

## REQUEST FOR PROVIDER

**Name of Support Coordinator: David Baum**

**Reply to Steve Harper by: email only 10/14/11 [sharper@blanchardvalley.org](mailto:sharper@blanchardvalley.org)**

**Consumer's sex/age: Male 52 years old**

**Area where consumer lives: Findlay Area**

**Ambulatory or Non-ambulatory: Ambulatory**

**Diagnosis: Mild MR**

**Medications: to be discussed upon interview**

**Times Services are to be provided: Individual is looking independent or agency provider for services 20-25 hours per month. Schedule will be developed when provider is selected.**

**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:**

**Work : 3pm-9pm M-F**

**Request for what Program: Level 1 Waiver**

**Numbers of hours of services per month:**

**Needs provider who is Level 1 certified for programming of Level 1 Waiver services. Needs assistance with maintaining his Medicaid benefits(Auth. Rep.) and bill paying assistance/training. Assistance with medication administration and assistance with learning new tasks.**

**Consumer's preferences in provider:**

**Provider will need to be able to provide services based on my ISP.**

**Leisure activities consumer enjoys:**

**Enjoys fishing, Ohio State football, watching movies, occasionally going to the Library, eating and mowing the yard.**

**Does consumer have a behavior plan? No**

**What other services does the consumer need/want? Individual would like to learn more about the computer and work on his computer skills;**