

1. **Individual:** 29 yo Adult Female
2. **Location:** Trumbull County
3. **SSA Contact:** Tara Sowers , SSA [TaraSowers@tcbdd.org](mailto:TaraSowers@tcbdd.org) 330-652-1116 ext. 103
  - Funding Source: Enrolled on I.O. Wavier
4. **Hours Needed:**

Monday	7pm to 11pm
Tuesday	7pm to 11pm
Wednesday	7pm to 11pm
Thursday	7pm to 11pm
Friday	12 hours
Saturday	<b>**every other weekend**</b> 7am to 7pm <b>**consistent**</b> 7pm to 12am
Sunday	12 hours
5. **Anticipated Start Date of Services:** AS SOON AS Available
6. **Service(s) Needed:** Homemaker Personal Care (HPC)
7. **Essential service preferences:** HPC staff that can provide personal care needs, supervision and participate in interactive activities with individual
8. **Additional Information:** She loves to go on outing in the community, and participate in interactive activities. Enjoys watching videos, spending time outside. She is autistic and has a high frequency of seizure activity, needs constant supervision as she is a fall risk due to her seizures. Her level of activity through the day and sleep patterns vary due to her seizures. She has behaviors such as scratching, grabbing or pulling others, has behavior add on, behavior tracking sheets and behavior support consultant on team.
  - **Supervision Level:** *Constant auditory supervision, close stand by assistance while ambulating(home). Visual with physical assist (community)*
  - **Medical/Medication/Health:** *takes liquid medication orally at 3 times a day*
  - **Behavioral/Psychiatric:** *she will make loud noises, squeeze hard, or scratch your arm, grab or pull you if upset; has behavior consultant and behavior plan, qualifies for behavior add on rate y*
  - **Hygiene/ADL/Personal Care:** *Total support with Bathing, dressing, personal care, She needs depends changes and/ or total support with hygiene following toilet use*
  - **Mealtime/Cooking/Household Maintenance:** *Assistance with changing her bed and keeping her room, bathroom clean. Preparing, serving, and supervising all meals and snacks throughout the day.*
  - **Money Management:** *None (completed by family)*
  - **Transportation:** *HPC transportation for community outings*
  - **Mobility/Transfers/Positioning:** *Ambulates, but is a fall risk due to seizures, staff should provide close stand by assistance when ambulating and assistance on stairs.*
  - **Equipment needs/accessibility needs:** *use transport wheelchair as needed for long distances in community*
  - **Communication:** *Non-verbal. She is able to express her likes and dislikes to those who know her well; she will guide you by the arm, or squeeze your hand to single likes/ dislikes/ wants.*
  - **Current living or day program/employment arrangement:** *lives with mother, father in family home, currently not attending ADS.*
9. **Provider Information:**

- a. **Specific provider skills/knowledge/training requests:** N/A
- b. **Type of provider requested:** HPC provider
- c. **Location of Services:** In Home care/ community outings