

1. **Individual:** Male –17 yr old.
 - **Location:** Champion OH
 - **SSA Contact:** Kary Cotttrell 330-652-1116 ext. 163 karycotttrell@tcbdd.org
 - **Funding Source:** Self Waiver
2. **Hours Needed:** 10-20 hours a week in home
3. **Anticipated Start Date of Services:** As scheduled
4. **Service(s) Needed:** HPC services in home
5. **Essential service preferences:** provider for HPC

Additional Information:

- **Supervision Level:** Auditory in home, visual in community
- **Medical/Medication/Health:** Seizures, Severe DD, Autism, PICA
- **Behavioral/Psychiatric:** NA
- **Hygiene/ADL/Personal Care:** Needs assistance with ADL's. personal care assistance with toileting, bathing and dressing. Physical assistance and monitoring while learning more independence for ADLs.
- **Mealtime/Cooking/Household Maintenance:** needs physical assistance
- **Money Management:** N/A Natural Supports
- **Transportation:** N/A Natural Supports
- **Mobility/Transfers/Positioning:** Independent
- **Equipment needs/accessibility needs:** N/A
- **Communication:** Nonverbal – will use some sign language and picture boards
- **Current living or day program/employment arrangement:** lives with his parents and sister
- **Forensic supports/Criminal background:** N/A

Provider Information:

- a. **Specific provider skills/knowledge/training requests:** ISP training
- b. **Type of provider requested:** HPC
- c. **Location of Services:** In home and Community
- d. **Activities of Interest:** TV, Movies, Dirt bike racing, Outside

Please Respond By: December 2020