

1. **Individual:** 22 year old male
2. **Location:** Trumbull County
 - **SSA Contact:** Carolyn Fernberg 330-652-1116 x148
 - **Funding Source:** I/O Waiver
3. **Hours Needed:** 24 hour Respite care (looking for 2-3 weeks)
4. **Anticipated Start Date of Services:** ASAP
5. **Service(s) Needed:** IO waiver respite (out of home)
6. **Essential service preferences:** Looking for staffing to provide respite services for client and his 3 siblings (shared services). Siblings can be together or in separate locations. Shared services 1:2 ratio with sibling

Additional Information:

- **Supervision Level:** *Constant Visual*
- **Medical/Medication/Health:** Client has a seizure disorder. Controlled with medication.
- **Behavioral/Psychiatric:** N/A
- **Hygiene/ADL/Personal Care:** Requires physical assistance with some ADL's. Some total support.
- **Mealtime/Cooking/Household Maintenance:** Requires total support but can feed self independently
- **Money Management:** N/A
- **Transportation:** Requires total support
- **Mobility/Transfers/Positioning:** Independent, may need some physical assistance
- **Equipment needs/accessibility needs:** has an I-Pad/I-Phone that is able to use as a communication device but does not always utilize it.
- **Communication:** Non-Verbal uses a combination of sign language, gestures, and vocalizations to communicate.
- **Current living or day program/employment arrangement:** Lives at home with his mother and siblings, attends ADS 5x week
- **Forensic supports/Criminal background:** None

Provider Information:

- a. **Specific provider skills/knowledge/training requests:** Experience working with non-verbal individuals.
- b. **Type of provider requested:** ICF Waiver provider
- c. **Location of Services:** Residential Home/ ICF Facility