

Abuse Prevention Plan

What is this person’s susceptibility to abuse by other persons including vulnerable adults?

Is this person at risk of abusing other vulnerable adults or self?

What measures shall be taken to minimize the risk of abuse to this person and others?

Additional Notes:

<p>January Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	<p>February Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.
<p>March Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	<p>April Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.
<p>May Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	<p>June Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.
<p>July Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	<p>August Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.
<p>September Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	<p>October Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.
<p>November Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	<p>December Anticipated Use (Check One)</p> <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.

Month-to-Month Use Plan

Client or Responsible Party Signature

Date

Qualified Professional Signature

Date