

1. **Individual:** 8 y.o. / Male
2. **Location:** Champion, Trumbull County
3. **SSA Contact:** Julia Shuttic, SSA JuliaShuttic@tcbdd.org 330-652-1116 ext. 151
 - Funding Source: I.O. Wavier
4. **Hours Needed:** To be determined- current hours listed below
 - Monday 8:00am-6:00pm
 - Tuesday 8:00am-6:00pm
 - Wednesday 8:00am-6:00pm
 - Thursday 8:00am-6:00pm
 - Friday 8:00am-6:00pm
 - Saturday 8:00am-6:00pm
 - Sunday 8:00am-6:00pm
5. **Anticipated Start Date of Services:** TBD
6. **Service(s) Needed:** Homemaker Personal Care (HPC)
7. **Essential service preferences:** HPC staff that can provide delegated g-tube/ meds
8. **Additional Information:** He requires delegated services for his g-tube, medication and seizure management.
 - **Supervision Level:** Assistance with ambulation (unsteady ambulation due to CVI) and all personal care needs – Constant Visual (community/yard) Constant Auditory (home)
 - **Medical/Medication/Health:** He requires delegated services for his g-tube, medication and seizure management.
 - **Behavioral/Psychiatric:** *Will pinch/ hit himself or others when struggling to communicate, he has a limited vocabulary with short 3-5 word phrases – currently receives behavior support services through TCBDD*
 - **Hygiene/ADL/Personal Care:** *Bathing, dressing, diapers, tube feed prep, stoma care, house hold chores*
 - **Mealtime/Cooking/Household Maintenance:** *Tube feed/ oral pleasure feed (snacks)*
 - **Money Management:** *None (completed by family)*
 - **Transportation:** *Family will provide transportation, possible HPC transportation*
 - **Mobility/Transfers/Positioning:** Assistance with ambulation (unsteady ambulation due to CVI) / transfers; walker/ stroller for long distances
 - **Equipment needs/accessibility needs:** *stroller, walker, gait trainer g-tube, side rails, adaptive feeding chair, suctioning*
 - **Communication:** *he has a limited vocabulary with short 3-5 word phrases*
 - **Current living or day program/employment arrangement:** *lives with mother, father and siblings, two floor home; currently receives home instruction through school system*
 - **Forensic supports/Criminal background:** *no issues*
9. **Provider Information:**
 - a. **Specific provider skills/knowledge/training requests:** *Delegated services*
 - b. **Type of provider requested:** *N/A*
 - c. **Location of Services:** *In Home care*