

Person's legal name: Fitzwilliam Bennet

Date of last update: 08/4/2016

What name does this person prefer to be called? Fitz

Ask Fitz and those close to him what his current priorities are. What are the things happening right now that Fitz wants to strengthen or maintain? Are there issues of concern that need to be addressed?

Seek to understand more about the current priorities by asking follow-up questions when needed.

Record what you learn on this form. The amount of information you record in each topic area will vary depending on Fitz's priorities and how well you know him.

If you don't have information about a particular topic area because it is not a current priority or Fitz doesn't want to discuss it, note that on this form.

Communication

How Fitz communicates wants/needs/pain, assistive devices used for communication, accommodations needed, receptive and expressive communication skills, reading/writing skills, opportunities to gain or maintain skills, etc.

Person's perspective:

- Fitz will give people time to understand what he is saying.
- He will repeat things so others can understand and use the signs he is comfortable with (more, less, hurry, stop, yes, no, sorry, funny, etc.)
- He is patient with people when they ask him to repeat himself.
- He is most comfortable communicating with the people who know him well.
- Fitz went to Disney Land and Camping with Trips Inc. He will say, "Land" when he wants to look at the pictures of his trips.

Additional input:

- Fitz's speech can be difficult to understand if you don't know him well.
- Fitz has a Communication Chart that was very useful when he worked and communicated with new people more often.
- He will almost never tell you if he is sick or injured.
- Listen closely and ask him to repeat himself. Repeat what you think you heard him say. He will shake his head yes and sign yes when you get it right. Sometimes he will say yes even if you get it wrong so confirm with him until you think you've got it.
- His Foster Providers and family understand him well.
- Fitz needs someone to read and write for him.
- He can write and sign his name.

Life in current living arrangements

Where and with whom Fitz lives, where Fitz wants to live, options for where Fitz can live (including non-disability specific options), planning to live more independently or on his own, looking for a new home or moving out of family home, rents or owns, private room, contribution to household, daily routine, activities at home, hobbies, pets, family, roommates, accessibility throughout home, meal planning, shopping, preparing meals and cooking, cleaning, skills for maintaining own household, modifications in home, safety.

Person's perspective:

- Fitz appears to be happy where he lives.
- He and his roommate get along well and spend time together.
- Fitz loves his model planes. His brother makes them with him and he will play with them and display them in his room.
- Fitz has a special chair in the living room and he likes to recline.
- Fitz looks at books and has someone read to him every day.
- Fitz likes to watch Cartoon Network, PBS, and Disney Channel (He especially likes Arthur, Dukes of Hazzard, and Leave it to Beaver).
- He plays card games and board games every day.
- Fitz spends time sitting outside on the porch when the high school kids walk home (people watching).
- He likes to spend some time in the quiet privacy of his room every day.
- Fitz likes to have a cool mustache. He like the ends waxed and pointy.
- Fitz loves to help around the house. He helps to clean his room, take out trash, mow the lawn, sets, clears and wipes down the table after dinner, and gets the mail, along with other things.

Additional input:

- Fitz lived at Fairview until he was 35, when he moved in with his mom.
- Fitz has lived at Beth and Char's for 3 years since his mom passed.
- Fitz is very helpful and takes parts in all things (chores and social) going on in the house.

Pre-employment and/or work

Career goals, developing job skills, interests, job exploration, financial concerns, social security benefits concerns, job development for self-employment or paid work, current job, job satisfaction, workplace safety, childcare needs, co-workers, work routine, work environment, planning for retirement, etc.

Person's perspective:

- Fitz will say “go to work” and that means he misses work or he wants to visit his friends there.
- He visits his old job about once a month and spends about 30 minutes to an hour.
- The people at his old job send him a Christmas and Birthday card every year, which he smiles and laughs about.

Additional input:

- Fitz retired after 30 years of service to the local recycling center.
- He was having some medical issues that kept him home a lot and eventually decided he did not want to go every day, but just visit his friends there.

Employment-related skills

Interests, hobbies, talents, strengths, prior work experience, education, reading and writing skills, communication skills, computer skills, organization, timeliness, reliability, areas of focus if still in school, etc.

Fitz has lots of skills, but he's retired and doesn't work anymore

Employment-related preferences

Hours, time of day, days of week, mornings, evenings, pay, location, environment, people and coworkers, noise level, distance from home, type of job, type of tasks, pace, etc.

Fitz is retired and doesn't work anymore

School and life-long learning

Things Fitz would like to learn, classes interested in taking, continuing education, personal or professional development, accessing school options, graduation preferences and diploma options, transition, etc.

Person's perspective:

- Fitz wants to learn to take care of a fish.
- Fitz is always very helpful and is interested in watching how things are done.
- He has recently learned to put gas in the lawn mower.

Additional input:

Fitz is a very curious person and likes to watch how things are done. He doesn't always feel comfortable trying things out himself, but is always engaged and interested in what is going on around the house.

Community and social life

Recreation or leisure activities, community activities, concerts, festivals, churches, accessing community locations, shopping, visiting friends and family, social networking, clubs, social events, volunteer work, safety, opportunities to develop social skills, opportunities to contribute to the community, transportation, etc.

Person's perspective:

- Fitz likes to go to Do Your Own Thing, which is a small group of friends who do activities together.
- Fitz loves to take walks to the store. Everyone there knows him and he talks with them for a few minutes each time.
- He is still close to the people at his old job and sees them regularly.
- Fitz thinks he might like to volunteer at the pet store/county animal shelter. He loves going there once a week and looking at the animals.

Additional input:

- Fitz needs to be reminded to have good social boundaries (especially with strangers).
- He will get very close to someone's face when he talks to them or poke at them to get their attention; ask Fitz to step back one step and to not poke.

Relationship map

	People who are important to Fitz:	Others in Fitz's life:
Family	Bill (brother), Ma (mom), Kathy (Bill's wife), Beth and Char (foster providers)	
Friends	JM, Bob, and Orion	Pam and Ted, Joe Block Gary (housemate), Chuck (ex-coworker), Friends from Do Your Thing
People at work, school or in the community	Friends old job (Chuck, Lydia, Darcy, Mark, Mary, Ed, Geo)	
People paid to provide support	Beth and Char	

Relationships

Anything about current relationships Fitz would like to change, making friends, opportunities to make choices about who is involved in planning at home and at school, connections with distant friends and family, personality traits of favorite people, traits or people to avoid, etc.

Person's perspective:
Fitz wants help keeping in touch with his friends at work. He has scheduled outings with all his other friends and family on a regular bases with support from staff. <ul style="list-style-type: none">• Fitz spends time with his brother every other weekend.• Fitz will wait at the door or look out the window when he knows his brother is on his way.• Fitz has friends at work and talks about his friends at Do Your Own Thing.
Additional input:
<ul style="list-style-type: none">• Fitz seems to have good relationships with the people in his life.• He has a couple of friends that he sees weekly (JM, Bob, and Orion) and others he visits with about once a month (Pam and Ted, Joe Block).

Characteristics of people who best support this person

Personality characteristics, any personality traits to avoid, specific skills, education or training needed, gender, physical attributes, strengths, interests and hobbies, specific people already identified.

Person's perspective:
<ul style="list-style-type: none">• Likes to play games• Likes to read books out loud
Additional input:
<ul style="list-style-type: none">• Patient and soft spoken• Good listener

- Attentive

Health and wellness

Relationships with medical professionals, developing skills for taking care of himself, medical equipment, things that make medical appointments successful, skills for making and keeping medical appointments, physical fitness, sports, preventative care, health screenings, nutrition, nursing services, occupational therapy, dental care, planning for end of life care, advance directive, etc.

Person's perspective:

- Fitz doesn't like to take his medicine. Some of them taste bad. He prefers to take medication with juice, but sometimes this needs to be water if his blood sugars are high.
- Fitz doesn't like going to the doctor.
- Fitz likes it better when the nurse comes to the house and helps him with his diabetes.
- He only like his first two fingers on his left hand pricked when checking blood sugars and doesn't like cold hands, so warn them up before you help him.
- Fitz doesn't like to wear his dentures all the time. They bother him.

Additional input:

- Fitz needs some encouragement from those he trusts to take his medication.
- Fitz will become very upset when he has to go to the doctor. Sometimes he will sit on the floor and not stand up to walk into the office. He might scream. It helps if he knows all about the appointment before going. Speak softly and be patient until he feels safe. Let him know you will stay with him throughout the appointment. Come back another day if he won't go in.
- Fitz has diabetes and it is managed well with the supports he has in place. Having the nurse help Fitz with his diabetes management works much better than having to go to the doctor's office.
- Fitz needs to be sedated for any dental work.
- Fitz is working with his dentist to get a better fit on his dentures.
- Fitz has some incontinence. He does not want his roommate to know this. He only wants to have help changing depends and clothing in his bedroom. If you are in the community, you need to take him home before you support him to change. Be modest when doing this.
- Fitz wears glasses and needs to replace them. He got a free eye exam from Lions Club (community organization that provides free eye exams) and his brother has found an organization the will provide him with much discounted eyeglasses for those who qualify (Clear Vision Works) Fitz brother will pay the difference for the glasses after Clear Vison Works discount.

Financial life

Budgeting, managing money, using cash, counting change, planning for the future, special needs trust, benefits, risk of exceeding resources, managing credit, education, controlling money, etc.

Person's perspective:

- Fitz likes to hold his money and hand it to the cashier.
- He likes to take his change and put it in his front pocket.
- Fitz keeps a small bank at home for his change.
- Fitz knows money is used to buy things at the store.
- Fitz wants to have money for going on a Trips vacation each year, going to Science Works,

and having an outing once a week with his friends at Do Your Thing.

Additional input:

- Fitz's brother, Bill, is his rep payee.
- Fitz needs someone to help with all monetary exchange, all budgeting, and paying bills.

Protection and advocacy

Self advocacy skills, skills for saying “no” to things that are unwanted, making choices and decisions, opportunities to gain or practice skills, protection from exploitation, participating in self-advocacy groups or activities, personal privacy, any supports that interfere with privacy, identity protection, etc.

Person's perspective:

- Sometimes Fitz will say “I don't know”, when he doesn't like something.
- He will tell people “no” if he really trusts them.
- When you give a few different choices, Fitz will be able to tell you what he likes and doesn't like.

Additional input:

- Fitz needs someone he trusts and who knows him well to help him advocate for the things he wants and needs.
- Fitz will say “yes” to almost everything. If he really wants something, he will sometimes sign, “yes” while nodding and speaking “yes.”
- Ask Fitz a lot of questions to find out what he really likes or doesn't like.
- Fitz will not tell you if he is sick or ill.
- Fitz might not tell anyone if someone hurts him.
- Fitz always needs someone with him at home and in the community to keep him safe.

Cultural considerations

Family, traditions, stories, faith, heritage, rituals, celebrations, holidays, food, clothing, books or literature, items, planning for end of life, etc.

Person's perspective:

- Fitz loves Christmas and decorating.
- Fitz spends Christmas with his brother and sister-in-law (Bill and Kathy).
- Fitz visits his mom's burial site now and then when he and his brother are together and Fitz will spend a little time in his room alone afterwards.

Additional input:

- Fitz's brother says Fitz has never attended church.
- Their family has always celebrated Christmas, Easter, and Thanksgiving (Fitz continues this tradition with his brother).
- Fitz's mom purchased a burial plot for Fitz next to hers.

Sexuality and/or intimate relationships

Education, family planning, privacy, anything that interferes with privacy, opportunities to express sexuality, dating, places and events to meet potential partners, online dating, safety considerations, etc.

Person's perspective:

He has privacy in his own room at night and during the day when he wants it.

Additional input:

Fitz has never talked about wanting an intimate relationship

Mental health

Concerns about mental health; relationship with any mental health professionals; availability of helpline or other resources for Fitz, family or supporters; things or people that make appointments better; effective strategies; accommodations needed; skills for making health care decisions; support to make informed health care decisions, etc.

Person's perspective:

No concerns

Additional input:

No concerns

Behavioral health

Concerns about behavioral health, relationship with any behavior professionals, availability of helpline or other resources for family or supporters, effective strategies, etc.

Person's perspective:

- Fitz takes part in following his positive Behavior Support Plan.
- Fitz has worked very hard in the last few years. He is very involved in working with his providers so that he is healthy.
- Fitz has become much more interested in being healthy after a few health scares. He still vividly remembers and talked quite a bit about when he had to go in the ambulance because he ate soap from his mother's bathroom, making him very ill. This happened 5 years ago.

Additional input:

- Fitz will eat food until he becomes sick, so he needs support with portion control.
- Food is locked at all times, save a few small portioned snacks for independent access, so that Fitz will not eat to the point of emergency illness or death.
- He will get food out of the cupboards and refrigerator if he is not supervised. (He will get things that he needs to either limit the amount or have cut up.)
- Fitz will eat very large bites and eat very quickly if he is not supervised during meals and reminded to eat slowly and take smaller bites and chew.
- Very limited snacks are left out and made available to Fitz so that he can experience independent control over his food. The food must be an appropriate texture for easy chewing.
- His food must be at a texture that he can easily eat if he is not wearing his dentures.
- Fitz needs to be reminded not to take food from other's plates.

- Fitz has consented to an individually based limitation that limits the access he has to food.
- Fitz has a BSP that is followed by his providers and includes ways to provide Fitz with opportunities to make independent choices about food in a way that still keeps him safe.

Transportation

To/from work, school, activities, learning how to get around independently, learning the bus routes, getting a driver license, vehicle with lift, safety concerns, etc.

Person's perspective:

- Fitz likes to go on rides with his brother, Bill, who has a cool car.
- Fitz loves to fly in airplanes.

Additional input:

- Fitz will take off his seat belt and try to open the car door while the car is in motion. He does this when he gets excited about something.
- He needs to be reminded to not take off his belt until the car stops.
- The car door must have the safety lock on.

Assistive devices (AD) or technology (AT) needed to increase independence, reach personal goals or lessen the need for other paid support.

An assistive technology discussion guide is available to help research options, explore funding, acquire devices or technology, and establish monitoring and maintenance for AD/AT already in place.

Wheelchair, scooter, walker, cane, crutches, prosthetic device, and orthotic device, helmet, emergency alert devices (LifeAlert, MedicAlert), alternative or augmentative communication (AAC) device, iPad/tablet, phone, GPS-enabled device, communication chart, audio reader, alternate keyboards, talking photo album, screen reader, screen magnifier.

Person's perspective:

Fitz was involved in creating his Communication Chart

Additional input:

Communication Chart has been working well, and is helpful for anyone new supporting him (or even going to the doctor).

Environmental modifications needed to increase independence, reach personal goals, or lessen the need for other paid support.

Research options, explore funding, acquiring modification, establish monitoring and maintenance for modifications already in place.

Padded corners and edges, widened doors and hallways, smooth floors (no carpets), roll-in showers, lowered or raised sinks, counters and cabinets, ramps, lifts (hydraulic, manual or electric), hand rails and grab bars, automatic or manual door openers, doorbells, specialized electrical or plumbing systems, heating and cooling

adaptations, emergency indicators such as strobe-light fire or carbon monoxide detectors, bed shakers, etc.

Person's perspective:
None
Additional input:
None

Hopes and dreams

Personal goals, career goals, education goals, vacations to take, purchases to make, things to achieve now or in the future, things to do or try, experiences to explore, marriage and children, long- and short-term.

Person's perspective:
<ul style="list-style-type: none">• He loves to fly. Fitz takes his planes off the shelf and says “me” or “fly” and points to the cockpit.• Fitz wants to go on another vacation with Trips. He wants to go to the Grand Canyon.• Fitz wants to buy a fish to care for at home.
Additional input:
<ul style="list-style-type: none">• Beth and Char will help Fitz care for his fish.• They will also help him plan a trip to the Grand Canyon.

Other individualized planning documents

Are there others to partner with for services coordination? Check with the family/guardian for other assessments/ service plans the person may have to help the DD system better coordinate/maximize supports and services for the person and family/guardian. Examples include Essential Lifestyle Plan (ELP), Personal Futures Plan, and also documents from school such as Summary of Performance, Individual Education Plan (IEP), Individualized Family Service Plan (IFSP), Individualized Learning Plan (ILP) or a 504 plan.

List other available documents that can be referenced for more information: None

Contributors to person's perspective

Name	Relationship
Fitzwilliam Bennet	Self

Did anyone else contribute their perspective on behalf of Fitz?

☒ Yes ☐ No

Beth and Charlotte Lucas	Foster Providers
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Contributors to additional input

Name	Relationship
Beth and Charlotte Lucas	Foster Providers
Bill Bennet	Brother
Kathy Bennet	Sister in-law
Jane Bingley	Services Coordinator

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Risk Identification Tool

Person's legal name: Fitzwilliam Bennet

Date of last update: 08/04/2016

HEALTH AND MEDICAL

1. Aspiration (*check all that apply*):

Risk present? ☒ Yes ☐ No ☐ History ☐ SC/PA follow-up

- ☐ a. Diagnosis of dysphagia, or has been identified to be at risk for aspiration by a qualified medical professional
- ☐ b. Ingests non-edible objects, places non-edible objects in mouth, or has a diagnosis of pica
- ☐ c. Has a feeding tube
- ☐ d. Diagnosed with gastroesophageal reflux (GER) and the physician has identified the person at risk of Aspiration
- ☐ e. Complains of chest pain, heartburn, or have small, frequent vomiting (*especially after meals*) or unusual burping (*happens frequently or sounds wet*) and the physician has identified the person at risk of Aspiration
- ☐ f. Someone else puts food, fluids, or medications into this person's mouth

If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of aspiration. (Check all that apply)

- ☒ g. Food or fluid regularly falls out of this person's mouth
- ☒ h. Coughs or chokes while eating or drinking (*more than occasionally*)
- ☐ i. Drools excessively
- ☐ j. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication
- ☐ k. Regularly refuses food or liquid (*or refuses certain food/liquid textures*)
- ☐ l. Needs his/her fluids thickened and/or food texture modified
- ☒ m. Eats or drinks too rapidly

Evaluation results: ☒ Risk present ☐ No risk ☐ Other (*see comments*)

Comments:

2. Dehydration (*check all that apply*):

Risk present? ☐ Yes ☒ No ☐ History ☐ SC/PA follow-up

- ☐ a. Asks for or routinely requires assistance to get something to drink
- ☐ b. Receives fluids through a tube
- ☐ c. Required intravenous (IV) fluids due to dehydration in the past year

If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of dehydration. (Check all that apply)

- ☐ d. Takes medication known to cause dehydration and this person would not recognize or communicate if he/she were dehydrated
- ☒ e. Coughs or chokes while eating or drinking (*more than occasionally*)
- ☐ f. Drools excessively
- ☐ g. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication
- ☐ h. Regularly refuses food or liquid (*or refuses certain food/liquid textures*)
- ☐ i. Needs his/her fluids thickened and/or food texture modified

Evaluation results: ☐ Risk present ☒ No risk ☐ Other (*see comments*)

Comments:

3. Choking (*check all that apply*):

Risk present? ☒ Yes ☐ No ☐ History ☐ SC/PA follow-up

- ☐ a. Ingests non-edible objects, places non-edible objects in mouth, or has a diagnosis of pica

If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of choking. (Check all that apply)

- ☒ b. Eats or drinks too rapidly

☒ c. Stuffs food into his/her mouth

☒ d. Coughs or chokes while eating or drinking (*more than occasionally*)

Evaluation results: ☒ Risk present ☐ No risk ☐ Other (*see comments*)

Comments:

4. Constipation (*check all that apply*):

Risk present? ☐ Yes ☒ No ☐ History ☐ SC/PA follow-up

- ☐ a. Takes routine bowel medications for constipation or has taken "as needed" (prn) medications for constipation more than two times a month within the past year (*do not include fiber*)
- ☐ b. Required a suppository or enema for constipation within the past year

If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of constipation. (Check all that apply)

☐ c. Has had more than one episode in the past year of complaining of pain when moving his/her bowels

☐ d. Has had more than one known episode of hard stool in the past year

☐ e. Takes a medication that causes constipation and this person would not recognize or communicate if he/she were constipated

Evaluation results: ☐ Risk present ☐ No risk ☐ Other (*see comments*)

Comments:

5. Seizures (*check all that apply*):

Risk present? ☐ Yes ☒ No ☐ History ☐ SC/PA follow-up

- ☐ a. Has a diagnosis of seizures or epilepsy and/or had a seizure within the past five (5) years
- ☐ b. Takes medication to control seizures and/or has taken medication to control seizures within the past five (5) years
- ☐ c. Has had a seizure in the past year. Address safety precautions e.g. driving, water safety, bicycle use, safety equipment, etc.

Comments:

Other health risks	Yes / No / History	SC/PA follow-up
6. Unsafe medication management: At risk of serious harm as a result of misuse of medication, medication overdose, frequently missing a medication dose, or lifestyle choices that conflict with medications (<i>diet, supplements, alcohol, other drugs or medications, etc.</i>)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
7. Complications of diabetes: Has a diagnosis of pre-diabetes or diabetes	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
8. Complications associated with (<i>list type of tube or ostomy</i>): Has an ostomy or tube, such as a urinary catheter, colostomy, etc.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
9. Unreported pain or illness: Does not report or is unable to describe pain, signs of illness, or where it is located	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
10. Lack of access to medical care: Transportation, geographical, financial, cultural, or other (<i>non-behavioral</i>) reasons exist that prevent medical care	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
11. Injury due to falling: Needs support to avoid an injury due to falling. Consider risk due to mobility or transfer support needs	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
12. Other serious health or medical issues: Consider any other important, serious health or medical issues. List specific additional risk(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Comments:

SAFETY

Risk	Yes / No / History	SC/PA follow-up
13. Water temperature safety: Needs any support to adjust water temperature to avoid scalding	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
14. Fire evacuation safety: Needs any assistance to evacuate when a fire or smoke alarm sounds	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Risk	Yes / No / History	SC/PA follow-up
15. Household chemical safety: Needs any support to avoid serious injury from household chemicals	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
16. Vehicle safety: Needs any assistance to remain safe around traffic, while getting in or out of a vehicle or while riding in vehicles	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
17. Court-mandated protection: <i>Someone else</i> has a court-mandated condition or restriction against them to address this person's safety (<i>e.g. protective orders or restraining orders to keep this person safe</i>). If yes , list court order and date:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
18. Significant risk of exploitation: Evidence, signs, or circumstances of significant increased risk of abuse or exploitation	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
19. Enters into contracts that he/she may not be able to complete: Consider the person's capacity to make an informed decision about contracts or agreements he/she enters into.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
20. Safety and cleanliness of the residence: Conditions within the residence may lead to injury, illness, eviction, or significant loss of property.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
21. Other safety issues: Consider any other important, serious safety issues at home or in any other setting (<i>e.g. workplace equipment, bullying, harassment</i>). List specific additional safety risk(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
Comments:		

FINANCIAL

Risk	Yes / No / History	SC/PA follow-up
22. Potential for financial abuse: Complaints or evidence of significant increased risk of financial exploitation (<i>e.g. provider organization staff or Foster provider handle the person's money, frequently loans money or property to others, bills are unpaid, etc.</i>)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
Comments: Foster providers handle Fitz money day to day and have access to bank account.		

MENTAL HEALTH

☒ No risk identified in this section (*skip to next section*)

BEHAVIOR

Risk	Yes / No / History	SC/PA follow-up
26. Physical aggression: Engages in behavior that is aggressive toward others	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
27. Self-injury: Engages in behavior that presents an immediate risk of tissue damage to the person, or any behavior that, if continued, presents a significant risk of tissue damage to the person in the near future. Self-injurious behavior may refer to any behavior that can cause tissue damage, such as bruises, redness, and open wounds.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
28. Property destruction: Engages in property destruction	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
29. Leaving supervised setting: Leaves or attempts to leave supervised settings and is unsafe to do so	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
30. Unsafe use of flammable materials: Engages in the unsafe use of flammable materials	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
31. Substance abuse: Abuse of alcohol or illegal drugs	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
32. Illegal behavior: Engages in any behavior that violates federal, state, or local laws	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
33. Court-mandated restrictions: Has any court mandated conditions or restrictions resulting from this person's behavior. If yes, list court order and date:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
34. Ingesting non-edible objects: Ingests non-edible objects or has a diagnosis of pica	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
35. Non-edible objects in mouth: Places non-edible objects in his/her mouth that may cause poisoning, aspiration or choking	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Risk	Yes / No / History	SC/PA follow-up
36. Refusing medical care: Refused medical services, treatments, or medications or has required mechanical, physical, or chemical restraint to receive medical services or mental health care in the past year. Consider the person's capacity to make an informed decision.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
37. Extreme food or liquid-seeking behavior: Seeks, grabs, or stuffs food or consumes liquid in a manner that could cause harm. For example, for a person without teeth, it may mean that they will grab food that they cannot safely chew. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>A current evaluation by a qualified professional is expected to determine if the person is at risk of extreme food or liquid-seeking behavior.</i></p> <p>Evaluation results: <input checked="" type="radio"/> Risk present <input type="radio"/> No risk <input type="radio"/> Other (see comments)</p> </div>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
38. Illegal or high risk sexual behavior: Engages in unsafe sexual behavior such as approaching others for sexual behavior that is unwanted/non-consensual; grabbing others' genitals; touching others' breasts; solicitation for sexual activity; unprotected sex with strangers; any of the following exhibited publicly: masturbation, fondling others, fondling self, talking about sexual activity or using sexual language, or walking into an area disrobed.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
39. Undesirable sexual behavior: Engages in sexual behavior that is not illegal but socially undesirable. Including: Touching paid providers in a sexually suggestive manner, soliciting sexual activity from paid providers or other professionals in their life, socially undesirable use of sexual language/talking about sexual activity, masturbating/fondling self in common areas of shared housing.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
40. Harm to animals: Engages in behavior that is harmful to animals	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
41. Use of objects as weapons: Uses weapons or objects in an attempt to injure self or others	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Risk	Yes / No / History	SC/PA follow-up
42. Unsafe social behavior: Consider internet/texting/webcam/media safety risks, lack of awareness of boundaries with strangers, etc. Engages in behaviors that place the person at risk of being victimized or engages in behaviors that place others at risk of being exploited. Consider bodily safety and social interactions with strangers.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
43. Other behavior issues: Consider any other important, serious behavior issues at home or in any other setting. List specific additional behavior risk(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
Comments: Unsafe social behavior: Fitz has a lack of awareness for social boundaries. He will get very close to people and sometimes poke them to get their attention.		

EVALUATIONS

Risk(s)	Type of evaluation	Evaluation date	Has condition changed since evaluation?	Where evaluation is kept
Choking (Aspiration, Dehydration: for these two risk factors, no risk was found for these specific risks;only choking remained risk per Physician)	Swallow study	04/12/2012	No, evaluation is current.	In Medical section of Fitz's book
Extreme Food and Liquid Seeking	Functional Assessment	02/12/2010	No, evaluation is current.	In Medical section of Fitz's book

CONTRIBUTORS

Name	Title/relationship
Fitzwilliam Bennet	Person receiving services
Jane Bingley	Services Coordinator

Beth Lucas	Foster Provider
Kathy Cove	RN Community Health Nurse
Bill Bennet	Brother/Guardian

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ISP Meeting Agenda

Person's legal name: Fitzwilliam Bennet

ISP meeting date: 08/18/2016

Preferred name: Fitz

Based on conversation with the person supported, the team, and/or information gathered in the Person Centered Information Form ([SDS 4115](#)) and the needs assessment, record what Fitz and/or team members want to talk about and note the action taken.

Consider the following:

- Celebrations and achievements from the previous year
- Review One Page Profile(s)
- Anything Fitz wants to talk about at the meeting
- Assessed needs and how Fitz wants to be supported
- Any supports Fitz needs to more fully participate in planning his/her life, to understand his/her rights or to understand his/her ISP
- Anything that Fitz wants support to work toward, change and/or learn
- What others believe is important for Fitz to work toward, change and/or learn
- Any items from previous agendas that need to be discussed again
- Briefly review goals from the previous ISP. Were there any barriers that need to be addressed?
- Other items not yet addressed that the team needs to discuss

Discussion topic	Action taken/outcome, e.g., desired outcome, issue resolved (<i>note how it was resolved</i>), added to Safety Plan, etc.
Fitz went to Disney Land last year and loved it. He met some new friends and wants to go on another trip this coming summer.	Fitz will work with his brother and foster providers to plan and pay for another trip
Fitz wants to buy some fish and take care of them.	Fitz asks his SC to add this as a desired outcome on his ISP. Will work with foster provider to buy and care for fish.
Fitz was made aware of his rights. Team explained his rights to him in a way he could understand.	Fitz's brother will help to advocate for his rights ongoing
Team talked about the preferences Fitz has around delivery of his supports.	Fitz's preferences were indicated on his ISP and Person Centered Information and will be added to any action plans

<p>Team talked with Fitz about how he thinks things are going in his life. Team talked about what is working and if there is anything he would like to change. The team took time talking to Fitz about where he lives and who he lives with to make sure Fitz is happy with his home and housemate. Fitz said he is happy living where and with whom he lives and can't think of much he would like to change.</p>	<p>No action required at this time for protocols. BSP: For now, Bill and Kathy are willing to see how things go over the next few months, but would like to look into making sure the BSP is still working or if Fitz needs to meet with the Behavior Support specialist to see if there is something new going on with Fitz. The team decided to start by having Fitz see the doctor to make sure there isn't anything medical causing a change in Fitz's behavior. SC will follow up after the medical appointment.</p>
<p>Reviewed Support Documents. Team discussed the ongoing need for protocols and BSP to address risks and keep all providers working with Fitz on the same page. The team agreed that most of the support documents in place were working for Fitz at home and should continue to be used to mitigate risks. However, Bill and Kathy have been noticing that Fitz is having more instances of poking and talking very loudly to strangers when they are in the community, as well as leaving the area they are in and trying to walk off on his own. When they attempt to follow the BSP and redirect Fitz accordingly it doesn't work as well as they feel it did in the past. Fitz became angry with Bill when he tried to redirect Fitz on two occasions. Foster providers have not noticed a change.</p>	<p>No action required at this time for protocols. BSP: For now, Bill and Kathy are willing to see how things go over the next few months, but would like to look into making sure the BSP is still working or if Fitz needs to meet with the Behavior Support specialist to see if there is something new going on with Fitz. The team decided to start by having Fitz see the doctor to make sure there isn't anything medical causing a change in Fitz's behavior. SC will follow up after the medical appointment.</p>

At the end of the meeting, the SC/PA leads the team to review the finished ISP and support documents.

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Individual Support Plan (ISP)

Person's legal name: Fitzwilliam Bennet

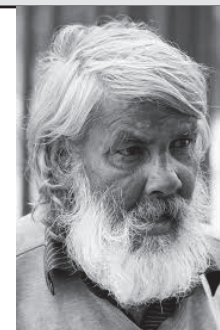
Preferred name: Fitz

Plan effective dates: 09/01/2016 – 08/31/2017

One page profile for: Home

What people like and admire about Fitz:

- Fitz is fun loving and laughs/smiles all the time.
- Fitz is always helpful. He likes to help with chores or bring in the groceries when he sees you struggling.
- Fits makes model planes with his brother and they look so great displayed in his room. They are very detailed.
- Fitz has a great mustache. He is very talented with trimming scissors.
- Fitz is really good at cards.



What is important to Fitz:

- His brother (Bill) and sister in-law (Kathy)--spending time with them
- Having people around him who make him feel safe
- Having fun with his friends at Do Your Thing
- Going to his old job and spending time with his friends
- His model planes--making them and showing them to others.
- His books--all of them in his collection.
- Being clean and having his clothes clean.
- Fitz likes to get up early and spend time in the quiet before anyone else is up

How to best support Fitz:

- Be patient. Let Fitz have time to feel comfortable with the things he is asked to do or with supports provided.
- Use a soft voice with Fitz.
- Talk to him about things like doctor appointments ahead of time
- Spend time with Fitz doing the things he likes to do, like reading and playing games (especially card games).
- Learn Fitz's communication style and look to his chart
- Refer to Communication Chart as needed and
- Know Fitz's protocols and behavior support plan

Desired outcomes

Desired outcome: Fitz takes a vacation to the Grand Canyon this year with Trips Inc.(Vacation Organization)

What supports this outcome? Informal Supports, Residential Services

Key step/goal	Who is responsible?	Timelines	Where to record progress	Additional implementation strategies expected?
1 Work with providers and Rep Payee to budget and plan the trip (apply with Trips Inc.).	Fitz, Foster Provider, and Rep Payee, Trips. Inc.	By Sept. 2017	Progress Notes of SC and Foster Provider	Action Plan prepared by provided

Desired outcome: Fitz owns fish and cares for them.

What supports this outcome? Informal Supports, Residential Services

Key step/goal	Who is responsible?	Timelines	Where to record progress	Additional implementation strategies expected?
1 Work with Foster providers and Rep Payee to budget for, buy fish, and care for fish.	Fitz, Foster Provider, and Rep Payee	By June of 2017	Progress notes of SC and Foster Provider	No Action Plan needed. Provider understands steps to achieve.

Career Development Plan (CDP)

Oregon is an “Employment First” state: Oregon believes with the right supports, everyone can work and there is a job for everyone. Everyone has the right to work in the community. See the “[Employment Discussion Guide](#)” for ideas about the employment conversation, which must occur at least annually.

Employment services are not tests people have to pass but resources people can choose. **To receive an employment service, a person must have a goal of at least exploring competitive integrated employment, also known as individual, integrated employment.**

No career development plan

Highest education level completed to date: Unknown

Reason for no Career Development Plan (*choose one*):

- ☐ **A.** Person is under age 14 and does not want a Career Development Plan at this time.
- ☒ **B.** Person is at least 60 years old or will be 60 this ISP year, does not want to access any ODDS Employment Services and does not want a Career Development Plan at this time.

The person may change their mind at any time and request a Career Development Plan.

Chosen case management services

Chosen case management provider: Wonder County CDDP	
Authorized dates: <input checked="" type="checkbox"/> Same as plan effective dates	
Required frequency of case management contact: Monthly	Prime number: XOXOXOX
<p>Case management will monitor the effectiveness of services and supports being provided, Fitz's satisfaction and well-being, and progress toward identified desired outcomes throughout the year.</p> <p>Other anticipated case management services during the year include:</p> <p>SC will coordinate planning each year. Fitz has many risks and SC will check in on Fitz monthly to monitor how the effectiveness of supports in place to manage these risks. SC will monitor to see how the BSP is working when Fitz is at his brother and sister-in-law's home. If the BSP continues to not work as well when Fitz is at their home, more conversation will happen among team members and Fitz's Behavior Support Specialist. SC will communicate monthly with Fitz's nurse to monitor how his nursing plan is working. SC will revise the plan as needed to meet Fitz needs and changes in desired outcomes.</p>	
<p>Fitz's preference on how case management is provided:</p> <p>Fitz likes to have his meeting at home where it is quiet and familiar. He prefers to have information given to him in person. He wants to have his brother with him at most meetings</p>	

Informal supports, community resources and other voluntary services and supports

Describe supports	Provided by
Fitz needs all his support needs met when he is on holidays and on the weekends (every other weekend) he is with his family: see all supports listed in the KPlan Residential section of this ISP.	Family (brother, Bill, and sister-in-law, Kathy)
Fitz needs his support needs (see above) while on vacation to the Grand Canyon with Trips Inc.	Trips Inc. (private pay)
Fitz needs new eyeglasses, but his insurance will not pay for them.	Clear Vision Works (local non-profit that helps people get their eyeglasses at a much discounted price) Fitz brother will pay for the difference.
Fitz needs to have an eye exam this year. His insurance would not pay for it, so he received his eye exam from a local nonprofit.	Lions Club

Chosen State Plan Personal Care (SPPC) services ☒ None selected

Chosen family support services ☒ None selected

Chosen K plan services ☒ None selected

Chosen waiver services ☒ None selected

Chosen K plan residential services

Complete the following only if the person chooses RESIDENTIAL services.

Service setting: Non-relative Foster Care - Adult DD 58

Chosen provider: Beth and Charlotte Lucas Foster Home

Authorized dates: ☒ Same as plan effective dates

Fitz chooses: ☒ Private bedroom ☐ Shared bedroom

The K plan services already included in residential services: ☒ Attendant care - ADL/IADL ☒ Skill training ☒ Community transportation

Additional K plan services included in residential services: ☐ Behavior supports ☐ Nursing supports

List needs identified by the needs assessment that this service will address:

- Fitz needs assistance with bathing (getting in and out of tub safely and using the right amount of soap and cleaning well, as well as adjusting the water temp to a comfortable level).
- Using the toilet (wiping well and cleaning up after, as well as cleaning up after accidents)
- Oral hygiene (reminders to brush teeth and cues to brush well)
- Dressing and haircare (wearing appropriate clothes for weather, support with buttoning, and support to comb his hair and mustache the way he prefers)
- Full physical assistance with shaving his face and trimming his mustache
- Support with receptive and expressive communication (complicated info must be explained in a way that makes sense to him and he needs support expressing himself to those who do not understand his communication style-i.e. his speech is difficult to understand for those who do not know him well)
- Safety (e.g. using chemicals, sharp items, and appliances safely), fire evacuation (cues to evacuate and move to a safe area)
- Medication management (taking meds on time and in the proper amount)
- Health management (expressing pain, daily checks for any signs of illness or injury, making and keeping appointments and following through with doctors' orders)
- Intermittent nighttime supports (support for any daytime support needs that come up at night)
- Supervision within visual and hearing distance
- Support to access the community (transportation to all the places he needs to go, finding the destination he needs to get to, reading all the street signs, as well as reminders to not take off the seat belt or open the car door while in motion)
- Support to take part in community activities and events (finding activities of interest and providing all support needs during activity including communicating effectively and making monetary exchanges).
- Support to socialize appropriately and safely (e.g. not poking at others or getting too close to others when it is not appropriate to do so).
- Support continuing to connect with his friends at work so that he can maintain those connections.

Fitz's preference on how this service is delivered:

- Give privacy and modesty around all supports. (i.e. provide supports like helping with going to the bathroom and bathing in his private bathroom, and dressing and changing in his room)
- Tell Fitz what you are going to do to help him before you do it. Ask him for permission.
- Fitz likes to have his face shaved twice a day. (keep his mustache)
- Fitz wants orange juice with his medication.

Chosen K plan transportation service ☒ None selected

Additional chosen services

Describe service setting, service code, number of units,		
--	--	--

frequency, authorized dates and chosen provider type as applicable:	List identified needs that this service will address:	Fitz's preference on how this service is delivered:
Community Nursing Services/MMIS 1 event per week for plan year Carol Dorn, RN	Fitz has diabetes and the nurse comes in once a week to work with him on managing his diabetes, checking blood sugars, talking about his diet, and checking his feet for any problems.	Fitz likes the nurse who comes to the house. He wants to be poked for testing on the first two fingers on his left hand and not touched with cold hands.

Risk management plan

Emergency preparedness (*natural disasters, power outages, community disasters, etc.*):

Fitz has an emergency plan for home.

Preventing abuse (*physical, emotional, financial, sexual, neglect*):

Fitz has a rep payee who is also his guardian. Fitz is never alone at home or in the community.

What happens if Fitz can't be reached (*timelines for notifying others, who to contact, etc.*)?

If Fitz cannot be reached/is missing for any length of time, look for him for up to 5 minutes then call 911

Known risks

Risk	High risk ⓘ	Describe the issue and how it is addressed or note where other information can be found. ⓘ
Choking	<input type="checkbox"/>	Foster provider uses Aspiration/Choking Protocol they created/wrote.
Complications of Diabetes	<input type="checkbox"/>	Foster provider uses Hyper and Hypoglycemic Protocol they created/wrote with support from diabetes specialist.
Unreported pain or illness	<input type="checkbox"/>	Foster provider uses Safety Plan they created/wrote.
Water temperature safety	<input type="checkbox"/>	Foster Provider puts Safety covers on all faucets. Water temp is controlled by providers.
Fire evacuation safety	<input type="checkbox"/>	Foster Provider uses Safety Plan they created/wrote.
Vehicle safety	<input type="checkbox"/>	Foster Provider keeps Safety lock in vehicle and gives reminders to not take off seat belt. Foster Providers stay at arm's length and give reminders to stay close around streets and parking lots.

Refusing medical care Extreme food seeking behavior	<input type="checkbox"/>	Foster Provider uses Behavior Support Plan created by Fitz's Behavior Support Professional. <ul style="list-style-type: none"> • Behavior Support Plan, includes restricted access to food (see BSP for details). • Fitz has an individually based limitation for Access to Food (the completed IBL form is attached to this plan)
Potential for financial abuse	<input type="checkbox"/>	Foster provider used Financial Plan they created/wrote with input from Rep Payee. Rep Payee (Bill Bennet).
Unsafe social behavior	<input type="checkbox"/>	Foster provider reminds Fitz if he gets too close to someone or pokes them. He is reminded to step back and not to poke.

Does Fitz's plan include the use of safeguarding interventions?

☒ No ☐ Yes, attach a completed IBL form authorizing the use of safeguarding intervention(s).

Does Fitz's plan include the use of safeguarding equipment that meet the threshold of restraints?

☒ No ☐ Yes, attach a completed IBL form authorizing the use of safeguarding equipment.

Are any individually-based limitations on HCBS residential setting protections **accepted**?

☐ No ☒ Yes, attach a completed IBL form.

For which risk(s):

Attach a completed IBL form for each accepted limitation.

Are any individually-based limitations on HCBS residential setting protections **proposed** but not accepted?

☒ No ☐ Yes, attach a completed IBL form.

Does Fitz have a nursing care plan?

☐ No ☐ Needed ☒ Yes, it is found at:

Home:

Work:

Back-up plans (in the event that primary support is not available):

Home: If something were to happen to Fitz's primary care providers (Beth and Char/Foster Providers) he would live with Bill and Kathy (brother/guardian) until another living arrangement can be made. If Bill and Kathy are not available, Fitz would stay with his younger sister (Mickey) until permanent arrangements can be made. Call Bill or Kathy (brother and sister in law) (555-555-5555) first, then if they are not available, call Mickey at (555-555-5556). Bill, Kathy, and Mickey are all close to

Fitz and know him well, including having skills for supporting him and a strong knowledge of his support needs.
Work/school/day supports: N/A
Other:

Differences

Note any differences between the contents of this plan and what Fitz wants:	<input checked="" type="checkbox"/> No known differences
Note any differences between the contents of this plan and what any other ISP contributor wants:	

Bill and Kathy have been noticing that Fitz is having more instances of poking and talking very loudly to strangers when they are in the community, as well as leaving the area they are in and trying to walk off on his own. When they attempt to follow the BSP and redirect Fitz accordingly it doesn't work as well as they feel it did in the past. Fitz became angry with Bill when he tried to redirect Fitz on two occasions. Foster providers have not noticed a change. For now, Bill and Kathy are willing to see how things go over the next few months, but would like to look into making sure the BSP is still working or if Fitz needs to meet with the Behavior Support specialist to see if there is something new going on with Fitz. The team decided to start by having Fitz see the doctor to make sure there isn't anything medical causing a change in Fitz's behavior. SC will follow up after the medical appointment.

Legal relationships

Type of legal relationship	Name(s)
Legal Guardian:	William Bennet
Scope of authority: Full	
Representative Payee:	William Bennet

Acknowledgments

The personFitz has the right to make an informed choice about where to live and receive services, to choose which services to use, and to select from available providers to deliver those services in a non-disability specific and community-based service setting.

Describe the supports Fitz needs to understand his rights or to understand this plan, if any:
Brother Bill, sister-in-law, Kathy, and Foster providers will help to advocate for Fitz and make informed decisions in Fitz's best interest. They will continue to look for what works and doesn't work for Fitz, along with asking him about preferences to determine what services will work best for him

Did the SC/PA offer options about available case management providers?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Describe the options offered about settings where Fitz can live and receive supports. This must include non-disability specific options. Services Coordinator told Fitz and his guardian that he has the right to receive services in the available setting of his choosing. SC gave Fitz and his guardian a list of all the support settings available in Oregon, including 24-Residential group-homes, Supported Living (both provider owned and own home options), and the option to live in an In-Home setting. SC also explained that Fitz could choose to live in a assisted living facility if he wanted to. SC explained what each of these setting were so that Fitz and his guardian could make an informed choice. SC told Fitz and his guardian that she can help them look into specific homes within each setting option if/when they want additional information. SC also explained that Fitz could choose a different Foster Home if he ever decided to move out of the home he is currently living for any reason. Fitz and his guardian said they are very happy living with Beth and Char in their Foster Home for now.	
Describe the options offered about settings where Fitz can receive employment or day services. This must include non-disability specific, community-based options.	<input checked="" type="checkbox"/> Not applicable
Did the SC/PA review the services available to Fitz?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does this ISP reflect the services Fitz chooses and the outcomes Fitz wants to work toward?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did the SC/PA offer options about available providers to deliver chosen services?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If Fitz's family provides supports, does this ISP reflect what is needed for the family to effectively provide supports?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Has Fitz been provided information about the planning process and how to request changes and updates to the ISP?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was Fitz given the opportunity to choose the location of his ISP meeting?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was Fitz given the opportunity to choose who participated in his ISP development?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did Fitz receive notification of his DHS rights?	<input checked="" type="radio"/> Yes <input type="radio"/> No

ISP team — does this ISP reflect...	
Independence: Having control and choice over one's own life.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Integration: Living near and using the same community resources and participating in the same activities as, and together with, people without disabilities.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Productivity: Engaging in contributions to a household or community; or engaging in income-producing work that is measured through improvements in income level, employment status, or job advancement.	<input checked="" type="radio"/> Yes <input type="radio"/> No

Agreement to this plan

These people agree to this plan and associated documents as reflecting Fitz's strengths and preferences, support needs as identified by an assessment, and the services and supports that will assist Fitz to achieve his identified desired outcomes.

- **Services coordinator/personal agent/ODDS residential specialist:** Ensure the plan meets Fitz's current service needs and complies with requirements for the chosen service setting(s) and associated funding.
- **Providers:** Agree to implement and provide the supports that have been designated as their responsibility in this ISP. A signed Provider Service Agreement may be used instead of a signature on this page.

Name	Relationship to Fitz	Present at meeting?	Signature	Date	Comments
Fitzwilliam Bennet	Person receiving services	<input checked="" type="checkbox"/>			
Jane Bingley	Services Coordinator	<input checked="" type="checkbox"/>			
Bill Bennet	Legal Guardian	<input checked="" type="checkbox"/>			
Beth Lucas	Foster Provider	<input checked="" type="checkbox"/>			
Charlotte Lucas	Foster Provider	<input checked="" type="checkbox"/>			

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Action Plan

Person Receiving Services: Fitz Bennet

Action Plan for: Home

Date: 9/17/2016

Desired Outcome: Fitz takes a vacation to the Grand Canyon this year with Trips Inc.

Measurable steps that will be taken to reach the desired outcome	Where will it happen	Who is responsible	How often or date due	Where to record	Notes
A: Contact Trips Inc. and support Fitz to fill out the paperwork needed to sign up for the trip.	Home	Fitz and Foster Providers	By 10/1/15	Progress Notes	Fitz and Foster Providers have gone through this process in the past, so they are familiar with how to do this.
B: Once Trips Inc is contacted, and the total cost of the trip is known, budget with Fitz and his rep payee to see how much he has and how much he will need to save before the payment due date.	Home	Fitz, Foster Provider, Rep-Payee	By 10/15/15, and monthly thereafter until trip occurs	Progress Notes	Include the amount of money Fitz will need for the items he will bring with him on the trip (e.g. specific clothing items he does not already own, like hiking boots and a rain jacket).
C: Help Fitz make a list of all the items he will need to bring with him on the trip. Trips will provide them with a list when he signs up.	Home	Fitz, Foster Providers	By 3/1/16	Progress Notes	Fitz and Foster Providers have a good idea of what things Fitz will need for the trip.
D: Support Fitz to buy all of the items he will need for the trip and help him pack all the things he will need.	Home and Community	Fitz, Foster Providers	By 5/1/16 or, at least by 1 week before the trip	Progress Notes	Fitz already has appropriate suitcases.

Provider Risk Management Strategies

Person's name: Fitz Bennet

Provider/Site Name: Home

List risks identified on the ISP Risk Management Plan or Service Agreement and what support document(s) are in place to address each risk.

Risk	Title of document	Document date	Where kept
Choking	Choking Protocol	8/5/15	"Big Book", Medical section
Complications of Diabetes	Hyper and Hypoglycemic Protocol	5/14/2016	"Big Book", Medical section
Unreported pain or illness Water temperature safety Fire evacuation safety Vehicle safety	Safety Plan	9/9/2016	"Big Book", Safety Section
Refusing medical care Extreme food seeking behavior Unsafe social behavior	Behavior Support Plan	8/4/16	"Big Book", Behavior section
Potential for financial abuse	Financial Plan	6/2/2016	"Big Book", Financial section

Press Tab to add additional rows

Does this person have a Nursing Care Plan at this location? ☐ No ☒ Yes, where found: "Big Book", medical section