

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. Name or another Identifier: **MALE 21**

2. Address (City/ and/or Zip code) or County: presently living in **MAHONING COUNTY**

3. SSA /Referral Contact Information; **RICHARD M. CESTA 330-652-1116 Ext:117**

4. Funding Source (Type of waiver or local funding)
 - May include: Waiver enrollment status or request date: **EXIT WAIVER**

5. Hours Needed (# hours and/or schedule). **24/7**

6. Anticipated Start Date of Services (Specific date or choice between “Immediate or **as soon as available**”)

7. Service(s) Needed: (list specific waiver services): **Need to live in a residential setting with 24-hour staff. He may want to attend a day program.**

8. Essential service preferences
 - Important to (which may include personal outcomes: **James wants to be a Dispatcher or a Cook, he admits he is not a prompt person.** AND Important For (including Supervision needed **James needs assistance with mobility and using an oven. He cannot use a vacuum or washer and dryer.** and/or Information about Alone Time): **James can obtain help if necessary, he can be left alone for a few hours.**
 - Description of type of supports needed in various areas, if these are related to “Services Needed” category:
 - *Medical/Medication/Health:* **Visually Impaired (Legally Blind), High Cholesterol, Gall Bladder Sludge, Early Onset Diabetes, Obesity**
 - **(Vyvanse 70 mg in AM-ADHD/ Venlafaxine ER-150 mg in AM-Anti-Depressant/Clonidine Hcl 0.2 mg-1 at pm-Anxiety/ Vitamin D-1 daily/ Deplin 7.5mg 1 capsule daily AM, Trazodone 100mg 1 tablet at pm)**
 - *Behavioral/Psychiatric:* **Bipolar Disorder, Anxiety Disorders, ADHD, Oppositional Defiant Disorder**
 - *Hygiene/ADL/Personal Care:* **Needs total assistance, Incontinent, total assistance with bathing. I use a shower chair. I need assistance from staff. I require wheelchair accessible transportation. I use a urinal and a bedside commode. I need assistance with cleaning after bowl movement. I need a wide walk in shower. I need to have wide door and openings to get around from**

room to room. I also have a chest harness cPAP machine, Hoyer lift and Hoyer pad. James prefers to transfer himself with assistance from staff than using a Hoyer lift or pad.

- *Mealtime/Cooking/Household Maintenance:* Can prepare sandwiches/Microwave (needs supervision)/ Cannot use stove alone (he forgets to shut it off). He can eat independently and use knife and fork chew and swallow.
- *Money Management:* Needs assistance with money due to vision. He can purchase items from internet and someone will need to pick up items.
- *Transportation (including locations and times)*
- *Mobility/Transfers/Positioning:* **Non-Ambulatory, Bilateral hip dysplasia, Scoliosis, kyphosis and Lumbar Lordosis.**
- *Equipment needs/accessibility needs:* **Wheelchair, cPAP, Hoyer Lift, Hoyer Pad, Bedside Commode, Bed Urinal.**
- *Communication:* **Verbal**

9. *Other Information Individual chooses to share, which may include but is not limited to:*

- *Individual Information:*

- *Gender:* **MALE**
- *Age:* **21**
- *Diagnosis/Medication:* **Bipolar Disorder, Anxiety Disorders, ADHD, Oppositional Defiant Disorder / Non-Ambulatory, Bilateral hip dysplasia, Scoliosis, kyphosis and Lumbar Lordosis**
- **Vyvanse 70 mg in AM-ADHD/ Venlafaxine ER-150 mg in AM-Anti-Depressant/Clonidine Hcl 0.2 mg-1 at pm-Anxiety/ Vitamin D-1 daily/ Deplin 7.5mg 1 capsule daily AM, Trazodone 100mg 1 tablet at pm**
- *Preferences – Roommates*
- *Current living or day program/employment arrangements:* **ICF Setting**
- *Forensic supports/Criminal background:* **in 2019 Disorderly conduct by Brookfield Police Department**

- *Provider Information:*

- *Specific provider skills/knowledge/training requests:* **he needs 24/7 and assistance with most personal care, cooking, bathing.**
- *Type of provider requested – N/A*

- *Location of Services:* **In Home/Out of Home/Specific area of county**

- *Date of Referral or Respond by Date:* **June 25, 2021**

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