

Individual Profile

Requirement from rule:

Utilizing the statewide, uniform format to create a profile that shall include the type of services and supports the individual requires, hours of services and supports required, the individual's essential service preferences, the funding source of services, and any other information the individual chooses to share with prospective providers;

1. **Name or other Identifier:** 19 year old male
2. **Address (Street Name/City/ and/or Zip code) or County:** Currently living in an ICF at Gateways to Better Living
3. **SSA /Referral Contact Information:** Richard M. Cesta 330-652-1116 Ext 117
richardcesta@tcbdd.org
4. **Funding Source (Type of waiver or local funding):** Medicaid, SS
5. **Hours Needed (# hours and/or schedule):** 24/7
6. **Anticipated Start Date of Services (Specific date or choice between "Immediate or As soon as available"):** As soon as available
7. **Service(s) Needed:** Medical/Medication/Health- takes medications regularly and requires supervision with administration. Behavioral/Psychiatric- He suffers from Bipolar and ADD Hygiene/ADL/Personal Care- Independent
Mealtime/Cooking/Household- Maintenance- prompting and supervision to initiate household chores and complete them, Money Management- total support, he has a payee Transportation total support Equipment needs/accessibility needs- N/A
Communication- verbal
8. **Other Information Individual chooses to share, which may include but is not limited to:**
9. **Individual Information:**
 - a. **Gender:** Male
 - b. **Age:** 19
 - c. **Diagnosis/Medication:** Mild Intellectual Disability, Bipolar D/O, Autism, ADD, ODD (Trazodone 100mg, Amphetamine Salts 20 mg, Clonidine 0.1 mg, Divalproex 500 mg, Fluoxetine HCL 20 mg, Quetiapine Fumarte 400mg)

- d. **Preferences** – He likes to be around peers and staff, he was attending day program before Covid-19, he is helpful around the house, has expressed interest in community employment and had a meeting with vocational rehabilitation counselor but was put on hold due to the pandemic.
- e. **Current living or day program/employment arrangements-** Resides at an Intermediate Care Facility at Gateways to Better Living.
- f. **Forensic supports/Criminal background** : N/A

10. Provider Information:

- a. **Specific provider skills/knowledge/training requests-24/ 7** care due to risk of being taken advantage. He needs supervision to stay safe. He has had trouble in the past for inappropriate sexual behaviors, but no longer has issues in that area due to counseling and rehabilitation. He has registered as an offender in Mahoning County.
- b. **Type of provider requested** – Waiver Home

11. Location of Services: In Home/Out of Home/Specific area of county : Trumbull County