

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. Female in her 20's
2. Howland, Ohio (Trumbull County)
3. Sarah Rudd, SSA sarahrudd@tcbdd.org 330-652-1116 ext 130
4. Funding Source (Type of waiver or local funding) IO Waiver
5. Hours Needed: 10 hours per week-every other Saturday would be 10 hours-and the other week would be based on mom's schedule and staff's schedule. Mom is pretty flexible that week.
6. Anticipated Start Date of Services: As soon as possible
7. Service(s) Needed: HPC/HPC miles
8. Essential service preferences
 - o Auditory supervision, some eyes on when eating or during hygiene.
 - o Description of type of supports needed in various areas, if these are related to "Services Needed" category:
 - *Seizure disorder, but well controlled with medication. Staff would assist with medications.*
 - *Can be stubborn at times. Behavior strategies are incorporated into the plan to address the issues. There are no restrictive measures, only positive strategies .*
 - *Needs assistance with showering. Can complete most of her toileting on her own.*
 - *Mother typically prepares something for her meals so staff would just need to heat it up for her.*
 - *Staff would need to be able to take her on outings-Mall, restaurants, the park, etc.*
 - *Can communicate verbally, but speech can be slurred at times.*
9. Other Information Individual chooses to share, which may include but is not limited to:
 - Individual Information:
 - o *Female*
 - o *20's*
 - o *Lives with mom and brother*
 - Provider Information:
 - o *Staff would need to be able to use a VNS magnet for seizures, staff should be patient and be able to follow positive behavior strategies with her.*
 - o *Agency or independent providers.*
 - *Location of Services: In Home/Out of Home*

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