

1. **Individual:** 16 year old autistic male
2. **Location:** Trumbull County
3. **SSA Contact:** Tekissa Graham, SSA TekissaGraham@tcbdd.org (330) 652-1116 ext. 150
 - Funding Source: Enrolled on I.O. Wavier
4. **Hours Needed:** 24/7, 1:1 staffing for most awake hours and can share services at night
5. **Anticipated Start Date of Services:** by 1/28/18
6. **Service(s) Needed:** Homemaker Personal Care (HPC)
7. **Essential service preferences:** HPC staff trained to work with people with autism and trauma informed care if possible

Additional Information: He is non-verbal and struggles with communication. He uses an iPad, a communication book, and a communication board and is not consistent with what method he chooses to use.

- **Supervision Level:** *He needs Eyes on at all times and up to 6 feet away if in the community and within a safe/ confined setting.*
- **Medical/Medication/Health:** *requires total assistance with medication administration*
- **Behavioral/Psychiatric:** *He will exhibit self-injurious behaviors and physical aggression. He will wander out of the home.*
- **Hygiene/ADL/Personal Care:** *Requires assistance with all ADLs.*
- **Mealtime/Cooking/Household Maintenance:** *Requires assistance with all food preparation, cooking, etc. and household maintenance. May require limited access to food in the home.*
- **Money Management:** *total assistance*
- **Transportation:** *requires transportation to all outdoor activities*
- **Mobility/Transfers/Positioning:** *NA*
- **Equipment needs/accessibility needs:** *Prescribed a helmet due to SIB but often refuses to wear it.*
- **Communication:** *Non-verbal, use of I-Pad, communication board and book.*
- **Current living or day program/employment arrangement:** *lived in a residential setting until he was admitted to a DC on 8/1/17 for stabilization, currently still there*
- **Forensic supports/Criminal background:** *no issues*

Provider Information:

- a. **Specific provider skills/knowledge/training requests:** *autismcertificationcenter.org and trauma informed care if possible*
- b. **Type of provider requested:** *ICF or Waiver Provider*
- c. **Location of Services:** *In or Out of County*