

# Individual Profile

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1. Identifier: **16 year old Male**
2. Address/County: **Lordstown, Trumbull County**
3. SSA/Referral Contact Information:  
**SSA: Carissa Hudak, Trumbull County Board of Developmental Disabilities 330-652-1116 Ext: 134**
4. Funding Source: **SELF Waiver**
5. Hours needed: **16 hours per week after 2pm (when arrives home from school) and weekends, Hours vary**
6. Anticipated Start Date of Services: **As soon as available**
7. Services Needed: **HPC, HPC Transportation**
8. Medical: **Full Code**
  - Diagnosis: **Developmental Delays, TBI, Cerebral Palsy, Seizure Disorder**
  - Allergies: **None**
  - Dietary Concerns: **None**
9. Behavior Support Plan: **No, but does have proactive strategies in his ISP.**
10. Present Level of Care:
  - Self-Care: **Assistance needed for toileting, can dress/undress self, independent in chewing and swallowing food. Assistance bathing, brushing teeth, and choosing weather appropriate clothing.**
  - Communication: **Verbal, has a limited vocabulary, becomes frustrated at times trying to express what he is trying to say, cannot read or write sentences. Follows simple direction and can indicate yes or no when it comes to likes/dislikes and choices in activities.**
  - Mobility: **Independent, Long distances walking will need to utilize a wheelchair**
  - Self-Direction: **Assistance with making daily choices, getting help, avoiding danger and keeping occupied.**
  - Economic Self Sufficiency: **Total Support, has an outcome to increase money skills**
  - Supervision: **Minor and must be supervised at all times in home and community settings.**
11. Transportation: **Transportation will be required for community activities.**

## Additional Information:

**Family prefers a female provider/staff.**

**Likes playing basketball, Riding bicycle, Parks, fishing, swings, bowling, etc.**

**Loves dogs. Family has two dogs in the home.**

**Prefers quiet environments**