

# Paul

**Person's Age:** 26

**City of Residence:** Mt. Vernon

**Funding Source:**

☒ Level 1 Waiver

**Type of Services requested:**

☒ Homemaker/Personal Care

☒ Transportation

☒ Other: Payee

**Projected schedule for services:** Days and Time are open for discussion/flexible

**Is this schedule flexible:** ☒ Yes ☐ No ☐ Somewhat- explain: [Click here to enter text.](#)

**The best way to communicate with me is:** Call or text

**Things I like to do:** Play guitar, hang out with my girlfriend

**Things I need help with:** organizing my apartment, payee services, assistance going into the community and going to area food banks

**Any other important information to know:** [Click here to enter text.](#)

**SSA's contact information:**

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