

Individual Profile

1. Identifier: **33 year old female**
2. Address (Street Name/City/ and/or Zip code) or County: **Niles, Ohio**
3. SSA /Referral Contact Information: **Tekissa Graham (330) 652-1116 ext 150**
4. Funding Source: **IO Waiver**
5. Hours Needed: **She has 24/7 services and mom is an independent provider working 32 hours a week with her, from Sunday at 6pm until Monday's day service drop off and on Tuesday at 6pm until Wednesday's day service drop off, she attends Gateways Galleria Monday- Friday from 10 am-2pm and is transported to and from by mom (on Mondays and Wednesdays) and staff on Tuesday, Thursday, and Fridays**
6. Anticipated Start Date of Services (Specific date or choice between "Immediate or As soon as available"): **As soon as possible**
7. Service(s) Needed: (list specific waiver services): **HPC and Non-Medical Transportation**
8. Essential service preferences
 - Important to: **Structure and routine are important as well as keeping her busy.**
9. *Other Information Individual chooses to share, which may include but is not limited to:*
 - Individual Information:
 - *Diagnosis/Medication:* **Moderate Intellectual Disability, ADHD by history, Autism Spectrum Disorder, Psychosis NOS, Obsessive Compulsive Disorder, Impulse Control Disorder NOS, Dysfunctional uterine bleeding, PMS, PMMD, Tenosynovitis R/L feet, Onychomycosis , Brachyphalangia 4th digit L/R, urge incontinence, Esophagitis, gastritis**
 - *Diet:* **low concentrated sweets, dairy free and working towards Gluten free, refer to sheet in kitchen and workshop that refers to foods I can and can't eat due to stomach acid reflux**
 - *Preferences – roommates, smoking, pets, children, etc.:* **middle age staff, not a younger staff**
 - *Current living arrangements:* **lives on her own in apartment**
 - Provider Information:
 - *Specific provider skills/knowledge/training requests:* **She does not express herself well with verbal communication when she is not feeling well (headache, stomach hurts or is upset, PMS discomfort or other illnesses). She reacts instead with aggression. She does not like to be told when to do something. Rushing her to complete a task (self-care, and transition to lunch room, to car, in/out of building, etc) can trigger behaviors.**
 - **To know what staff is working with me and who's coming and going-tell me who's working with me-prepare me if there is a change to her schedule occurring, she likes to be informed. She does well when she has access to her schedule. She likes visuals schedules, however, may act out if changes are made last minute. Consistency in how staff approach, interact and react to De'Lois is key.**
 - *Type of provider requested – agency or independent providers*
 - *Location of Services:* **In Home/Out of Home**