

Individual Profile

1. Name or other Identifier **N.C. –Male Age: 17**

2. Address (Street Name/City/and/or Zip Code) or County
Warren, Ohio 44483

3. SSA/Referral Contact Information **Mary Fiorenza, Trumbull County Board of Developmental Disabilities (330-652-1116 Ext: 152)**

4. Funding Source: **Individual Options Waiver**

5. Hours needed (# hours and/or scheduled): **25 hours per week HPC: During the school year Monday-Friday 2:45pm to 5:45pm (Saturday & Sunday hrs. flexible). School closures/summer break: Monday-Friday 12:45pm to 5:45pm (no weekend hours).**

6. Anticipated Start Date of Services (Specific date or choice between “immediate or as soon as available”)
IO Waiver Span starts April 27, 2020.

7. Service(s) Needed: List specific waiver Services):

- **HPC**
- **Transportation**
- **Adaptive Equipment**
 - **Bath Lift- 5’8 Male 270 pounds- unsteady gait/afraid of shower.**

8. Essential Service Preferences (Important to... (This may include personal outcomes) AND Important for... (Including Supervision needed and/or information about alone time):

- **Constant visual and some physical assist within the residence and community.**
- **Individual requires assistance with getting off the school bus during school year, with preparing after school snack, and personal care assistance with toileting, bathing and dressing. Physical assistance and monitoring while learning more independence for ADLs.**

9. Description of type of supports needed in various areas, if these are related to “Services Needed”

Category:

- **Medical: (Full Code)**
- **Medical Diagnosis: Visual impairment- Depth perception.**
- **Developmental Diagnosis: G80.2 Spastic Hemiplegia Cerebral Palsy, Severe Intellectual Disability, Autism, Traumatic Brain Injury, and Seizure Disorder- no seizure activity in the past year.**
- **Psychiatric Diagnosis: N/A**
- **Allergies: No Known Allergies- Just Seasonal allergies.**
- **Medications: No current medications.**

10: Behavior Support Plan: N/A

11. Present Level of Care:

- **Self-Care:**

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- **Dependent on staff in all Activities of Daily Living (ADLs) personal care and grooming, including bathing, hair care, and help with dressing and undressing and picking weather appropriate clothes.**
- **Medications-N/A.**
- **Meal Preparation- assistance with preparing after school snack. The individual can eat and drink independently. Assistance and monitoring prep for lunch during school closures.**
- **Communication:**
 - **Verbal- uses few words. Expressive & Receptive- The individual uses simple words, facial and body gestures, and responds to name. Nods head to answer yes or no. Can understand one-step directions.**
- **Mobility: Unsteady gait. Uses bilateral orthotics but still displays unsteady gait. Assistance with wheelchair for longer distances in the community.**
- **Self-Direction:**
 - **The individual can make simple choices as to what he likes to eat. Does not demonstrate responsible behavior. Does not demonstrate awareness of cause and effect. Lacks safety awareness. Depth perception effects his ability to safely use stairs/steps will need physical assist to navigate.**
- **Economic Self Sufficiency: Total Support by family.**

12. Capacity for Independent Living

- **Total Support in all areas**

13. Transportation (Including location and Times):

- **Transportation will be required for any doctors' appointments and community activities.**

14: Current Day Programming/Employment Arrangements- **The individual lives with mother and attends Fairhaven School 5 days per week. Mother works full time and has limited natural support.**

15. Preliminary DDP: 1

Additional Information: **Guardian requested assistance in their home with ADL's and physical assistance with ambulation off school bus and in community settings.**