

## Individual Profile

1. Name or other Identifier: 38 Year-old male
2. Address (City/ and/or Zip code) or County: City--Warren, Trumbull County
3. SSA /Referral Contact Information: Lindsey Ware, 330-652-1116 Ext. 104  
LindseyWare@TCBDD.org
4. Funding Source (Type of waiver or local funding)
  - SELF Waiver
5. Hours Needed (# hours and/or schedule): 12-14 hours a week.
6. Anticipated Start Date of Services (Specific date or choice between “Immediate or As soon as available”) As soon as available.
7. Service(s) Needed: (list specific waiver services) HPC Services, HPC Transportation for doctor’s apmts. and Transportation to/from work.
8. Essential service preferences
  - Important to (which may include personal outcomes) AND Important For (including Supervision needed and/or Information about Alone Time) He is very High functioning and lives independently. Needs support for learning how to better budget his money as related to his outcome.
  - Description of type of supports needed in various areas, if these are related to “Services Needed” category:
    - *Medical/Medication/Health: Self Administers his own meds*
    - *Behavioral/Psychiatric*
    - *Hygiene/ADL/Personal Care*
    - *Mealtime/Cooking/Household Maintenance: some assistance with cooking cleaning*
    - *Money Management: Needs assistance with better managing his money as related to his outcome.*
    - *Transportation (including locations and times): Transportation needed to/from doctor’s apmts. and at times to/from work.*
    - *Mobility/Transfers/Positioning: Independent*
    - *Equipment needs/accessibility needs: none*
    - *Communication needs: none*
9. Other Information Individual chooses to share, which may include but is not limited to:
  - Individual Information: 38 year old male with Self waiver works part time in Niles in need of a provider to provide HPC services and HPC transportation.
  - Provider Information:
    - *Specific provider skills/knowledge/training requests*
    - *Type of provider requested – agency, independent: —has no preference*
  - *Location of Services: In Home and out of Out of Home, in the community*
  - *Date of Referral : August 30<sup>th</sup>, 2021*