

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 or other Identifier: **male (41 years old)**
2. Address (City/ and/or Zip code) or County: **Hubbard, Ohio 44425**
3. SSA /Referral Contact Information: **Catherine Lavernuick, SSA 330-652-1116 ext 157 or email catherinelavernuick@tcbdd.org**
4. Funding Source (Type of waiver or local funding)
 - **Level One Waiver**
5. Hours Needed (# hours and/or schedule). **Needs NMT to and from work (Hubbard to Warren- up to 16 miles each way). Individual works 8 am to 12pm M-F**
6. Anticipated Start Date of Services: **Immediately.**
7. Service(s) Needed: (list specific waiver services): **Needs NMT to and from work (Hubbard to Warren- up to 16 miles each way). Individual works 8 am to 12pm M-F**
8. Essential service preferences
 - Important to AND Important For: **It is important to the individual to have his independence in his own home. Work is important and completing his daily goals. He is self motivated and will take directions easily from others.**
 - Description of type of supports needed in various areas, if these are related to "Services Needed" category:
 - *Medical/Medication/Health: **independent and natural support***
 - *Behavioral/Psychiatric: **n/a***
 - *Hygiene/ADL/Personal Care: **independent***
 - *Mealtime/Cooking/Household Maintenance: **independent***
 - *Money Management: **independent and natural supports***
 - *Transportation (including locations and times): **NMT services to and from job location, Pine Industries, so he can continue to work.***

- *Mobility/Transfers/Positioning: n/a. Independent*
- *Equipment needs/accessibility needs: n/a*
- *Communication: Individual is able to communicate verbally and understands what others are saying.*

9. *Other Information Individual chooses to share, which may include but is not limited to:*

- *Individual Information:*
 - *Gender: male*
 - *Age: 41*
 - *Diagnosis/Medication: Mild Mental Retardation//Medical Diagnose HTN (high blood pressure), GERD, Tourette Syndrome*
 - *Preferences : enjoys living in his apartment and working in the community*
 - *Current living or day program/employment arrangements: apartment in Hubbard*
 - *Forensic supports/Criminal background : n/a*
- *Provider Information:*
 - *Specific provider skills/knowledge/training requests : n/a*
 - *Type of provider requested – agency, independent or no preference: No preference*
- *Location of Services: In Home/Out of Home/Specific area of county*
- *Date of Referral or Respond by Date: referral 12/1/2021 respond by 12/20/2021*

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