

## 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;

### **REQUIRED ELEMENTS OF PROFILE:**

1. Name or other Identifier (none)
2. Address (Street Name/City/ and/or Zip code) or County  
  
Moving to Trumbull Co
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)
  - May include: Waiver enrollment status or request date  
  
Individual Options Waiver
5. Hours Needed (# hours and/or schedule). 24-hour supervision
6. Anticipated Start Date of Services (Specific date or choice between “Immediate or as soon as available”) as available, no date
7. Service(s) Needed: (list specific waiver services) HPC, Day Program (currently working on a group employment site cleaning and lawn service)
8. Essential service preferences
  - Important to (which may include personal outcomes) AND Important For (including Supervision needed and/or Information about Alone Time)  
Individual enjoys shopping and having his own spending money; he likes his time in the community (pre covid), he likes being physically active, enjoys working and earning money, likes being busy, family and friends are important to him, he likes playing pool and is pretty good at it he has a pool table in his home.

Has court restrictions specified due to Tier 3 sex offender, see ISP. Individual is compliant with restrictions.

- Description of type of supports needed in various areas, if these are related to “Services Needed” category:
  - *Medical/Medication/Health- Psychiatric services, has a provider that should be maintainable*
  - *Behavioral/Psychiatric – counseling (right now virtual) weekly with a provider that should be able to be maintained*
  - *Hygiene/ADL/Personal Care- mostly independent may need occasional reminders*
  - *Mealtime/Cooking/Household Maintenance- HPC, has been working on skills in this area w menu planning and cooking. Takes turns cooking. Does not do shopping.*
  - *Money Management- currently has a paid provider for this service*
  - *Transportation (including locations and times) Has ATN and NMT*
  - *Mobility/Transfers/Positioning- Independent*
  - *Equipment needs/accessibility needs- NA*
  - *Communication- Independent but does have some restrictions so HPC needed*

9. *Other Information Individual chooses to share, which may include but is not limited to:*

- *Individual Information:*
  - *Gender- Male*
  - *Age- 31*
  - *Diagnosis/Medication Mild ID, Pedophilia, and CP*
  - *Preferences – roommates, smoking, pets, children, etc.- male, he does smoke but will be respectful and do so outside, NO Children- must comply with court restriction (1000ft rule) as well as restrictions placed.*
  - *Current living or day program/employment arrangements- Currently in 3 bed congregate with two other males w similar needs; attends day program but is in group employment mostly doing lawn maintenance he enjoys being busy and working.*
  - *Forensic supports/Criminal background – Tier 3 sex offender*
- *Provider Information:*
  - *Specific provider skills/knowledge/training requests- sex offender, anger management*
  - *Type of provider requested – agency, independent or no preference- Agency*
- *Location of Services: In Home/Out of Home/Specific area of county- Out of home*
- *Date of Referral or Respond by Date*

**\*italics indicate that this information is not required for each profile, but can be included based on the individual’s situation and preferences.**