

1. **Individual:** 18 year old female
2. **Location:** Trumbull County- Cortland
 - **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 her 3 siblings (shared services). Siblings can be together or in separate locations. Shared services 1:2 ratio with sibling

7. **Additional Information:**

- **Supervision Level:** *Constant Visual*
- **Medical/Medication/Health:** Client has a seizure disorder. Does require administration of Emergency seizure medications, Unable to self-administer medications
- **Hygiene/ADL/Personal Care:** Requires total support and some physical assistance with all ADL's
- **Mealtime/Cooking/Household Maintenance:** Requires total support. Can independently feed herself.
- **Money Management:** N/A
- **Transportation:** Requires total support
- **Mobility/Transfers/Positioning:** Independent but physical assistance with transfers/uneven surfaces
- **Equipment needs/accessibility needs:** I-pad to communicate in school, May need to utilize a wheelchair or another assistive device to help her ambulate after having a seizure.
- **Communication:** Non-verbal -uses a combination of gestures, pointing, sounds, showing, and the use of a communication app installed by her school district onto a district provided mini iPad to communicate her wants and needs. She is able to say a few words and shake her head "yes" or "no" to simple questions.
- **Current living or day program/employment arrangement:** Lives at home with her mother and siblings
- **Forensic supports/Criminal background:** None

Provider Information:

- a. **Specific provider skills/knowledge/training requests:** Experience working with non-verbal individuals. No male staff.
- b. **Type of provider requested:** ICF Waiver provider
- c. **Location of Services:** Residential Home/ ICF Facility