

Person's Age: 60

City of Residence: Coshocton

Funding Source:

Level 1 Waiver

Type of Services requested:

Homemaker/Personal Care

Transportation

Projected schedule for services: About 10 hours a week, a couple of hours a day, preferably in the afternoon

Is this schedule flexible: Yes No Somewhat- explain: [Click here to enter text.](#)

The best way to communicate with me is: Talk to him, may take him a few days of thinking to make a big decision

Things I like to do: shopping, going to food pantries

Things I need help with: Reminders to shower at least twice a week with soap, keeping his home clean, help with cooking and grocery shopping, making healthy decisions for himself, transportation to doctors appointments

Any other important information to know: he has a fiancé he lives with, may share some HPC services with her

SSA's contact information:

Name: Mandy Brenly

Phone: 740-610-8119

Email: mbrenly@coshdd.org