

## Individual Profile

1. **26 yr. old Male**
2. Address (City/ and/or Zip code) or County: **Girard in Trumbull County**
3. SSA /Referral Contact Information: **Lindsey Ware 330-652-1116 Ext. 104 or LindseyWare@TCBDD.org**
4. Funding Source (Type of waiver or local funding)
  - **Level One**
5. Hours Needed (# hours and/or schedule). **4 hours/week**
6. Anticipated Start Date of Services (Specific date or choice between “Immediate or As soon as available”) **As soon as possible.**
7. Service(s) Needed: (list specific waiver services)  
**Please see below.**
8. Essential service preferences
  - Important to (which may include personal outcomes) AND Important For (including Supervision needed and/or Information about Alone Time)
  - Description of type of supports needed in various areas, if these are related to “Services Needed” category:
    - **Medical/Medication/Health-May be needed to take to Dr. appts. every now and again and/or help explain medical information that may be relayed by health professionals.**
    - *Behavioral/Psychiatric -N/A*
    - *Hygiene/ADL/Personal Care-N/A*
    - **Mealtime/Cooking/Household Maintenance—Assistance may be needed with carrying and putting groceries away.**
    - *Money Management-N/A*
    - **Transportation (including locations and times)—Needed for paying bills, running errands, going to appts, and grocery shopping.**
    - *Mobility/Transfers/Positioning-N/A*
    - *Equipment needs/accessibility needs-N/A*
    - *Communication-N/A*
9. *Other Information Individual chooses to share, which may include but is not limited to:*
  - Individual Information:
    - **Male, 26**
    - **Diagnosis: Autism-Aspergers, Anxiety, and Depression**
    - **Interests: Video/Computer games, technology, fixing computers**
    - **Current living or day program/employment arrangements: Does not attend a day program and lives independently in his own apartment.**
    - *Forensic supports/Criminal background: N/A*
  - Provider Information:
    - **Specific provider skills/knowledge/training requests: Be on time and be dependable/consistent.**

- *Type of provider requested – agency, independent or no preference*
- *Location of Services: In Home/Out of Home/Specific area of county: **Mostly outside of the home in the community.***

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