

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. Identifying information: **Male**
2. Address (City/ and/or Zip code) or County: **Warren, Ohio/Trumbull County**
3. SSA: **Gina Battisti, SSA – (330) 652-1116 ext. 142**
4. Funding Source
 - **Level 1 waiver**
5. Hours Needed: **Approximately 4 hours a week**
6. Anticipated Start Date of Services: **As soon as available**
7. Service(s) Needed: **HPC to include assistance with grocery shopping, laundry, cleaning and activities in the community.**
8. Essential service preferences
 - **Important to (which may include personal outcomes) AND Important For Important to have assistance with grocery shopping, laundry, cleaning and going out in to the community doing things I like to do such as movies.**
 - **Description of type of supports needed in various areas, if these are related to “Services Needed” category:**
 - Medical/Medication/Health: **None**
 - Behavioral/Psychiatric: **None**
 - Hygiene/ADL/Personal Care: **Independent**
 - Household Maintenance: **needs assistance with laundry and cleaning.**
 - Money Management: **Independent**
 - Mobility/Transfers/Positioning: **Ambulatory**
 - Equipment needs/accessibility needs: **None**
 - Communication: **Limited speech**
9. Other Information Individual chooses to share, which may include but is not limited to:
 - Individual Information:
 - Gender: **Male**
 - Age: **50**
 - Diagnosis/Medication: **Intellectual disability**
 - Current living or day program/employment arrangements: **lives alone. Attends a day program 5 days a week.**

- Provider Information:
 - Specific provider skills/knowledge/training requests: **None**
 - Type of provider requested –**No Preference**
- Location of Services: **In home- Warren, Ohio**
- Date of Referral or Respond by Date- date of submission-**7/16/2021**

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