

1. **Name or other Identifier:** 21 year old male
2. **Address (Street Name/City/ and/or Zip code) or County:** Trumbull
3. **SSA /Referral Contact Information:** Jennifer Baer, 330-652-1116 Ext 161
JenniferBaer@tcbdd.org
4. **Funding Source (Type of waiver or local funding):** Medicaid
5. **Hours Needed (# hours and/or schedule):** 24/7
6. **Anticipated Start Date of Services (Specific date or choice between “Immediate or As soon as available”):** July 23, 2019
7. **Service(s) Needed:** **Medical/Medication/Health**- takes medications regularly and requires total support with administration, diagnosed with PICA and Epilepsy.
Behavioral/Psychiatric- Due to PICA constant visual supervision at home. Constant Auditory supervision when in the restroom. Visual supervision when in the community. Does have SIB and displays physical aggression towards others. Environmental factors should be monitored for opportunities to obtain inedibles. Currently chemical restraint (PRN medication) listed in plan. **Hygiene/ADL/Personal Care**- does toileting on own, prompts to wash hands and needs prompting and supervision for all aspects of bathing, can dress himself but needs assistance with buttons and zippers and selecting clothing appropriate to the weather, **Mealtime/Cooking/Household Maintenance**- total support with cooking and household maintenance, is independent with eating. **Money Management**- total support, **Transportation** total support, **Equipment needs/accessibility needs- Communication**- non-verbal, points, facial expressions, gestures, and some sign language, has used PECS at school
8. **Other Information Individual chooses to share, which may include but is not limited to:**
 - **Individual Information:**
 - **Gender:** Male
 - **Age:** 21
 - **Diagnosis/Medication:** Autism, Epilepsy, Irritable Bowel Syndrome, and PICA
 - **Preferences** – Likes to have his iPad and fidget spinner and likes to have snacks throughout his day.
 - **Current living or day program/employment arrangements-** Resides at home with mother and stepfather
 - **Forensic supports/Criminal background**
 - **Provider Information:**
 - **Specific provider skills/knowledge/training requests-** behavior intervention training
 - **Type of provider requested** – HPC
 - **Location of Services: In Home/Out of Home/Specific area of county-**in Parent’s Home/Cortland