

1. **Individual:** Male – 25 yro
  - **Location:** Trumbull County (Arbor Circle, Youngstown)
  - **SSA Contact:** Candie Burbick, 330-652-1116-160 [candieburbick@tcbdd.org](mailto:candieburbick@tcbdd.org)
  - **Funding Source:** Level One
2. **Hours Needed:** Varies
3. **Anticipated Start Date of Services:** As soon as possible
4. **Service(s) Needed:** HPC services for community integration
5. **Essential service preferences:** provider for access to community events, socialization.

**Additional Information:**

- **Supervision Level:** When with a paid provider he would benefit from checks every 30 minutes to ensure that he does not need any assistance.
- **Medical/Medication/Health:** *Cerebral Palsy , Asthma, Seasonal allergies, pet dander, pollen , dust*
- **Behavioral/Psychiatric:** N/A
- **Hygiene/ADL/Personal Care:** *Independent with personal care and toileting needs. Mother assists with housework, laundry, etc.*
- **Mealtime/Cooking/Household Maintenance:** NA
- **Money Management:** NA
- **Transportation:**
- **Mobility/Transfers/Positioning:** *walks independently with assist of wheeled walker Assistance getting in/out vehicles, if would be on very uneven services...*
- **Equipment needs/accessibility needs:** Walker
- **Communication:** Verbal
- **Current living or day program/employment arrangement:** *Lives with mother/ Accessible day program.*
- **Forensic supports/Criminal background:** N/A

**Provider Information:**

- a. **Specific provider skills/knowledge/training requests:** *ISP training*
- b. **Type of provider requested:** *HPC for Community activities and integration. Would prefer small group activities*
- c. **Location of Services:** *Community*
- d. **Activities of Interest:** *Bowling, Movies, Sports World, Skate Zone*

**Please Respond By: August 10, 2018**