

Individual Profile

1. Female – 36 years old
2. Trumbull County
3. Toni Thompson, SSA 330-652-1116 ext. 160 tonithompson@tcbdd.org
4. **Funding Source** - IO Waiver
5. **Hours Needed** – 24/7 staffing when not in day programming Mon-Fri
6. **Anticipated Start Date of Services** - As soon as available - once tour and meeting complete.
7. **Service(s) Needed:** (list specific waiver services)- **Housing in congregate setting**, HPC, OSOC at nighttime (VocHab 5 days a week, Transportation- potentially)
8. **Essential service preferences**She likes making her own choices/decisions and doing things for herself, she wants to feel secure and listened to. It's important to/for her to have a “To Do List” and Calendar so she knows what is coming up and what to expect in her day. She enjoys being with family and/or friends and going shopping and going on dates with her boyfriend. Her movie collection and her jewelry are important to her. Going to the movies (has her own regal cinema card), the mall, and checking out the sports stores to look at Ohio State Buckeyes merchandise, going out to eat and trying new restaurants, attending day program and spending time with her boyfriend, using her daily \$1 at day programming to make a snack purchase. She also enjoys being outside. She is constant auditory supervision at home and at day program and constant visual in the community.

Description of type of supports needed in various areas, if these are related to “Services Needed” category:

- **Medical/Medication/Health** - *Scoliosis, Club Feet B, Onychomycosis, Onchcryptosis, Morbid Obesity, Compound Myopic Astigmatism, Acne, Papular Eczematous Dermatitis, Seborrheic dermatitis, Rosacea, Focal Epilepsy (11/7/16), Irregular Menses (12/9/17), Hx. of Constipation, Secondary Amenorrhea (1/20/20), Focal Epilepsy (9/3/20).*
- **Behavioral/Psychiatric** – *Mild IDD, Autism Spectrum Disorder, Bipolar D/O, OCD, (Hx. Cutting)*
- **Hygiene/ADL/Personal Care** – *Verbal Prompting for most functions. Can restroom on her own, dress on her own and eat on her own.*
- **Mealtime/Cooking/Household Maintenance** – *physical assistance – total support to shop and prepare meals. Verbal prompting/coaching for most household skills.*
- **Money Management** - *Will need total support for most money management functions- She is involved in discussions/decisions regarding purchases and planned spending. Does need help with a budget.*

- **Transportation**- *Currently attends workshop (VocHab), but possibly open to new workshop depending on where she lives. Attends 5 days a week. Has no safety awareness in the community.*
- **Mobility/Transfers/Positioning** – *Wears bilateral AFO’s daily. Has no mobility issues with these.*
- **Equipment needs/accessibility needs** - *wears bi-lateral ankle orthotics and glasses. Requires physical assistance to put on and take off her bi-lateral AFO's daily. Wears them all day and removes them at bedtime (staff applies and removes). AFO brace cleaned with rubbing alcohol every week. Staff are to monitor the skin area under and around her AFO's every evening and report to supervisor any changes in skin integrity.*
OTC compression stockings to bilateral lower extremities
- **Communication** – *She is verbal. She understands what people are saying to her but doesn't always understand the meaning of other people's words. She can ask and answer questions. She speaks clearly and enjoys talking with others. She does utilize a visual schedule.*

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

- **Individual Information:**

- *Would prefer to live with 1- 2 others.*

- **Provider Information:**

- *Agency provider- Congregate setting would be best*

- **Location of Services:** *Looking for In Home Residential Services in Trumbull or Mahoning County*
- **Respond by Date** – *August 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.**