

Individual Profile

1. K. H.
2. Mineral Ridge (Trumbull County)
3. Sarah Rudd, SSA 330-652-1116 ext 130 sarahrudd@tcbdd.org
4. IO waiver
5. Fridays 8am-5pm and Saturdays 8am-5pm
6. Anticipated Start Date of Services: As soon as available
7. Service(s) Needed: HPC services
8. Essential service preferences
 - a. Important to (which may include personal outcomes) AND Important For (including Supervision needed and/or Information about Alone Time) Caregivers need to interact with him and provide socialization. Caregivers need to be mindful of the temperature outside to make sure it is not too hot or too cold for him. People who are silly and like to joke around, Minimal changes to his routine, Monitoring for seizure activity, Orthotic schedule, Keep him safe, Provide fall and seizure precautions, Tube feedings, Monitoring for signs of pain-he has a very high tolerance for pain, Heat and cold sensitivity-monitoring his body temperature, He can become anxious with too many changes at once or new people.
 - o Description of type of supports needed in various areas, if these are related to "Services Needed" category:
 - *Medical/Medication/Health-Staff would need to administer g-tube feedings and medications. Also has a colostomy bag that needs changed and monitored.*
 - *Behavioral/Psychiatric-NA*
 - *Hygiene/ADL/Personal Care-Physical assistance with all care*
 - *Mealtime/Cooking/Household Maintenance-Does not eat by mouth*
 - *Money Management-NA*
 - *Transportation (including locations and times)Staff is able to use his modified van for outings*
 - *Mobility/Transfers/Positioning-Can walk with assistance with a walker or uses a wheelchair for long distances*
 - *Equipment needs/accessibility needs-Modified shower, bath seat, walker, wheelchair*
 - *Communication-Non-verbal*
9. Other Information Individual chooses to share, which may include but is not limited to:
 - Individual Information:
 - o *Male*
 - o *Mid 30's*
 - o *Cerebral Palsy*
 - o *Preferences – Non-Smoking*
 - o *Lives with mom-Home is clean, non smoking, one cat*

- Provider Information:
 - *Staff would need to be medication administration certified for G-tube*
 - *Staff need to be playful and like to do outings and play with him*
 - *Type of provider requested – agency or independent*
- *Location of Services: In Home/Out of Home/Specific area of county*