

# NS

**Person's Age:** NS is an 9yr old female.

**City of Residence:** Warsaw

**Funding Source:**

Level 1 Waiver

**Type of Services requested:**

Homemaker/Personal Care

Transportation

**Projected schedule for services:** After school hours or possible weekends.

**Is this schedule flexible:**  Yes  No  Somewhat- explain: The family is open to discuss a flexible schedule.

**The best way to communicate with me is:** Maintain eye contact when possible and use clear words.

**Things I like to do:** Play outside- ride my bike and jump on my trampoline and RUN.

**Things I need help with:** I am learning self-help skills. I need reminders to keep safe and for staff to stay close to me.

**SSA's contact information:**

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