## <u>Jarell</u>

Person's Age: 22
City of Residence: Mount Vernon
Funding Source:  ☑ I.O. Waiver
Type of Services requested:  ☐ Homemaker/Personal Care ☐ Transportation
<b>Projected schedule for services:</b> Tentative Schedule: Monday, Tuesday, and Saturday 12pm-2pm (personal care before work) Thursday: 5 hours during the day (community outings).
Is this schedule flexible: $\square$ Yes $\square$ No $\boxtimes$ Somewhat- explain: Individual needs care before work shifts.
The best way to communicate with me is: Talk to me, call me, text me.
<b>Things I like to do:</b> Getting out and about. I enjoy going to the movie theater, the Zoo, Polaris Mall, and theater.
Things I need help with: Transfers, transfer to wheelchair, bathing, using the restroom, and food preparation
<b>Any other important information to know:</b> Transportation to community outings needs modified vehicle. Family has a vehicle that may be able to be used.
SSA's contact information:
Name: Casie Blevins
Phone: 740-263-1036
Email: cblevins@knoxdd.com