

1. **Individual:** 15 y.o. / Male
2. **Location:** Mineral Ridge, Trumbull County
3. **SSA Contact:** Julia Shuttic, SSA JuliaShuttic@tcbdd.org 330-652-1116 ext. 151
 - Funding Source: Level One Waiver
4. **Hours Needed:** 6 hours/ week (total hours 12/ week)
 - Monday ---
 - Tuesday -5:00pm - 8:00pm open shift looking for staff
 - Wednesday -5:00pm - 8:00pm open shift looking for staff
 - Thursday -5:00pm - 8:00pm open shift looking for staff
 - Friday ----
 - Saturday ----
 - Sunday --- 5:00pm - 8:00pm open shift looking for staff
5. **Anticipated Start Date of Services:** TBD
6. **Service(s) Needed:** Homemaker Personal Care (HPC) funded through Level One Waiver
7. **Essential service preferences:** HPC staff to provider supervision, verbal instruction and total support with ADL's such as hygiene and groom, physical assistance with eating.
8. **Additional Information:** 15 year old male requires total with ADL's such as hygiene/ groom, constant supervision, physical assistance with meals, verbal will need staff to engage and talk with him, has a power wheelchair. Currently the home is not adapted to needs, requires lifted in/out of wheelchair/ bed/ tub (the team is in the processed of getting modifications/ equipment for home).
 - **Supervision Level:** Constant Visual (community) Constant Auditory (home)
 - **Medical/Medication/Health:** N/A - no medication delegation
 - **Behavioral/Psychiatric:** N/A – no behaviors –very pleasant and well mannered
 - **Hygiene/ADL/Personal Care:** total support
 - **Mealtime/Cooking/Household Maintenance:** visual supervision/ physical assistance with eating, total support for household chores/ cooking.
 - **Money Management:** None (completed by family)
 - **Transportation:** None
 - **Mobility/Transfers/Positioning:** uses power wheelchair
 - **Equipment needs/accessibility needs:** orthotics
 - **Communication:** Verbal, may need prompts
 - **Current living or day program/employment arrangement:** lives with mother and siblings
9. **Provider Information:**
 - a. **Specific provider skills/knowledge/training requests:** NA
 - b. **Type of provider requested:** agency or independent
 - c. **Location of Services:** home