

Individual Profile

1. **Name or other Identifier:** Female – 26
2. **Address (Street Name/City/ and/or Zip code) or County:** Youngstown, Ohio
3. **SSA /Referral Contact Information:** Catherine Lavernuick 330-652-1116 ext 161 or catherinelavernuick@tcbdd.org
4. **Funding Source** (Type of waiver or local funding)
 - County board funding
5. **Hours Needed (# hours and/or schedule).** 5 hours a week
6. **Anticipated Start Date of Services (Specific date or choice between “Immediate or As soon as available”):** ASAP
7. **Service(s) Needed: (list specific waiver services):** respite for mom who cares for her and has limited support.
8. **Essential service preferences:**

Important to (which may include personal outcomes) AND Important For (including Supervision needed and/or Information about Alone Time):

- Family, lives with her mother.
- enjoys having the attention from others. She will approach others who are familiar and unfamiliar and communicate with them using signs and gestures.
- likes to be active/busy. It is important for her to move around independently in her environment and explore. She enjoys art by coloring, writing, painting. She has a short attention span so it is important to be mindful when she is done with a project.
- Being around others is important to. She is very friendly and enjoys when others communicate and engage with her.
- Music is also important to. She will blow on a flute, hit bongos, and play on drums.
- is important to give up to three words directions and to model for her how to complete a task. She will follow simple directions and will assist with cleaning when directed.
- It is important to check in with change her Incontinent product as she will not express when she needs it changed. Her mother knows when it needs changed by body language.
- It is important to assist with her personal hygiene. needs assistance with using the bathroom, brushing teeth, and bathing.
- is inquisitive and will wander in her environment to explore; so it is important to keep constant visual on her while out in the community.
- Description of type of supports needed in various areas, if these are related to “Services Needed” category:
 - **Medical/Medication/Health:** mom assists with all medication
 - **Behavioral/Psychiatric:** none reported

- **Hygiene/ADL/Personal Care:** *needs assistance with hygiene, personal care and all most ADLs*
 - **Mealtime/Cooking/Household Maintenance:** *needs assistance with food prep and housekeeping*
 - **Money Management:** *mom/guardian is rep payee*
 - **Transportation (including locations and times):** *mom provides all transportation*
 - **Mobility/Transfers/Positioning:** *independent with her mobility but will need to be supervised when walking around/over barriers*
 - **Equipment needs/accessibility needs:** *not any*
 - **Communication:** *is nonverbal. She cannot be understood by those unfamiliar with her. She knows and will use up to 12 signs.*
9. **Other Information Individual chooses to share, which may include but is not limited to:**
- **Individual Information:**
 - **Gender:** *Female*
 - **Age:** *26*
 - **Diagnosis/Medication:** *Severe Intellectual disability; receptive and expressive delay; learning disability. Epilepsy/seizure disorder; Encephalopathy (damage to brain)*
 - **Preferences** – *see important to*
 - **Current living or day program/employment arrangements:** *living at home with her mom/guardian. She is not attending a day program or working at this time.*
 - **Forensic supports/Criminal background :** *not any reported*
 - **Provider Information:**
 - **Specific provider skills/knowledge/training requests :** *not any reported*
 - **Type of provider requested – agency, independent or no preference:** *respite in the home or staff's home*
 - **Location of Services:** *In Home/Out of Home/Trumbull County or near the North Side of Youngstown*
 - **Date of Referral:** *11/17/2021*

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