

# Seth

**Person's Age:** 31

**City of Residence:** Mt Vernon

**Funding Source:**

☒ SELF Waiver

**Type of Services requested:**

☒ Homemaker/Personal Care

☒ Transportation

**Projected schedule for services:** various

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

**The best way to communicate with me is:** Seth is able to call and text.

**Things I like to do:** Seth likes to be on the go. When he is not working he is usually visiting with people around town or participating in AKTION Club.

**Things I need help with:** Seth needs transportation to and from different things he wants to do. He likes for his provider to enjoy spending time with him, doing the things he likes. Seth will occasionally need transportation out of town for different events or activities that he wants to do.

**Any other important information to know:** Seth has a job and will need to schedule his hours around his work schedule. His HPC schedule will likely vary from week to week.

**SSA's contact information:**

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