Click "New" to create a new Ipop

Click "Search" to find an existing Ipop
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Site Name</th>
<th>Program Type</th>
<th>Cost Center Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-W Westview</td>
<td>125 West Ave</td>
<td>Supportive IRA</td>
<td></td>
</tr>
<tr>
<td>23G Hollandale Apt</td>
<td>23G Hollandale Apart</td>
<td>Supportive IRA</td>
<td></td>
</tr>
<tr>
<td>5-1N North Point</td>
<td>5 North Pointe</td>
<td>Supportive IRA</td>
<td></td>
</tr>
<tr>
<td>52B Whitmore</td>
<td>151 Jefferson Street</td>
<td>Supportive IRA</td>
<td></td>
</tr>
<tr>
<td>5N North Point</td>
<td>5 North Pointe Apt 5N</td>
<td>Supportive IRA</td>
<td></td>
</tr>
<tr>
<td>6K Hollandale Apt</td>
<td>6K Hollandale Apart</td>
<td>Supportive IRA</td>
<td></td>
</tr>
<tr>
<td>ACE</td>
<td>Administration Building</td>
<td>Day Program</td>
<td></td>
</tr>
<tr>
<td>Adult Social Club</td>
<td>Administration Building</td>
<td>Respite (Recreational)</td>
<td></td>
</tr>
<tr>
<td>Alpha Day Hab</td>
<td>Alpha Industries</td>
<td>Day Habilitation</td>
<td></td>
</tr>
<tr>
<td>Alpha Industries</td>
<td>Alpha Industries</td>
<td>Senior Day Services</td>
<td></td>
</tr>
<tr>
<td>Ballston Spa Day Hab</td>
<td>Ballston Spa Day Hab/Choc. Factory</td>
<td>DH (Day Habilitation Site)</td>
<td></td>
</tr>
<tr>
<td>Ballston Spa Day Hab/WOW</td>
<td>Ballston Spa Day Hab/WOW</td>
<td>Day Habilitation</td>
<td></td>
</tr>
<tr>
<td>Birchwood</td>
<td>Birchwood Drive</td>
<td>IRA (Individualized Residential Alternative)</td>
<td></td>
</tr>
<tr>
<td>Clifton Park Day Services</td>
<td>Clifton Park Day Services</td>
<td>Day Habilitation</td>
<td></td>
</tr>
<tr>
<td>Comm Hub</td>
<td>Administration Building</td>
<td>Community Habilitation</td>
<td></td>
</tr>
</tbody>
</table>
### Individual List

**Program:** [Redacted]

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Individual ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Obscured]</td>
<td>[Obscured]</td>
<td>[Obscured]</td>
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<tr>
<td>[Obscured]</td>
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<tr>
<td>[Obscured]</td>
<td>[Obscured]</td>
<td>[Obscured]</td>
</tr>
</tbody>
</table>

**Showing 1 to 5 of 5 entries.**

**Choose an Individual**
Check all boxes that apply. Provide a comment if necessary.
<table>
<thead>
<tr>
<th><strong>Health Care Needs</strong></th>
</tr>
</thead>
</table>
| **Medication Allergies?**  
  If yes, what  
  [ ] Yes  [ ] No  
  [ ] Yes  [ ] No |
| **Food Allergies?**  
  If yes, what  
  [ ] Yes  [ ] No  
  [ ] Yes  [ ] No |
| **Environmental Allergies?**  
  If yes, what  
  [ ] Yes  [ ] No  
  [ ] Yes  [ ] No |
| **Can the individual explain medical information to medical professionals?**  
  Comments  
  [ ] Yes  [ ] No  
  [ ] Yes  [ ] No |
| **Can the individual apply simple first aid or identify their need for first aid?**  
  Comments  
  [ ] Yes  [ ] No  
  [ ] Yes  [ ] No |

This section will be filled out with information from the "Health Care Needs" section of your current paper.

Any box that is checked a comment **MUST** be provided for an explanation.
### List Special Health Care Needs

For any Special Health Care Need listed, note how staff should respond:

- Diabetes
- Seizures
- High Blood Pressure
- Staff to follow plan of nursing service/protocol
- Specific Instructions to Staff
- Other

Any box that is checked for a condition **MUST** be accompanied by a comment briefly explaining the protocol addressing it. If there is an outlined plan, this information is to be included as an attachment.

### List Adaptive Equipment

For each Equipment selected, note how it should be used:

- Wheelchair
- Canes
- Walker
- Glasses
- Hearing aids
- Splints
- Extubics
- Other

Transfer Guidelines go here.

This section will be completed by the QIDP using individual-specific guidelines as determined by the team.

### Staffing requirements for medical/dental appointments/hospitalizations

Does the individual have a Do Not Resuscitate (DNR) order?  
- Yes  
- No
This information will come from the medication skills assessment provided by Nursing.

This information will be extracted from the nutrition/dietary/nursing assessment.

This information will be extracted from the physician orders and nursing/dietary recommendations.

Check "Yes" or "No" then provide information extracted from the physicians orders.

If "Yes" provide the type of monitoring and assistance needed, also a reason for the monitoring and assistance.

Check all that apply and provide a comment if needed.

DO NOT USE!
This section will be extracted from the "Health Care Needs" and "Activities of Daily Living."

Residential will extract this information from the "Mental Health" section of the current Ipop.
Day Hab will extract this information from the "Mental Health" section and the "Health Care Needs" section of the current Ipop.

The MIPS plan will be placed in this text box.
Residential: Voting capability and location go here.

Individual Rights

- In person at home personal rights and can protect self?
  - Yes
  - No

- Capable administrative status for program planning?
  - Yes
  - No

- Voting status
  - Registered
  - Not registered

- Ability to consent for medical procedures (may include need to be determined on an individual and case by case procedure)

- Does the individual have a legal guardian?
  - Yes
  - No

- If yes, who

- Does the individual have health care proxy?
  - Yes
  - No

- If yes, who

- Attachments
  - The total size of all attachments cannot exceed 10 MB.

Reviewer Comments

- [I have reviewed this form] Updated for semi-annual asp 7/27/16

If you are reviewing a pre-existing Ipop check that you have reviewed this document and place the ISP meeting date in the comment box.

This information can be found on the Individual Data Sheet.