

Generic Consumer Information Sheet

Saturday, January 14, 2017 1:58 PM

Consumer Information Sheet

Instructions for completion

Please complete a form for **each** person that will receive services from you. All blanks must be completed. Information may be obtained by talking to the person served, reviewing master files, and/or through interviews with trained staff persons. By completing this form, you will have written information to keep as a reference that defines the services and supports expected of you.

Name of person receiving services: _____

Address: _____

Phone: _____

DOB: _____

A. Person specific training (depending on the person's needs, other areas may also need to be covered)

1. Safety/risk factors

- **Medical** (include medical and psychiatric diagnosis, allergies, seizures, aspirations, positioning, lifting, gastrostomy, Hep B precaution, protocols for each, self preservation skills, use of special equipment,, physician orders, quarterly reviews, care plan (g-tube), OT, PT):

- **Medication** (include medication name and dosage, level of support needed to administer, medical history, restrictions related to medications, where medications are located and how those are monitored, current issues, where staff can find side effects and medications sheets, HRC review of medications and med. administration):

- **Diet and Menu** (include special diets, special dietary needs, nutritional information from nurses of individual's diet and needs):

- **Health and Therapies** (include all therapy programs, i. e., behavioral, speech, OT, PT, psychological, etc.):

- **Behavior** (include behavioral challenges, methods of behavioral intervention, level of support, behavioral ISSPs or recommendations in IP, safety procedures, safety/emergency issues, sex offender issues, mental health issues):

- **Self Preservation skills** (level of independence in: following exercise, diet plans, transportation, personal community safety):

2. Orientation to person's needs, likes, dislikes

- Review of Comprehensive Life Review Date: _____
- Review of Personal Satisfaction Surveys Date: _____
- Likes and dislikes (cultural preferences, diet, clothing, personal preferences): _____

- Needs (include special needs re. dignity and respect, informed choice): _____

3. Overall orientation to person's IP and ISSP

- ISSP Objective and current level of progress: _____

- Instructions on carrying out steps of ISSP: _____

- Recommendations or supports: _____

4. Person specific behavior support plans and safety control procedures

- Behavioral ISSP and current level of progress: _____

- Safety Control Procedure (include level of support, TCI, Mandt, CPE, etc., HRC review, physical intervention plans): _____

5. Person Specific Safety and Emergency Plans

- Plan review date: _____
- Person and number to contact in an emergency: _____

- Level of supervision required while in community settings: _____

6. Daily Routines

- **Groceries** (include supports needed, food restrictions, purchasing following budget):

- **Laundry** (include supports needed, where laundry done and if needed how paid for):

- **Hygiene** (include whether showers or bathes, nail care, shaving, etc and willingness to perform):

- **Housekeeping** (include basic skills and level of motivation):

7. Resources

- **Finances** (include checking account or ledger account and support needed, personal needs, benefits, PETI eligibility):

- **Work** (include work schedule, program, supervisor, phone numbers, safety issues at work):

- **Transportation** (include method of transportation and level of support needed):

- **Family/Guardian** (include type of guardianship, family contact names):

Name

Relationship/Guardianship

Name

Relationship

8. Social

- **Relationships** (include relationships with church members, family, friends):

- **Communication** (include primary language and preferred method of communication, i. e., verbal, sign, etc.):

- **Recreation** (include interests, past participation, volunteer opportunities, church):

B.

Program Responsibilities

1. Incident Reporting

- **Person specific incident reporting protocol** (include when incident reports are required rather than ongoing data collection is used):

- **Program Operation** (include ISSP implementation and purpose):

- **Program Procedures** (include ISSP methodology, schedule of reinforcement, progress expectations):

- **Documentation** (include discussion of data collection forms, progress documentation and reporting):

- **Communication** (include monthly or quarterly reporting, agency reporting requirements and chain of command for reporting):

Date reviewed and discussed with Supervisor: _____

Supervisor's signature: _____