

CLEARWATER

Council of Governments

MAIN OFFICE:

235 N. Toussaint South Road, Oak Harbor, Ohio 43449
419-898-8264 FAX: 419-898-2414

DATE: July 31, 2008
TO: All Interested Providers
FROM: Nancy Richards, Executive Director
RE: Request for Interest for [REDACTED]

Please review the attached information regarding I.O. waiver services for a man in Huron County.

Please e-mail Connie Bower, Service and Support Administrator (SSA) for Huron County at conniemrdd@accnorwalk.com if you would like to be considered as a potential provider. If you have any questions, Connie may be reached at 419-668-8840, extension 12. Please be advised that the deadline for contacting her will be 3:00 p.m., Monday, August 4, 2008.

The SSA will inform the individuals of the opportunity to meet with potential providers and assist them in arranging interviews.

Please call me should you have any questions regarding the proposal process.

**Clearwater Council of Governments
Individual Profile**

Name:	██████	Address:	Plymouth, OH 44865			County:	Huron
Date of Birth:	██████	Age:	25	Male/Female:	M	Level of MR/DD:	Severe to Profound
General Diagnosis:	Cerebral Palsy, Seizure Disorder, Mental Retardation						
Expected Start Date:	09/01/08						
Guardian:	N	Advocate/Parent:	parents				
Current Living Status:	Lives with parents						
Plans to Move:	None at this time						
Proposed Living Arrangement:		IO Licensed	X	IO Community		Level 1	Supported Living
Describe the individual as accurately as you can. Include person-centered dreams, hopes, likes, dislikes and strengths to provide a balanced and positive picture of the individual.							
This individual uses a wheelchair for mobility, is totally dependent on others for all personal care and is non-verbal. Staff will need to feed him, change his incontinence briefs, and transfer him into and out of his wheelchair. He will also require medication administration. He lives with his parents in their home outside Plymouth. "D" likes music and toys and any type of foods. He does not like being shaved or sudden loud noises.							
Type of Day Program/Job and Schedule:				Attends Christie Lane Industries Mondays through Fridays, from 7:45am-3:45pm, including transportation time. Participates in the non-vocational group.			
Services Being Requested: (List requested services. For example HPC, transportation, day habilitation, etc.)							
Parents would like HPC Staffing two to three evenings per week and approximately 10 hours on Saturdays or Sundays. Individual attends a weekend respite camp at Recreation Unlimited one weekend per month and a week-long camp each summer. His parents may be interested in having Staff provide him with transportation to or from Recreation Unlimited. Parents may eventually be interested in 24 hour supervision while they take a vacation.							
Anticipated Level of Required Supervision:				Constant visual supervision			
Number of hours per week:		Up to 32 hrs per week		Staffing Ratio of hours:		1	1 awake
Typical Schedule of hours per week:				2-3 evenings per week and approx 10 hours on Saturday or Sunday.			
Overnight hours:		Possibly if parents go on vacation					
Reserve hours		times number of days			for closings, illness, calamity =		
Location of services:		At home					
Describe assistance needed in the following areas:							
Medication Administration:		Needs total support					
Medical Appointments:		Parents arrange for an transport					
Behavioral:		No behavioral support plan needed					
Adaptive Equipment:		Needs a shower transport chair and a portable ramp for his home.					
Activities of Daily Living:		Needs total support					
Transportation (i.e. Is a handicapped accessible vehicle needed?)							
Handicapped accessible vehicle preferred, but may be negotiable.							
Provider Expectations: Include any specific services or skill developments are needed and/or special training required by the provider.							