

## 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. Male in his 30's
2. Howland, Ohio-lives with mother
3. Sarah Rudd, SSA [sarahrudd@tcbdd.org](mailto:sarahrudd@tcbdd.org) 330-652-1116 ext 130
  - IO Waiver
4. 3pm-11pm on Fridays and Saturdays. Also PRN shifts/month
5. Anticipated Start Date of Services: As soon as possible
6. Service(s) Needed: Homemaker personal care services
7. Essential service preferences
  - Important to be clean and dry, television and radio in his room, being talked to in a calm voice, sitting outside in nice weather, being ready to. AND Important For: positioning in his wheelchair/bed. Range of motion exercises, monitoring his bowels, communication between the staff and mom, monitoring respiratory status.
  - Description of type of supports needed in various areas, if these are related to "Services Needed" category:
    - *Must be familiar with g-tube and j-tube for nutrition and all medication. He receives nothing by mouth due to aspiration/choking risk. Suctioning and nebulizer treatments as needed when sick.*
    - *Requires total assistance for hygiene and personal care. Bed baths daily, brief changes*
    - *Light cleaning of his areas (bathroom and bedroom)*
    - *Must be able to lift and reposition the individual every 2 hours*
    - *Wheelchair, Hoyer lift, glasses*
    - *Individual is non-verbal but can communicate by showing when he is happy or upset. He is genuinely pretty much always happy and content.*
8. *Other Information Individual chooses to share, which may include but is not limited to:*
  - Individual Information:
    - *Male*
    - *Early 30's*
    - *Cerebral Palsy*
    - *Mother prefers someone that is non-smoking*
    - *Mother prefers someone that is vaccinated for Covid-19, but this is not a requirement.*
    - *Lives with his mother*
  - Provider Information:
    - *Must be familiar with more medically involved individuals, especially with g/j tubes.*
    - *Type of provider requested –no preference*
  - *Location of Services: In home services only*