

1. **Individual:** 48 year old female, mild/moderate IDD.
2. **Location:** Trumbull County
3. **SSA Contact:** Jennifer Baer JenniferBaer@tcbdd.org (330) 652-1116 ext. 161
4. **Funding Source:** IO Waiver.
5. **Hours Needed:** 24/7
6. **Anticipated Start Date of Services:** ASAP
7. **Service(s) Needed:**
8. **Essential service preferences:**
 - **Additional Information:** *She is verbal and high-functioning; is able to do most ADL's independently (Toileting, bathing, getting dressed). She likes shopping, going to football games, going to church, bowling, swimming, and spending time with friends and family.*
 - **Supervision Level:** *Auditory in home, visual with proximal supervision in the community due to fall risk. Acuity for Day program=A 1:12*
 - **Medical/Medication/Health:** *Has daily meds that she takes. Osteoarthritis bilaterally (severe in left hip, and moderate to severe in right hip), Left hip replacement, Vitamin D deficiency, Bilateral Edema, Incontinence, Obesity. Uses a rolling walker. No known allergies.*
 - **Behavioral/Psychiatric:** *N/A.*
 - **Hygiene/ADL/Personal Care:** *Can complete hygiene/personal Care independently along with most of her ADL's.*
 - **Mealtime/Cooking/Household Maintenance:** *Requires assistance with food preparation, cooking, etc. and household maintenance.*
 - **Money Management:** *total assistance; can make small purchases with verbal assistance.*
 - **Transportation:** *requires transportation to all activities*
 - **Mobility/Transfers/Positioning:** *NA-independent*
 - **Equipment needs/accessibility needs:** *N/A*
 - **Communication:** *Verbal. Staff may have to ask her questions in different ways to ensure that she truly understands what is being asked or explained to her. Otherwise she may just answer the way she thinks they want her to answer or she may say that she understands something when in all actuality she does not.*
 - **Current living or day program/employment arrangement:** *Lives in an ICF.*
 - **Forensic supports/Criminal background:** *N/A*

Provider Information:

- a. **Specific provider skills/knowledge/training requests:**
- b. **Type of provider requested:** *Waiver Home*
- c. **Location of Services:** *In Trumbull County*