

## Wood County Board of DD Provider Information Form

Date: 04/12/2012

**1) Agency/Individual Name:** Gioconda Stevens  
 Contact Person: Gioconda Stevens  
 Local Address: 20031 Poe rd Weston Ohio  
 \_\_\_\_\_  
 Phone number: 419-601-0836  
 Fax number: \_\_\_\_\_  
 E-Mail address: [Yoco1954@yahoo.com](mailto:Yoco1954@yahoo.com)  
 Web Site address: \_\_\_\_\_  
 DODD Contract Number: M8700534

**2) Agency description and philosophy:** the philosophy is care and support to meet the needs of the individual, assisting to independent living, while maintaining a safe home in all needs and wishes, the consumer comes first.

**3) Funding Sources:** Supported Living  IO Waiver  Level 1  FSS/Self Pay

**4) Services Certified to Provide**

- |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Homemaker/Personal Care<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Respite Care<br><input type="checkbox"/> Adult Foster Care<br><input type="checkbox"/> Remote Monitoring | <input type="checkbox"/> Supported Employment-Community<br><input type="checkbox"/> Supported Employment-Enclave<br><input type="checkbox"/> Vocational/Habilitation<br><input type="checkbox"/> Non-Medical Transportation-Trip<br><input type="checkbox"/> Non-Medical Transportation-Mile<br><input type="checkbox"/> Adult Day Support | <input type="checkbox"/> Adaptive/Assistive Equipment<br><input type="checkbox"/> Environmental Modification<br><input type="checkbox"/> Specialized Medical Equipment<br><input type="checkbox"/> Nutrition<br><input type="checkbox"/> Interpreter<br><input type="checkbox"/> Home Delivered Meals<br><input type="checkbox"/> Social Work |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**5) Area(s) of Expertise/Specialty:**

- |                                     |                                                                                      |
|-------------------------------------|--------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | In home family supports                                                              |
| <input type="checkbox"/>            | Adult supported living – drop in support                                             |
| <input checked="" type="checkbox"/> | Adult supported living – 24-hour support                                             |
| <input type="checkbox"/>            | Support to individuals with challenging behaviors                                    |
| <input type="checkbox"/>            | Support to individuals with dual diagnosis                                           |
| <input checked="" type="checkbox"/> | Support to individuals with developmental disabilities other than mental retardation |
| <input checked="" type="checkbox"/> | Support to individuals with other disabilities                                       |
| <input type="checkbox"/>            | Other (Please specify): _____                                                        |

**6) What services can you provide to new individuals in crisis? Within what time frames?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_