

# JW

**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 her

**Things I like to do:** shopping, going out to eat, country music, and dogs

**Things I need help with:** reminders to shower and clean up after using the restroom, keeping her home clean, help with cooking and grocery shopping, making healthy decisions for herself, transportation to doctor appointments

**Any other important information to know:** She has a fiancé she lives with, may share some HPC services with him

**SSA's contact information:**

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