

REQUEST FOR PROVIDER

Reply to Steve Harper by: sharper@blanchardvalley.org

Consumer's sex/age: male, 53

Area where consumer lives: between Findlay & Arlington, OH

Ambulatory or Non-ambulatory: ambulatory

Diagnosis: Down Syndrome, Moderate MR, Hypothyroidism, and Gout

Medications: yes, must be have medication certification

Times Services are to be provided: as needed by Adult Foster Care provider. Will be back up to main respite provider when not available for overnights.

Does the consumer go to any day program, school, or work? yes

If so, what day program, work, or school and what are the hours:
New Vision 9-3

Do they receive Family Resources? no

Request for what Program: back up respite provider

Numbers of hours of services per month:
As needed basis

Consumer's preferences in provider: female

Leisure activities consumer enjoys: collecting antiques, participating in community activities

Does consumer have a behavior plan? no

Additional Comments: Request is for back up respite provider for when main respite provider is not available. Services will need to be provided overnight at times.

What other services does the consumer need/want? Medication delegation