

1. **Individual:** 21 year old female
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:** ICF Respite Care
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
 - **Behavioral/Psychiatric:** *N/A*
 - **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 but may need more support if experiencing high seizure activity during the day/evening.
 - **Money Management:** *N/A*
 - **Transportation:** Requires total support
 - **Mobility/Transfers/Positioning:** Independent but physical assistance with transfers, may need to utilize wheelchair if experiencing high seizure activity
 - **Equipment needs/accessibility needs:** Utilizes stair railings, 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. 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, Attends ADS 5x week
 - **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