

Person's Age: 45
City of Residence: Coshocton
Funding Source:   □ I.O. Waiver
Type of Services requested:  ⊠ Homemaker/Personal Care
Projected schedule for services: Third shift on Friday and Saturday nights every week
Is this schedule flexible: ☐ Yes ⊠ No ☐ Somewhat- explain:
<b>The best way to communicate with me is:</b> Talk to him. He uses gestures and vocalizations to communicate. Renjoys it when staff build a relationship with him and encourage him to try new things.
<b>Things I like to do:</b> Gardening, watching Wheel of Fortune and Lawrence Welk, going outside for walks, watching sports on TV (Ohio State and Indians), going to stores to shop around, making cards and crafts.
<b>Things I need help with:</b> K needs help with all aspects of personal care and household chores. He depends or a lift for transfers.
<b>Any other important information to know:</b> Preferable to have staff who are trained on g-tubes and don't smoke.
SSA's contact information:
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