

Staff Support Needs (All That Apply)

- | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Mobility - Requires total assistance with mobility | <input type="checkbox"/> Wears depends |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Max Time Alone – Less Than 1 Hour |
| <input type="checkbox"/> 24 Hour | <input type="checkbox"/> Max Time Alone – 10+ Hours |
| <input type="checkbox"/> Moderate Supervision | <input type="checkbox"/> Unable to Evacuate Without Assistance |
| <input type="checkbox"/> Line of Sight | <input type="checkbox"/> Max Time Alone – 1-3 Hours |
| <input type="checkbox"/> Awake, Overnight Staff | <input type="checkbox"/> Max Time Alone – 3-10 Hours |
| <input type="checkbox"/> Constant Supervision | <input type="checkbox"/> 1:1 Staffing |
| <input type="checkbox"/> Requires RN/LPN oversight on all shifts | <input type="checkbox"/> More than 1:1 Staffing |
| <input type="checkbox"/> Max Time Alone – Less Than 15 Minutes | |

Behavioral Issues (All That Apply)

Monitoring Needed	Protection Needed	
<input type="checkbox"/>	<input type="checkbox"/>	Chemical Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Dishonesty
<input type="checkbox"/>	<input type="checkbox"/>	Elopement
<input type="checkbox"/>	<input type="checkbox"/>	Physical Aggression
<input type="checkbox"/>	<input type="checkbox"/>	PICA
<input type="checkbox"/>	<input type="checkbox"/>	Property Destruction
<input type="checkbox"/>	<input type="checkbox"/>	Self-Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Sexuality
<input type="checkbox"/>	<input type="checkbox"/>	Sexuality (Predator - Preference Female)
<input type="checkbox"/>	<input type="checkbox"/>	Sexuality (Predator - Preference Male)
<input type="checkbox"/>	<input type="checkbox"/>	Sexuality (Predator - Children)
<input type="checkbox"/>	<input type="checkbox"/>	Social Interactions
<input type="checkbox"/>	<input type="checkbox"/>	Survival Skills
<input type="checkbox"/>	<input type="checkbox"/>	Verbal Aggression
<input type="checkbox"/>	<input type="checkbox"/>	Stealing
<input type="checkbox"/>	<input type="checkbox"/>	Fire Setting

Family Involvement (Check Only One)

- Frequent
 Infrequent
 None

Guardianship:

Name:

- Limited Full

Payee:

Intellectual Skills (All That Apply)

Support Needed (None, Minimal, Moderate, Extensive):

None Min. Mod. Ext.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coping Skills: Does not handle everyday stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment Impaired: Rational Decisions Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coping Skills: Dislikes disruptions in environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment Impaired: Rational Decisions Financial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment Impaired: Easily Taken Advantage Of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment Impaired: Rational Decisions Safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment Impaired: Inability to Advocate for Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognize Reality: Paranoia or Delusional Behavior

Rights Restriction:

Summary of Current Situation: