

## Individual Profile

### **Requirement from rule:**

Utilizing the statewide, uniform format to create a profile that shall include the type of services and supports the individual requires, hours of services and supports required, the individual's essential service preferences, the funding source of services, and any other information the individual chooses to share with prospective providers;

### **REQUIRED ELEMENTS OF PROFILE:**

1. Name: **I.W. -Female- age 43**
2. Address: **Niles, Ohio 44446-Trumbull County**
3. Referral Source: **Gina Battisti, SSA-Trumbull County Board of DD**
4. Funding Source: (Type of waiver or local funding): **Level 1 waiver**
5. Hours Needed: **4 hours weekly**
6. Anticipated Start Date of Services- **11/1/2021**
7. Service(s) Needed: **HPC services to assist with grocery shopping, running errands and social activities.**
8. Essential service preferences
  - Important to: **To have assistance when going grocery shopping, social events.**
  - Description of type of supports needed in various areas, if these are related to “Services Needed” category:
    - *Medical/Medication/Health: **Seizure Disorder***
    - *Behavioral/Psychiatric*
    - *Hygiene/ADL/Personal Care: **Independent.***
    - *Mealtime/Cooking/Household Maintenance: **Independent***
    - *Money Management: **Has a payee***
    - *Transportation (including locations and times): **Total support***
    - *Mobility/Transfers/Positioning: **Independent***
    - *Equipment needs/accessibility needs: **None***
    - *Communication: **Verbal***
9. *Other Information Individual chooses to share, which may include but is not limited to:*
  - Individual Information:
    - *Gender: **Female***
    - *Age: **44***
    - *Diagnosis/Medication: **Mild Intellectual Disability***
    - *Current living or day program/employment arrangements: **Lives at home with partner.***
  - Provider Information:
    - *Specific provider skills/knowledge/training requests: **None***
    - *Type of provider requested – **no preference***
  - *Location of Services: In Home/Out of Home/Specific area of county: **In home-Trumbull County***
  - *Date of Referral or Respond by Date: **9/28/2021***

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