

1. **Individual:** 25 year old male
2. **Location:** Trumbull County – Girard, Ohio
3. **SSA Contact:** Tekissa Graham, SSA TekissaGraham@tcbdd.org (330) 652-1116 ext. 150
 - Funding Source: I.O. Wavier
4. **Hours Needed:** 15 hours a week ; Monday, Wednesday, and Friday 3-4pm start time- 7-8pm stop time, and 3 hours on either Saturday or Sunday
5. **Anticipated Start Date of Services:** as soon as possible
6. **Service(s) Needed:** Homemaker Personal Care (HPC)
7. **Essential service preferences:** HPC staff
8. **Additional Information:** He is verbal and very independent

Supervision Level:

Home- *He is safe in his home alone, however, when staff are with him they should know where he is*

Community- *He can be in the community without staff but he's often taken advantage of. When staff are with him they should know where he is at all times.*

Medical/Medication/Health: *He does not take routine medication and would be able to do this independently if he di. He has inhaler that he needs verbal reminders to use before physical activities*

Behavioral/Psychiatric: *He has trouble making decisions and needs assistance with forming healthy relationships, learning appropriate social interactions with people he meets and considers to be his friends, and learning to make sure I'm not being taken advantage of.*

Hygiene/ADL/Personal Care: *Requires verbal reminders*

Mealtime/Cooking/Household Maintenance: *Requires partial assistance with all food preparation, cooking, etc. and household maintenance.*

Money Management: *requires total assistance (provided by natural supports)*

Transportation: *requires transportation to all outdoor activities*

Mobility/Transfers/Positioning: *Ambulatory*

Equipment needs/accessibility needs: *NA*

Communication: *Verbal*

Current living or day program/employment arrangement: *lives in Girard with his grandma and currently attends a day program 5 days a week in Warren*

Forensic supports/Criminal background: *no issues*

Provider Information:

- a. **Specific provider skills/knowledge/training requests:** *NA*
- b. **Type of provider requested:** *Agency Provider*
- c. **Location of Services:** *In home and community*