

Individual Profile

1. 10 year old Female
2. Trumbull County
3. Toni Thompson, SSA, 330-652-1116 ext. 160 tonithompson@tcbdd.org
4. Funding Source: IO Waiver
5. Hours Needed: Thursday evenings 7:30pm-8am to start and eventually another evening shift-same hours
6. Anticipated Start Date of Services: Thursday, January 6th
7. Service(s) Needed: HPC & OSOC
8. Essential service preferences
 - Description of type of supports needed in various areas, if these are related to “Services Needed” category:
 - **Medical/Medication/Health-** *Natural Supports administer meds. Diagnoses: Spinal Muscular Atrophy Type 2, Scoliosis, leg contractures, hip dysplasia, bowel issues.*
 - **Behavioral/Psychiatric-** *None*
 - **Hygiene/ADL/Personal Care** – *Requires total assistance in these areas. She will tell you when her diaper needs changed, she will need put into her pajamas at bedtime and dressed in the morning for school.*
 - **Mealtime/Cooking/Household Maintenance** – *Will need to cook/prepare meal or snacks in PM & AM. She can eat independently.*
 - **Money Management** – *None*
 - **Transportation** – *None*
 - **Mobility/Transfers/Positioning** – *Need to be able to lift her (80lbs) to transfer for diaper changings and then place her back into her powerchair. Need to transfer her into her bed at nighttime and back into her chair in the AM. May require getting untangled from her sheet at nighttime and position changed.*
 - **Equipment needs/accessibility needs** – *she uses a powerchair*
 - **Communication** – *Verbal and able to express her needs and wants*
 - **Other Information Individual chooses to share, which may include but is not limited to:**
 - *Must be able to lift and transfer her (80lbs)*
 - *Family has cameras in their home in common areas.*
 - **Provider Information:**
 - **Respond by Date: Monday, December 6, 2021**