

## "G"

**Person's Age:** 19

**City of Residence:** Mount Vernon

**Funding Source:**

☒ Level 1 Waiver

**Type of Services requested:**

☒ Homemaker/Personal Care

**Projected schedule for services:** 8-10 hours per week. Services are preferred on Tuesday and Thursday afternoon/evenings for 4 to 5 hours.

**Is this schedule flexible:** ☐ Yes ☐ No ☒ Somewhat- explain: There is some flexibility on day of week for services to be provided.

**The best way to communicate with me is:** Talk to "G" like anyone else. He likes to greet others and give High Fives. He likes to talk about things that he is interested in. He continues to build his vocabulary.

**Things I like to do:** "G" enjoys watching television (sports, cartoons, etc), being on his electronics, taking walks and just being outside.

**Things I need help with:** "G" is looking for a provider to spend time with him in his home and to work on life skills. He needs help with personal care, snacks/meals and taking his medication.

**SSA's contact information:**

Name: Miranda Conkle

Phone: (740) 398-3080

Email: [mconkle@knoxdd.com](mailto:mconkle@knoxdd.com)