



IPOP: Individualized Services Safeguard

Profile Information

Individual Name*: _____ Provider/Program Name: _____
Create Date*: _____ Entered By*: _____ Title: _____

Supervision in the Home

Does the individual live independently? Yes No
If no, is individual able to stay home alone? Yes No Specify time _____

Specialized instructions: None Independent within the home with staff present Visual range (consumer is within eyesight of staff at all times) Arms-length (consumers must be next to staff at all times)

Comments _____

Supervision in the Community

- N/A (going into the community is not part of this service) Independent within the community
- Within visual range (consumer is within eyesight of staff at all times)
- Arms-length (consumers must be next to staff at all times)

Comments _____

Assistance/supervision required while making purchases? Yes No

Comments _____

Can carry money? Yes No

Comments _____

Assistance/supervision required while crossing street and/or parking areas? Yes No

Comments _____

Assistance/supervision required in the restroom? Yes No

Comments _____

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....am/pm
Note:- Required fields are marked with an asterisk (*)

Supervision During Transportation

Needs assistance putting on the seat belt Other

Comments _____

Adaptive Equipment Used During Services

Adaptive/Special equipment required _____

Assistance needed for use of adaptive/special equipment _____

Other Safeguards _____

SIGNATURE.....NAME.....DATE.....TIME.....am/pm
Note:- Required fields are marked with an asterisk (*)