

1. **Individual:** 25 year old female
2. **Location:** Trumbull County
 - **SSA Contact:** Sara Elmore: saraelmore@tcbdd.org
 - **Funding Source:** Individual Options waiver
3. **Hours Needed:** Every other weekend 6- 4:30 and every Wed evening 3:30- 10:30 . Thursday shifts 6am to 10:30pm every other week and 6-3 the opposite Thursday.
4. **Anticipated Start Date of Services:** end of October
5. **Service(s) Needed:** Total support with all ADL's and medication administration.
6. **Essential service preferences:** HPC

Additional Information:

- **Supervision Level:** Auditory at home. Constant visual in the community.
- **Medical/Medication/Health:** Total support for medication administration and all areas of monitoring for health and seeking treatment when needed.
- **Behavioral/Psychiatric:** NA
- **Hygiene/ADL/Personal Care:** Total support
- **Mealtime/Cooking/Household Maintenance:** Total support
- **Money Management:** Total support
- **Transportation:** Total support
- **Mobility/Transfers/Positioning:** Total support
- **Equipment needs/accessibility needs:** Has a: wheelchair, wheelchair lift, ceiling track lift, standing table, gait trainer, roll in shower and shower chair, orthotics, vertical lift, hospital bed, and bed rails.
- **Communication:** Communicates through facial expressions, touching and grabbing. She also communicates using picture cards she will touch or grab for the appropriate card.
- **Current living or day program/employment arrangement:** lives with family
- **Forensic supports/Criminal background:** NA

Provider Information:

- a. **Specific provider skills/knowledge/training requests:** NA
- b. **Type of provider requested:** Independent or agency HPC provider
- c. **Location of Services:** Niles