

1. **Individual:** Adult Male (Early 20s)
2. **Location:** Howland, Trumbull County
3. **SSA Contact:** Sarah Rudd, SSA [Sarahrudd@tcbdd.org](mailto:Sarahrudd@tcbdd.org) 330-652-1116 ext. 130
  - Funding Source: Enrolled on I.O. Wavier
4. **Hours Needed:** 35 hours per week with Medical Add on, 28 hours per month in reserve
 

Monday	3pm-10pm
Tuesday	3pm-10pm
Wednesday	3pm-10pm
Thursday	3pm-10pm
Friday	3pm-10pm
5. **Anticipated Start Date of Services:** January/February 2018
6. **Service(s) Needed:** Homemaker Personal Care (HPC) with Medical add on
7. **Essential service preferences:** HPC staff that is knowledgeable about g-tubes/seizure protocol. Someone that is active and likes to be outside when the weather permits.
 

**Additional Information:** He is non-verbal, unable to read or write. He can walk with assistance, but uses a wheelchair for most settings. Some of his likes are television-all sports, Barney, and Blues Clues, music on his iPod, and light up, musical toys
8.
  - **Supervision Level:** He needs constant supervision and assistance to ambulate.
  - **Medical/Medication/Health:** Tube feeding, medication management per g-tube, seizure management-abdominal and brain seizures. ROM exercises daily. Would need delegated nursing services.
  - **Behavioral/Psychiatric:** He will sometimes scream or bite himself but mostly when he does not feel well.
  - **Hygiene/ADL/Personal Care:** Bathing, dressing, total personal care, walk in bathtub with lift. Ceiling lift in bedroom. Stair lift to basement.
  - **Mealtime/Cooking/Household Maintenance:** Tube feeding, assist with changing his bed and keeping his room and bathroom clean. He does eat by mouth, mostly crunchy snack foods.
  - **Money Management:** None (completed by family)
  - **Transportation:** local transportation to activities
  - **Mobility/Transfers/Positioning:** assist with all transfers, assistance by when ambulating, wheelchair for long distances. He can crawl or scoot in his home. Loves his rocking chair in living room.
  - **Equipment needs/accessibility needs:** Wheelchair, stander, walk in tub, tube feeding supplies, ceiling lift in bathroom and bedroom, hospital bed with side rails, stair lift to basement, ramp into home.
  - **Communication:** Non verbal
  - **Current living or day program/employment arrangement:** lives with mother one floor home, very clean home, no pets, attends day program 5 days a week
  - **Forensic supports/Criminal background:** no issues
9. **Provider Information:**
  - a. **Specific provider skills/knowledge/training requests:** tube feeding and seizure management
  - b. **Type of provider requested:** Agency or independent
  - c. **Location of Services:** In Home care