

1. **Individual:** 21 year-old male with Angelman's Syndrome
2. **Location:** Trumbull County
3. **SSA Contact:** Lindsey Ware, SSA LindseyWare@tcbdd.org (330) 652-1116 ext. 104
 - Funding Source: Enrolled on I.O. Wavier
4. **Hours Needed:** HPC Hours on Monday, Wed, Friday, Saturday and Sundays, 11am-7pm (sharing services with his sister at a 1:2 ratio).
5. **Anticipated Start Date of Services:** As soon as possible
6. **Service(s) Needed:** HPC provider
7. **Essential service preferences:** That HPC staff have knowledge on working with individuals with Angelmen's syndrome.
 - **Additional Information:** He does not use words as his main form of communication; he utilizes some sign language/gestures and has an Ipad with a communication program that he uses at times to help him communicate. He attends a day program 2 days during the week. He enjoys going on community outings or "field trips." He loves carrying around a Teddy Bear everywhere he goes and loves eating pancakes, listening to music, playing games on the computer/Iphone, puzzles, and Legos.
 - **Supervision Level:** *He needs auditory in the home and eyes on at all times especially in the community.*
 - **Medical/Medication/Health:** *Has seizure disorder but has not had a seizure in years as they are well controlled by meds. He requires total assistance with medication administration.*
 - **Behavioral/Psychiatric:** *He has anxiety and a history of aggressive behaviors (Banging his hands or elbows on the desk/hard surface, grunting/whining noises, flicking, hitting, throwing items, pushing work off of his desk, or swinging at people (staff and peers) with an open hand).Aggressive behaviors usually occur when work demands are placed on him.*
 - **Hygiene/ADL/Personal Care:** *Requires assistance with all ADLs. He is able to feed himself independently and He can anticipate the need to use the restroom with the exception at night-- he has incontinence and only wears Depends at night. He is independent with cleaning himself up after restroom use.*
 - **Mealtime/Cooking/Household Maintenance:** *Requires assistance with all food preparation, cooking, etc. and household maintenance.*
 - **Money Management:** *total assistance but his mother/guardian is his payee*
 - **Transportation:** *requires transportation to all activities*
 - **Mobility/Transfers/Positioning:** *NA-independent*
 - **Equipment needs/accessibility needs:** *I-pad for Communication.*
 - **Communication:** *Uses gestures, some sign, some vocalizations, and will use his I-pad for communication*
 - **Current living or day program/employment arrangement:** *Lives at home with his mother/guardian and his 3 siblings. He attends Gateways Galleria on Tuesdays and Thursday s.*
 - **Forensic supports/Criminal background:** *no issues*

Provider Information:

- a. **Specific provider skills/knowledge/training requests:** *Knowledge on Angelman's syndrome.*
- b. **Type of provider requested:** *Waiver Provider*
- c. **Location of Services:** *In Trumbull County*