

## Individual Profile

1. Female, 37 yo
2. Address -City **Niles**
3. SSA /Referral Contact Information **Jeanne Dulay**
4. Funding Source /Type of waiver **SELF Waiver**
5. Hours Needed (# hours and/or schedule).  
**10 hours/week; Mondays & Fridays - 3p/3:30p – 8p/8:30p**  
**(Monday is important/Wednesday can be flexible with another day)**
6. Anticipated Start Date of Services **November 1, 2021**
7. Service(s) Needed: (list specific waiver services)**HPC & HPC for activities**
8. Essential service preferences
  - **Enjoys going bowling with is scheduled to resume on Mondays, like going out to eat, walking, going to the mall/park, dancing, karaoke and going to the movies**
  - **Is talkative and may need reminders not to share personal info with strangers**
  - **Takes care of personal hygiene/able to use restroom on own**
  - **Staff would NOT be responsible for any medication needs**
  - **Would needs assistance with money/purchases**
  - **Low carb/low sugar diet; monitoring needed when go out to eat**
  - **Independent with walking and getting in/out of vehicles**
  - **Services would be provided in community not at her home**
  - **Does not have alone time, may not pay attention/walks slowly and lags behind when walking; want to be aware of where she is, walk by her/so you can hear her; 10 minute visual; able to wait outside a bathroom door if staff need to use restroom, remain in listening distance**
9. *Other Information Individual chooses to share, which may include but is not limited to:*
  - **Female, almost 37yrs old**
  - **Moderate MR, ADHD, Developmental Delay, Speech Delay, Diabetes-type 2**
  - **Lives with mother/guardian & attends Fairhaven Industries/Niles Monday-Friday**
  - **Typically picked up from the day program and then returns home after activity**