

1. **Individual:** 19 year-old female 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 her brother 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 Angelman's syndrome.
 - **Additional Information:** She does not use words as her main form of communication; she utilizes some, vocalizations, sign language/gestures and has an iPad with a communication program that she may use at times to help her communicate. She attends a day program 2 days during the week. She is a kind sweet girl who loves to laugh and is typically happy. She enjoys going on community outings or "field trips." She loves eating bananas, and enjoys watching movies, dancing, interacting with others, playing with play-dough or slime. She also likes coloring and looking through books.
 - **Supervision Level:** *She needs constant eyes on supervision in the home (due to history of seizures) and proximal supervision in the community (arm's length away).*
 - **Medical/Medication/Health:** *Has seizure disorder and a seizure protocol. She requires total assistance with medication administration.*
 - **Behavioral/Psychiatric:** *She has anxiety and depression. No behaviors.*
 - **Hygiene/ADL/Personal Care:** *Requires assistance with all ADLs. Assistance with feeding, food prep/cooking, and clean-up after restroom use. She wears regular underwear but at times may wear Depends and requires assistance with taking her to the restroom and clean-up after restroom use.*
 - **Mealtime/Cooking/Household Maintenance:** *Requires assistance with all food preparation, cooking, etc. and household maintenance. Requires assistance with eating.*
 - **Money Management:** *total assistance but her mother/guardian is her payee.*
 - **Transportation:** *requires transportation to all activities*
 - **Mobility/Transfers/Positioning:** *Needs assistance with assistance for her to navigate curbs, uneven surfaces, and steps.*
 - **Equipment needs/accessibility needs:** *I-pad for Communication at times, Uses a walker, as needed, and wears a helmet, as needed when she is shaky and/or unsteady*
 - **Communication:** *Uses gestures, some sign, some vocalizations, and may use her I-pad for communication at times.*
 - **Current living or day program/employment arrangement:** *Lives at home with her mother/guardian and her 3 siblings. She attends Gateways Galleria on Tuesdays and Thursdays.*
 - **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*