

1. **Individual:** 59 year old female
2. **Location:** Trumbull County – Farmdale, Ohio
3. **SSA Contact:** Jeanne Dulay, SSA [JeanneDulay@tcbdd.org](mailto:JeanneDulay@tcbdd.org) (330) 652-1116 ext. 140
  - Funding Source: Level 1 Wavier
4. **Hours Needed:** Sunday between 9a – 9:30a for 3 -4 hours (possibly change to a day during the week if mother has an appointment that week)
5. **Anticipated Start Date of Services:** as soon as possible
6. **Service(s) Needed:** Homemaker Personal Care (HPC)
7. **Essential service preferences:** Safety, health, communication, socialization, minimal home/daily living
8. **Additional Information:** Recently stopped attending day program due to progression of Dementia. Lives with mother who does not leave her home alone and she does not always want to go out for needed errand. Minimal natural support for mother to attend church, go to medical appointment and/or grocery shop.

**Supervision Level:**

**Home-** *Not left alone due to increased medical condition. Will stay in home, has not wanted to go outside*

**Community-** *Mother rarely takes her in community as she may not want to stay with her*

**Medical/Medication/Health:** *Progression of Dementia*

**Behavioral/Psychiatric:** *Has lost interest in others and in previous preferred activities*

**Hygiene/ADL/Personal Care:** *Able to take care of on own*

**Mealtime/Cooking/Household Maintenance:** *Mother maintains responsibility, would have food available to heat up, get out if needed*

**Money Management:** *Mother takes care of*

**Transportation:** *Provider would not need to transport anywhere*

**Mobility/Transfers/Positioning:** *Ambulatory*

**Equipment needs/accessibility needs:** *NA*

**Communication:** *Verbal, but does not talk as did in past*

**Current living or day program/employment arrangement:** *Lives with mother/ does not attend day program*

**Forensic supports/Criminal background:** *no issues*

**Provider Information:**

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