

1. **Individual:** Adult Male
2. **Location:** Howland, Trumbull County
3. **SSA Contact:** Sarah Rudd, SSA Sarahrudd@tcbdd.org 330-652-1116 ext. 130
 - **Funding Source:** I.O. Wavier
4. **Hours Needed:** 8 hours per week (Saturday or Sunday 3pm-11pm) and occasional back-up to other independent provider
5. **Anticipated Start Date of Services:** AS SOON AS Available
6. **Service(s) Needed:** Homemaker Personal Care (HPC) with Medical add on and Complex care add-on
7. **Essential service preferences:** HPC staff that is knowledgeable with G/J tubes and who has experience with more medically involved individuals. Medication Administration Certification would be a plus, but not necessary.
8. **Additional Information:** He is non-verbal, unable to read or write. He is able to express his likes and dislikes to those who know him well. He will laugh when happy. He likes to watch television and listen to music.
 - **Supervision Level:** Constant auditory supervision
 - **Medical/Medication/Health:** Tube feeding, medication management per g-tube
 - **Behavioral/Psychiatric:** N/A
 - **Hygiene/ADL/Personal Care:** Bathing-sponge baths in bed only (mother prefers to do bathing), dressing, total personal care
 - **Mealtime/Cooking/Household Maintenance:** Tube feeding only, assist with changing his bed and keeping his room and bathroom clean
 - **Money Management:** None (completed by family)
 - **Transportation:** is homebound, only leaves house for appointments via ambulette.
 - **Mobility/Transfers/Positioning:** full assist with mobility/does not walk/can only be up in wheelchair for a couple hours per day due to stomach issues/ceiling lift in home
 - **Equipment needs/accessibility needs:** Wheelchair/ceiling lift/tube feeding supplies
 - **Communication:** Non verbal
 - **Current living or day program/employment arrangement:** lives with mother in bi-level home/homebound due to stomach issues and cannot sit up for long periods of time.
 - **Forensic supports/Criminal background:** no issues
9. **Provider Information:**
 - a. **Specific provider skills/knowledge/training requests:** tube feeding, respiratory care
 - b. **Type of provider requested:** Independent provider
 - c. **Location of Services:** In Home care