

REQUEST FOR PROVIDER

Name of Support Coordinator: Lauren Perry

Reply to Steve Harper by: 1/17/12 by e-mail only to sharper@blanchardvalley.org

Consumer's sex/age: 50 year old female

Area where consumer lives: Findlay Area

Ambulatory or Non-ambulatory: Ambulatory

Diagnosis: Mild Mental Retardation

Medications: None

Times services are to be provided: Bi-weekly/monthly

Does the consumer go to any day program, school, or work? None

Request for what Program: Supported Living

Numbers of hours of services per month: 5

Consumer's preferences in provider: Female

Leisure activities consumer enjoys: her dog, members of her family

Does consumer have a behavior plan? No

Additional Comments:

What other services does the consumer need/want?

Individual needs assistance with bill paying and setting a budget for her money. She will need future assistance in securing benefits once she is eligible.