

1. Name or another Identifier: **Male**
2. Address (City/ and/or Zip code) or County: **Masury, Ohio**
3. SSA /Referral Contact Information: **Heather Meszaros 330-652-1116 ext 109**
4. Funding Source (Type of waiver or local funding): **IO waiver**
5. Hours Needed (# hours and/or schedule). **24/7**
6. Anticipated Start Date of Services: **As soon as possible, within 30 days**
7. Service(s) Needed: (list specific waiver services): **HPC services**
8. Essential service preferences:
 - Important to (which may include personal outcomes): **Likes his routine to be kept consistent, having coffee in the mornings, watching his tv shows,**
 - Important For (including Supervision): **24/7 supervision, auditory in the home, visual in community**
 - Information about Alone Time: **No alone time**
 - Description of type of supports needed in various areas, if these are related to “Services Needed” category:
 - *Medical/Medication/Health:* **Moderate Intellectual Disability, Seizure Disorder, High Cholesterol, Pin in Right Ankle, Needs assistance with obtaining medications, taking medications and putting on skin creams, Guardian assists with medical appointments**
 - *Behavioral/Psychiatric:* **Autistic Disorder, Obsessive Compulsive Disorder**
 - *Hygiene/ADL/Personal Care:* **Needs assistance with bathing for adequate cleansing, verbal prompts and some assistance with shaving and tooth brushing. Can dress himself, some assistance with choosing clothes appropriate for weather, uses restroom himself**
 - *Mealtime/Cooking/Household Maintenance:* **Needs total assistance for encouraging his low fat diet, all meals prep and cooking, guardian provides menu and groceries, needs assistance for all household maintenance. He can help with house cleaning but prefers it to be done for him.**
 - *Money Management:* **Guardian is payee, staff assist when shopping with staying in budget, to pay and obtain change and receipt**
 - *Transportation (including locations and times):* **Needs transportation to community outings**
 - *Mobility/Transfers/Positioning:* **Independent, does have periods were he will not be able to bear weight. At these times, he will sit down until he feels he can walk again. He has been evaluated medically for these issues, nothing has been found to be wrong**
 - *Equipment needs/accessibility needs:* **None**
 - *Communication:* **verbal, can be difficult to understand, will use words and phrases to communicated.**
9. *Other Information Individual chooses to share, which may include but is not limited to:*

- Individual Information:
 - Gender: **Male**
 - Age: **60**
 - Diagnosis/Medication: **Seizure Disorder, High Cholesterol, Pin in Right Ankle, Autistic Disorder and Obsessive-Compulsive Disorder**
 - Preferences: **routine-oriented, staff to be as consistent, people/staff to respect his personal space and property.**
 - Current living or day program/employment arrangements: **Lives in family home alone, attends day program in Niles 5 days per week.**
 - Forensic supports/Criminal background: **N/A**
- Provider Information:
 - Type of provider requested: **Agency HPC provider**
- Location of Services: **HPC services In Home and Community**
- Date of Referral or Respond by Date: **ASAP**