

1. **Individual:** 27 year old male with spina bifida and hydrocephalus, CP with paraplegia
2. **Location:** Trumbull County
3. **SSA Contact:** Tekissa Graham, SSA TekissaGraham@tcbdd.org (330) 652-1116 ext. 150
 - Funding Source: I.O. Wavier
4. **Hours Needed:** Monday- Friday 3:30pm- 8:30pm
5. **Anticipated Start Date of Services:** as soon as he's discharged from the nursing home
6. **Service(s) Needed:** Homemaker Personal Care (HPC)
7. **Essential service preferences:**
8. **Additional Information:**

Communication: He is verbal and can initiate and participate in a conversation.

Supervision Level: He is constant auditory in his home and in the community. He is safe in his home alone and should always be within listening distance when staff are with him. He is safe in a familiar setting in the community alone and should always be within listening distance when staff is with him.

Medical/Medication/Health: He can administer his own medications

Hygiene/ADL/Personal Care: Requires assistance with some ADLs as needed

Mealtime/Cooking/Household Maintenance: Requires assistance with food preparation, cooking, etc. and household maintenance.

Money Management: may require assistance

Transportation: requires transportation to all outdoor activities

Mobility/Transfers/Positioning: In a wheelchair that he self maneuvers

Equipment needs/accessibility needs: uses a ramp for entrance/ exit to home

Current living or day program/employment arrangement: Attends Day Program in Warren, 5 days a week

Additional Information: He is very involved in his church and attends multiple times a week.

9. **Provider Information:**
 - a. **Specific provider skills/knowledge/training requests:** NA
 - b. **Type of provider requested:** HPC Waiver Provider
 - c. **Location of Services:** In home and community