillin, scented perfumes</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:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	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:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>glasses</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>living w/ females her dog</u>		
Important for: <u>low calorie diet</u>		
Likes: <u>vacations</u>		
Dislikes: <u>unclear expectations</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal/demo</u>		

Staff: Keyla B
 Date: 10.10



Service Recipient: Linda Schroeder
 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>penicillin</u> <u>Strongly scented Perfume</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Coughing spells while eating at time</u> <u>give verbal reminders to chew slowly.</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>History of breast cancer</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>living w/ females around her age. church w/ fam art, crafts. visiting sis. in OK, being asked to help</u>		
Important for: <u>low cal diet. physically active structure, stability Advocating for herself</u>		
Likes: <u>vac, shopping, church, crafts, Bingo, spending time w/ fam.</u>		
Dislikes: <u>unclear expectations, mean ppl feeling like others are upset with her.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal/demo</u>		

Staff: Ayan Ali n



Service Recipient: Linda Schroeder

Date: 10/10/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: - penicillin, strongly, scented perfume	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: coughing spells while eating at times - Give verbal reminders to chew slowly	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ↓	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: History of breast cancer	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independent	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: ↓	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independent	
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 type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Living w/ Semates her age, church w/ family, visiting sister in OK		
Important for: Maintaining low cal diet, physically active, structure, stability		
Likes:		
Vacations, shopping, attended church, crafts, being & spending time w/ family		
Dislikes:		
unclear expectations, mean people, seeing like others are upset w/ her		
Communication Style: Verbal		
Learning Style: Verbal demonstration		

Staff: Dawn Nelson



Service Recipient: Linda Schroeder

Date: 10/10/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Penicillin, strongly scented perfumes</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:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lunch will have coughing spells at times while eating. staff will give verbal reminders to slow ^{chew}</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 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 type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>wears glasses</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>living w/ females around her age, attending church w/ family, arts and crafts, visiting her sister in Oklahoma, being asked for help</u>		
Important for: <u>maintaining a low-calorie diet, being physically active, having structure and stability in her life, advocating for herself, managing mental health</u>		
Likes: <u>Taking vacations, shopping, attending church w/ brother & family, arts & crafts projects, playing bingo, spending time w/ family & housemate, paint by number</u>		
Dislikes: <u>unclear expectations, mean people, feeling like others are upset with her</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>Verbal / demonstration</u>		

Staff: Hindi W

Date: 10-10-24



Service Recipient: Linda S

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: Penicillin, Strong perfumes	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Coughing spells, reminds to slow down	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: History of Breast Cancer	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	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 type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Glasses	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Living w/ females her age, church, arts and crafts, being asked for help		
Important for: low cal diet, physically active, advocating for herself, managing mental health		
Likes: vacations, shopping, church, paint by numbers, BINGO		
Dislikes: unclear expectations, mean people, feeling like others are upset w/ her		
Communication Style: Verbal		
Learning Style: verbal / demo		

Staff: M. Petrucci



Service Recipient: Linda Schroeder

Date: 10/10/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Penicillin, strongly scented perfumes	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 type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Linda will have coughing spells at times while eating. Staff will give verbal reminders to chew slowly.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: Linda has a history of Breast cancer. If concerns call residence immediately.	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	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 type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: wears glasses.	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI? No Yes

Important to: Living with females around her age, attending Church w/ family, arts and crafts, visiting her sister in Oklahoma, being asked for help

Important for: Maintaining a low-calorie diet, being physically active, having structure/stability in her life, advocating for herself, managing mental health.

Likes: Taking vacations, shopping, attending church with brother and family, crafts and art projects, playing bingo, spending time with family → housemate, paint by numbers

Dislikes: Unclear expectations, mean people, feeling like others are upset with her

Communication Style: Verbal

Learning Style: Verbal / Demonstration

Staff: Stelley Staw
 Date: 10/10/24



Service Recipient: Linda Schroeder
 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: Penicillin, strongly scented perfume	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: C	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: coughing spells while eating at times G.I. upset reminders to chew slowly.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: History of breast cancer	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input checked="" 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:	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>N/A</i>	Describe Supports:	
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 type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <i>living w/ females avoid the age, church, family, arts & crafts visiting in Oklahoma, being around to help</i>		
Important for: <i>maintaining low cal diet, physically active, scheduled, & stability advocating for herself, managing mental health</i>		
Likes: <i>vacations, shopping, attending church crafts, bingo, spending time w/ family</i>		
Dislikes: <i>unclear expectations, mean people, feeling like others are upset w/ her</i>		
Communication Style: <i>verbal</i>		
Learning Style: <i>verbal/demonstration</i>		

Staff: Angela Boffelberg
 Date: 9/10/24



Service Recipient: Linda Schroeder
 Service Span: 9/24 - 9/28

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>penicillin, strongly scented perfumes.</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has coughing spells at times while eating. Staff give verbal reminders to slow down.</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>Hx of Breast Cancer. If concerns call home.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent.</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Glasses.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Living w/ females around her age, church w/ family, arts and crafts, visiting sister in Oklahoma, asked for help.</u>		
Important for: <u>low-calorie diet, physically active, structure and stability in life, advocating for herself, managing mental health.</u>		
Likes: <u>vacations, shopping, church, art projects, and blogs.</u>		
Dislikes: <u>unreal expectations, mean people, feeling like others are upset w/ her.</u>		
Communication Style: <u>Verbal.</u>		
Learning Style: <u>verbal/demonstration.</u>		

Staff: My Juan B
 Date: 10/10/24



Service Recipient: Linda Sch
 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>Penicillin, Strongly Scented perfumes</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will give verbal reminders to Chew slowly</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>history of Breast Cancer. If concerns can residence immediately</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>wears glasses</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>family, friends & crafts, visiting her sister in Oklahoma, being able to help</u>		
Important for: <u>low-cal diet, physically active, structure & stability in her life, advocating for herself, managing mental health</u>		
Likes: <u>Taking vacations, shopping, attending church w/ brother & family, crafts part projects, playing bingo, spending time w/ family & homecare, paint by numbers</u>		
Dislikes: <u>another expectations, mean ppl, feeling life so there are upset w/ her</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal/ Demonstration</u>		

Staff: Justyn Kriel

Date: 10/10/24



Service Recipient: Linda Sch.

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: <i>Penicillin, strong perfumes</i>	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: <i>Coughing spells, reminders to chew</i>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <i>Hx of breast cancer call residence of if concerned</i>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>NA</i>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>NA</i>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>glasses</i>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <i>NA</i>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <i>living w/ females her age, church, art, family</i>		
Important for: <i>Low cal diet, active, structure, advocating, mental health</i>		
Likes: <i>vacations, shopping, church, art, bingo, family</i>		
Dislikes: <i>Unclear expectations, mean people, upset people</i>		
Communication Style: <i>verbal</i>		
Learning Style: <i>verbal/demo</i>		

Staff: DESTINY B
 Date: 10/10/24



Service Recipient: LINDA SCHE.
 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>PENICILLIN, STRONG PERFUMES</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>COUGHING SPELLS AT TIMES WHEN EATING. REMINDERS - Chew slowly.</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>Hx BREAST CANCER.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:	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:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>GLASSES</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>LIVING w/ females her age, Church, family, ARTS & CRAFTS, VISITING SISTER OKLAHOMA, ASKED FOR HELP.</u>		
Important for: <u>LOW-CAL DIET, Active, structure, Stability, ADVOCATING FOR HERSELF, MENTAL HEALTH.</u>		
Likes: <u>VACATIONS, shopping, Church, family, CRAFTS, bingo, PAINT BY NUMBERS.</u>		
Dislikes: <u>UNCLEAR expectations, MEAN people, others BEING upset w/ her.</u>		
Communication Style: <u>VERBAL</u>		
Learning Style: <u>VERBAL/ Demo.</u>		

Staff: F Schwartz

Date: 10/10/24



Service Recipient: Linda Schroeder

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* Penicillin, strongly scented perfume
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: Coughing Spells while eating at times. Give verbal reminders to chew slowly.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: History of breast Cancer DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input checked="" 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
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: independent
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: living w/ females around her age, Church w/ family, arts & Crafts, visiting Sister in Oklahoma, being asked to help.	
Important for: Maintaining low cal diet, physically active, Structure & stability, advocating for herself, Managing mental health.	
Likes: vacations, Shopping, attending Church, Crafts, Bingo, spending time with family	
Dislikes: unclear expectations, mean people, feeling like others are upset with her.	
Communication Style: Verbal	
Learning Style: verbal / demonstration	

Staff: Ann Albers
 Date: 10/10/24



Service Recipient: Linda Schroder
 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>Remicall strongly scented perfume</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:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>coughing spells while eating at times Give reminders</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <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: <u>Independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>living w/ friends around church arts & crafts visiting sites</u>		
Important for: <u>maintaining low cal diet staying hydrated</u>		
Likes: <u>vacation shopping attending church craft Bingo spending</u>		
Dislikes: <u>unclear expectations mean people feeling like others are upset</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal demonstrator</u>		

Staff: Jesse Haring
 Date: 10-10-24



Service Recipient: Linda Schroeder
 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>Penicillin, Strongly scented perfumes</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will have coughing spells at times while eating, staff reminders to chew slowly</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>history of breast cancer</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>glasses</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Living w/ females around her age, attending church w/ Fam, arts/crafts, visiting sister in Oklahoma, being asked for help</u>		
Important for: <u>Maintaining low cal. diet, physically active, structure/stability, advocating for herself, managing mental health</u>		
Likes: <u>Taking vacations, shopping, attending church w/ family, arts/crafts, bingo, paint by #s</u>		
Dislikes: <u>unclear expectations, mean people, feeling like others are upset w/ her</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal / Demonstration</u>		