

1. **Individual:** 20 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 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 if needed. Unable to self-administer medications
 - **Behavioral/Psychiatric:** Has a history of behaviors
 - **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