



Staff: DARLENE RICE



Service Recipient: RYAN DENG

Date: 12-31-24

Service Span: 1-1-24

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

|  |  |   |
|--|--|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                  | <b>List &amp; Describe Supports:</b><br>Aripiprazole   | <b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br><small>*Listed on MAR, only administer meds per dr. order*</small>              |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                   | <b>Describe Supports:</b>  |   |
| <b>Choking/ Specialized Diet:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                               | <b>Describe Supports:</b><br>Sensitivity to Dairy, Rice, may trigger behavior  |   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | <b>List &amp; Describe Supports:</b><br>Autism, DP   | <b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><small>*Located in main file, share with EMT in emergency*</small>                           |
| <b>Medication:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>NO MEDS AT PAI  | <b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><small>*A trained staff will administer meds per a signed dr. order*</small> |
| <b>Personal Cares:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>staff will assist, reminder to use restroom and wash hands  |   |
| <b>Mobility/Fall Risk:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                      | <b>Describe Supports:</b><br>NO FALL RISK  |   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                       | <b>Describe Supports:</b><br>staff will supervise  | <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><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A            | <b>List &amp; Describe Supports:</b><br>MAKE NOISE when unhappy or anxious<br>may try to put staff hands on under his chin                     |   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>List &amp; Describe Supports:</b><br>Aggressive Behavior, Hitting, Kicking offer<br>SLAMMING DOORS, YELLING, SIB (Banging head) QUIET SPACE |   |
| <b>Unsupervised Time:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                       | <b>Describe Supports:</b><br>ZERO TIME ALONE   |   |
| <b>Important to:</b><br>Family, Routine, Keeping Busy  |  |   |
| <b>Important for:</b><br>Routine, staff to engage, speak with positive tone  |  |   |
| <b>Likes:</b> Bike Riding, traveling, videos on youtube  |  |   |
| <b>Dislikes:</b> Rice, Loud spaces   |  |   |
| <b>Communication Style:</b> Non-Verbal - some writing - simple phrases   |  |   |
| <b>Learning Style:</b> VISUAL LEARNING - Verbal Prompts  |  |   |

Staff: Krista M

Date: 12/31/24



Service Recipient: Ryan deng

Service Span: intake - 45 day

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

|  |  |   |
|--|--|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                  | <b>List &amp; Describe Supports:</b><br>Aripiprazole   | <b>Medication Allergies?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes<br>*Listed on MAR, only administer meds per dr. order*                                    |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                   | <b>Describe Supports:</b><br>- N/A   |   |
| <b>Choking/ Specialized Diet:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                               | <b>Describe Supports:</b><br>Sensitivity to dairy & rice, may trigger behavior   |   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | <b>List &amp; Describe Supports:</b><br>Autism spectrum disorder, DD   | <b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*Located in main file, share with EMT in emergency*                                      |
| <b>Medication:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>Not taking meds @ PAI   | <b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*A trained staff will administer meds per a signed dr. order*            |
| <b>Personal Cares:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>May need some assistance to clean up after BM, reminders to wash hands.   |   |
| <b>Mobility/Fall Risk:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                      | <b>Describe Supports:</b><br>no fall risk  |   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                       | <b>Describe Supports:</b><br>Staff will supervise @ all times  | <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><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A            | <b>List &amp; Describe Supports:</b><br>Ryan may make noises when unhappy or anxious. Ryan may try to put staff hand on/under his chin & press                       |   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>List &amp; Describe Supports:</b><br>Ryan has a history of aggressive behaviors. hitting, kicking, slamming doors, yelling, SEB banging hand. offer (quite space) |   |
| <b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>Zero alone time          |  |   |
| <b>Important to:</b><br>family, routine, keeping busy  |  |   |
| <b>Important for:</b><br>Routine, staying busy, staff to engage with me & speak with positive tone                                     |  |   |
| <b>Likes:</b><br>Bike riding, traveling, watching movie videos on youtube  |  |   |
| <b>Dislikes:</b><br>Rice, loud spaces  |  |   |
| <b>Communication Style:</b><br>non-verbal, some writing, some simple phrases   |  |   |
| <b>Learning Style:</b><br>Visual learning, verbal prompting  |  |   |

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

Staff: Patia Vang



Service Recipient: Ryan Deng

Date: 12/31/24

Service Span: 1 week 4s day

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

|  |   |   |
|--|---|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                  | <b>List &amp; Describe Supports:</b><br>Aripiprazole  | <b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>*Listed on MAR, only administer meds per dr. order*                         |
| <b>Seizures:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A        | <b>Describe Supports:</b> sensitivity to dairy & rice, may trigger behaviors  |   |
| <b>Choking/ Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                               | <b>Describe Supports:</b> autism, spectrum disorder, DD   |   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | <b>List &amp; Describe Supports:</b>  | <b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*Located in main file, share with EMT in emergency*                                      |
| <b>Medication:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b> not taking meds @ PAI   | <b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*A trained staff will administer meds per a signed dr. order*            |
| <b>Personal Cares:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b> may need some assistance to clean up after BM, reminder to wash hands, prompt to use restroom                         |   |
| <b>Mobility/Fall Risk:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                      | <b>Describe Supports:</b> no fall risk  |   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                       | <b>Describe Supports:</b> Ryan may take noises when unhappy & anxious, may try to put staff hand on under his chin/press.                       | <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><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A            | <b>List &amp; Describe Supports:</b> staff will supervise 2 or 3 times  |   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>List &amp; Describe Supports:</b> has history of aggressive behaviors, hitting, kicking, slamming, yelling, banging head, offer quiet space. |   |
| <b>Unsupervised Time:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                       | <b>Describe Supports:</b> family routine, keeping busy  |   |
| <b>Important to:</b> family, staying busy, staff to engage with me & speak with positive tone.   |   |   |
| <b>Important for:</b> bike riding, traveling, watching music videos / youtube  |   |   |
| <b>Likes:</b> nice, loud spaces  |   |   |
| <b>Dislikes:</b>   |   |   |
| <b>Communication Style:</b> non verbal, some writing, some simple phrases  |   |   |
| <b>Learning Style:</b> visual learning & verbal prompting  |   |   |

Staff: Julia Butler  
 Date: 12-31-24



Service Recipient: Ryan Berg  
 Service Span: Intake - 45 days

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

|  |   |   |
|--|---|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                  | <b>List &amp; Describe Supports:</b><br>Aripiprazole  | <b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>*Listed on MAR, only administer meds per dr. order*                         |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                   | <b>Describe Supports:</b>   |   |
| <b>Choking/ Specialized Diet:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                               | <b>Describe Supports:</b><br>sensitivity to dairy & rice, may trigger behaviour   |   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | <b>List &amp; Describe Supports:</b><br>Autism, DD  | <b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*Located in main file, share with EMT in emergency*                                      |
| <b>Medication:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>No PAI meds  | <b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*A trained staff will administer meds per a signed dr. order*            |
| <b>Personal Cares:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>prompts to use Bathroom, handwashing, help w/ BM   |   |
| <b>Mobility/Fall Risk:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                      | <b>Describe Supports:</b><br>No fall risk.  |   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                       | <b>Describe Supports:</b><br>Staff will supervise.  | <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><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A            | <b>List &amp; Describe Supports:</b><br>makes noises when unhappy or anxious. may pull staff's hand out under his chin & press.                         |   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>List &amp; Describe Supports:</b><br>has a history of aggression - hitting, kicking, stomping doors, yelling, SIB (banging head) after quiet spaces. |   |
| <b>Unsupervised Time:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                       | <b>Describe Supports:</b><br>no alone time @ PAI  |   |
| <b>Important to:</b> family, routine, keeping busy   |   |   |
| <b>Important for:</b> routine, staying busy, engaging w/ staff who have a positive tone.   |   |   |
| <b>Likes:</b> Bike riding, traveling, watching music on YT.  |   |   |
| <b>Dislikes:</b> noise, loud spaces.   |   |   |
| <b>Communication Style:</b> non-verbal, some writing some simple phrases.  |   |   |
| <b>Learning Style:</b> visual learning & verbal prompting  |   |   |

Staff: Siva Bailey  
 Date: Dec 31, 2024

**PAI**

Service Recipient: Ryan Demy  
 Service Span: Intake - 45 Day

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

|  |   |   |
|--|---|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                  | List & Describe Supports: <u>ariprazole</u>   | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>*Listed on MAR, only administer meds per dr. order*                                |
| <b>Seizures:</b><br><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><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                               | Describe Supports: <u>Sensitivity to dairy &amp; Rice. may trigger Behavior</u>   |   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Autism, DD</u>   | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*Located in main file, share with EMT in emergency*   |
| <b>Medication:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports: <u>not taking meds @ PAI</u>   | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*A trained staff will administer meds per a signed dr. order*                   |
| <b>Personal Cares:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports: <u>May need some assist and to clean up after BM, reminder to wash hands, prompt to use restroom</u>                   |   |
| <b>Mobility/Fall Risk:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                      | Describe Supports: <u>no fall risk</u>  |   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                       | Describe Supports: <u>Staff will supervise @ all times</u>  | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A            | List & Describe Supports: <u>Ryan may make noises when unhappy or anxious. Ryan may try to put staff hands under his chin &amp; press</u> |   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | List & Describe Supports: <u>has history of aggressive behaviors. Nitting kicking, slamming doors, yellings, STB, Bang-head</u>           |   |
| <b>Unsupervised Time:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                       | Describe Supports: <u>zero alone time @ PAI / Community</u>   |   |
| <b>Important to:</b> <u>Family, Routine, Keep busy</u>   |   |   |
| <b>Important for:</b> <u>Routine, Staying busy, Staff to engage with me, + speak with positive tone</u>                                |   |   |
| <b>Likes:</b> <u>Bike Riding, traveling, watching music, videos on youtube</u>   |   |   |
| <b>Dislikes:</b> <u>Rice, loud spaces</u>  |   |   |
| <b>Communication Style:</b> <u>non-verbal, some writing, simple phrases</u>  |   |   |
| <b>Learning Style:</b> <u>Visual learning + Verbal Prompting</u>   |   |   |

Staff: Brian metter  
 Date: 12/31/24



Service Recipient: Ryan Deng  
 Service Span: intake 45 day

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

|  |  |   |
|--|--|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                                | List & Describe Supports:<br><u>Arpiprazole</u>  | Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>*Listed on MAR, only administer meds per dr. order*   |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                                 | Describe Supports:   |   |
| <b>Choking/<br/>Specialized Diet:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes   | Describe Supports:<br><u>Sensitivity to Dairy and rice may trigger behavior</u>  |   |
| <b>Chronic Medical<br/>Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A           | List & Describe Supports:<br><u>Autism Spectrum Disorder, DD</u>   | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*Located in main file, share with EMT in emergency*   |
| <b>Medication:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports:<br><u>Not taking med @ PAI</u>  | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*A trained staff will administer meds per a signed dr. order*                   |
| <b>Personal Cares:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports:<br><u>May need some assistance to clean up after BM reminders to wash hands and prompt to use restroom</u>                        |   |
| <b>Mobility/Fall Risk:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  | Describe Supports:<br><u>NO fall risk</u>  |   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | Describe Supports:<br><u>Staff will supervise at all times</u>   | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                          | List & Describe Supports:<br><u>Ryan may make noises when unhappy or anxious. Ryan may try to put staff's hand on funder his chin and press</u>      |   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | List & Describe Supports:<br><u>Ryan has a history of aggressive behaviors hitting kicking slamming doors yelling sib (banging head) offer quiet</u> |   |
| <b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><u>zero alone time @ PAI/community</u> |  |   |
| <b>Important to:</b> <u>family, Routine, keeping busy</u>  |  |   |
| <b>Important for:</b> <u>Routine staying busy staff to engage with me and speak with a positive tone</u>   |  |   |
| <b>Likes:</b> <u>Bike riding traveling music videos TV</u>   |  |   |
| <b>Dislikes:</b> <u>Rice loud spaces</u>   |  |   |
| <b>Communication Style:</b> <u>Non-verbal some writing some simple phrases</u>   |  |   |
| <b>Learning Style:</b> <u>visual learning and verbal practice</u>  |  |   |

Staff: Andrew Swearingen

Date: 12-31-24



Service Recipient: Ryan Deng

Service Span: Intake 45 days

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

|  |   |   |
|--|---|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A                 | <b>List &amp; Describe Supports:</b><br>Aripiprazole<br>Dairy, Rice   | <b>Medication Allergies?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*Listed on MAR, only administer meds per dr. order*                         |
| <b>Seizures:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                  | <b>Describe Supports:</b><br>N/A  |   |
| <b>Choking/ Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>Describe Supports:</b><br>Sensitivity to Dairy and Rice  |   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A           | <b>List &amp; Describe Supports:</b><br>Autism spectrum Disorder, TD  | <b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*Located in main file, share with EMT in emergency*                                      |
| <b>Medication:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>not taking meds at PAI   | <b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*A trained staff will administer meds per a signed dr. order*            |
| <b>Personal Cares:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>May need some assistance to clean up after BM<br>Reminder to wash hands, prompt to use restroom. |   |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>no fall risk   |   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>Describe Supports:</b><br>Staff will supervise at all times.   | <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><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                      | <b>List &amp; Describe Supports:</b><br>May make noises when unhappy or anxious.  |   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>List &amp; Describe Supports:</b><br>@ home yelling, hitting<br>offer a quiet place  |   |
| <b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>Zero alone time @ PAI / community. |   |   |
| <b>Important to:</b><br>family, routine, keeping busy  |   |   |
| <b>Important for:</b><br>Routine, staying busy, staff to engage with me.   |   |   |
| <b>Likes:</b> Bike riding, traveling, watching TV, music   |   |   |
| <b>Dislikes:</b> Rice, loud spaces   |   |   |
| <b>Communication Style:</b> non-verbal, some writing, simple phrases   |   |   |
| <b>Learning Style:</b> visual learning, verbal prompting   |   |   |

Staff: Lindsay Carlson

Date: 12/31/24



Service Recipient: Ryan Deng

Service Span: intake

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

|  |   |   |
|--|---|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                      | <b>List &amp; Describe Supports:</b><br>Aprip/prazole   | <b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br><small>*Listed on MAR, only administer meds per dr. order*</small>              |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                       | <b>Describe Supports:</b>   |   |
| <b>Choking/<br/>Specialized Diet:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                               | <b>Describe Supports:</b><br>sensitivity to dairy & rice, may trigger behaviors   |   |
| <b>Chronic Medical<br/>Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | <b>List &amp; Describe Supports:</b><br>ASD, DD   | <b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><small>*Located in main file, share with EMT in emergency*</small>                           |
| <b>Medication:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>none at PAI  | <b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><small>*A trained staff will administer meds per a signed dr. order*</small> |
| <b>Personal Cares:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>may need some assistance to clean after BM, wash hands                                       |   |
| <b>Mobility/Fall Risk:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  | <b>Describe Supports:</b>   |   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>Describe Supports:</b><br>supervise at all times   | <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><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                | <b>List &amp; Describe Supports:</b><br>make noises when unhappy/anxious, will put staff's hand on/under his chin & press |   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>List &amp; Describe Supports:</b><br>history of aggressive behaviors, hitting, kicking, slamming doors                 |   |
| <b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                 |   |   |
| <b>Important to:</b> family, routine, keeping busy   |   |   |
| <b>Important for:</b> routine, staying busy, staff to engage w/ him, speak w/ pos. tone  |   |   |
| <b>Likes:</b> bike, traveling, watching music videos   |   |   |
| <b>Dislikes:</b> nice, loud spaces   |   |   |
| <b>Communication Style:</b> non-verbal, some writing, simple phrases   |   |   |
| <b>Learning Style:</b> visual learning, verbal prompting   |   |   |

Staff: Renee Schmidt  
 Date: 12/31/20



Service Recipient: Ryan Deng  
 Service Span: Intake

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

|   |  |   |
|---|--|---|
| <b>Allergies:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                  | List & Describe Supports:<br><u>Aripiprazole</u>   | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>*Listed on MAR, only administer meds per dr. order*              |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A        | Describe Supports:<br><u>N/A</u>   |   |
| <b>Choking/ Specialized Diet:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                               | Describe Supports:<br><u>Sensitive to Dairy &amp; Rice may trigger behaviors</u>   |   |
| <b>Chronic Medical Conditions:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports:<br><u>Autism Spectrum Disorder, PD</u>   | DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>*Located in main file, share with EMT in emergency*                                      |
| <b>Medication:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports:<br><u>None at PAI</u>   | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*A trained staff will administer meds per a signed dr. order* |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports:<br><u>Help with Blm reminder to wash hands</u>  |   |
| <b>Mobility/Fall Risk:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                                      | Describe Supports:<br><u>NO fall risk</u>  |   |
| <b>Community Support:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                                       | Describe Supports:<br><u>Staff will supervise at all times try to put staffs hands on /under chin</u>                          |   |
| <b>Sensory Support:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A            | List & Describe Supports:<br><u>Ryan may make noises when unhappy. Ryan may</u>  |   |
| <b>Behavior Support:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes  | List & Describe Supports:<br><u>Has history of aggressive behavior Hitting Kicking Slamming doors yelling sib banging head</u> |   |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                         |  |   |
| <b>Important to:</b><br><u>Family, Routine Keeping busy</u>   |  |   |
| <b>Important for:</b><br><u>Routine staying busy staff to engage with me &amp; speak with positive tone</u>                 |  |   |
| <b>Likes:</b> <u>Bike rides traveling watching music Videos</u>   |  |   |
| <b>Dislikes:</b> <u>Rice loud spaces</u>  |  |   |
| <b>Communication Style:</b> <u>non verbal some writing some simple phrase</u>   |  |   |
| <b>Learning Style:</b> <u>Visual learning Verbal prompting</u>  |  |   |

Staff: Nancy Snyder  
 Date: 12-31-24



Service Recipient: Ryan Jones  
 Service Span: Intake

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

|  |  |   |
|--|--|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                  | List & Describe Supports:<br><u>Aripiprazole</u>   | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>*Listed on MAR, only administer meds per dr. order*                                |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                   | Describe Supports:   |   |
| <b>Choking/ Specialized Diet:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                               | Describe Supports:<br><u>sensitivity to Dairy &amp; Rice</u>   |   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports:<br><u>Autism spectrum disorder, DD</u>   | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*Located in main file, share with EMT in emergency*   |
| <b>Medication:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports:<br><u>NO taking meds @ PAI</u>  | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*A trained staff will administer meds per a signed dr. order*                   |
| <b>Personal Cares:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports:<br><u>may need assistance to clean after BM</u>   |   |
| <b>Mobility/Fall Risk:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                      | Describe Supports:<br><u>no fall risk</u>  |   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                       | Describe Supports:<br><u>staff supervise at all time</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><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A            | List & Describe Supports:<br><u>makes noises when unhappy, hitting, kicking, slamming doors, yelling, banging head - offer quiet space</u> |   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | List & Describe Supports:<br><u>history of aggression</u>  |   |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>zero alone time @ PAI</u>       |  |   |
| Important to:<br><u>Family, routine, keeping busy</u>  |  |   |
| Important for:<br><u>Routine, staying busy, speak w/ positive tone</u>   |  |   |
| Likes:<br><u>Bike riding, traveling, watching music, videos on youtube</u>   |  |   |
| Dislikes:<br><u>Rice, loud spaces</u>  |  |   |
| Communication Style:<br><u>Non-verbal, some writing, some simple phrases</u>   |  |   |
| Learning Style:<br><u>Visual learning &amp; verbal prompting</u>   |  |   |

Staff: Jessica Carson

Date: 12/31/24



Service Recipient: Ryan Dang

Service Span: Intake

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

|  |   |   |
|--|---|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                  | <b>List &amp; Describe Supports:</b><br>Aripiprazole  | <b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br><small>*Listed on MAR, only administer meds per dr. order*</small>              |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                   | <b>Describe Supports:</b>   |   |
| <b>Choking/ Specialized Diet:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                               | <b>Describe Supports:</b><br>Sensitivity to dairy + rice, may trigger behaviors   |   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | <b>List &amp; Describe Supports:</b><br>ASD, DD   | <b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><small>*Located in main file, share with EMT in emergency*</small>                           |
| <b>Medication:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>Not taking meds @ PAI  | <b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><small>*A trained staff will administer meds per a signed dr. order*</small> |
| <b>Personal Cares:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Describe Supports:</b><br>may need some assistance to clean after BM, reminder to wash hands                                   |   |
| <b>Mobility/Fall Risk:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                      | <b>Describe Supports:</b>   |   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                       | <b>Describe Supports:</b><br>supervise @ all times  | <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><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A            | <b>List &amp; Describe Supports:</b><br>Will make noises when unhappy or anxious. Will put staff's hand on/under his chin & press |   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>List &amp; Describe Supports:</b><br>Has a history of aggressive behaviors; hitting, kicking, slamming doors                   |   |
| <b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                             |   |   |
| <b>Important to:</b> family, routine, keeping busy   |   |   |
| <b>Important for:</b> routine, staying busy, staff to engage w/ him, speak w/ positive tone  |   |   |
| <b>Likes:</b> bike riding, traveling, watching music videos  |   |   |
| <b>Dislikes:</b> Rice, loud spaces   |   |   |
| <b>Communication Style:</b> non-verbal, some writing, simple phrases   |   |   |
| <b>Learning Style:</b> visual learning, verbal prompting   |   |   |

Staff: Julie Johnson



Service Recipient: Ryan Deng

Date: 12/31/24

Service Span: Intake 45 day

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

|  |  |   |
|--|--|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                      | List & Describe Supports:<br>Aripiprazole  | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>*Listed on MAR, only administer meds per dr. order*                                |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                       | Describe Supports:   |   |
| <b>Choking/<br/>Specialized Diet:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                               | Describe Supports: Sensitivity to Dairy & Rice, may trigger behavior   |   |
| <b>Chronic Medical<br/>Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Autism Spectrum Disorder<br>P.D.   | DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>*Located in main file, share with EMT in emergency*  |
| <b>Medication:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports:<br>NA   | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>*A trained staff will administer meds per a signed dr. order*                   |
| <b>Personal Cares:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports: May need assistance to clean up after BM<br>verbal prompts to wash  |   |
| <b>Mobility/Fall Risk:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  | Describe Supports:<br>NO fall risk   |   |
| <b>Community Support:</b><br><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 |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A                | List & Describe Supports: may make noises when unhappy or<br>Anxious   |   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | List & Describe Supports: history of aggressive behaviors. Hitting, kicking, slamming doors, yelling (sib) banging head<br>OFFER Quiet Space |   |
| <b>Unsupervised Time:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | Describe Supports:<br>zero alone time  |   |
| <b>Important to:</b> family, Routine, Keeping busy   |  |   |
| <b>Important for:</b> Routine, staying busy, staff to engage with<br>speak with a positive tone  |  |   |
| <b>Likes:</b> Bike riding, traveling, watching music videos on youtube   |  |   |
| <b>Dislikes:</b> Rice, loud spaces   |  |   |
| <b>Communication Style:</b> non verbal, some writing, some simple phrases  |  |   |
| <b>Learning Style:</b> visual learning & verbal prompting  |  |   |